

# National Return to Work Survey 2018

Summary Report

September 2018



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Research  
Centre

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# Foreword

In 2012, a working group consisting of representatives of Australian and New Zealand workers' compensation authorities, unions and employer groups developed a survey instrument and sampling methodology to measure return to work outcomes and experiences of workers receiving workers' compensation. It also aimed to better understand the factors that may have an effect on their return to work.

In June 2012, Safe Work Australia's Strategic Issues Group for Workers' Compensation agreed to the survey instrument and methodology developed by the working group and the Social Research Centre was contracted to run the survey. In 2014, Safe Work Australia agreed that the survey should be run biennially. The New Zealand Accident Compensation Corporation continued to run the survey annually and participated in the biannual survey in 2012, 2014 and 2016.

In 2017, the Strategic Issues Group on Workers' Compensation agreed to amend the 2018 National Return to Work Survey questionnaire to better align with policy analysis needs and to improve utilisation of the survey data through post survey analysis and reporting. Safe Work Australia, the Insurance Work and Health Group at Monash University, the participating jurisdictions, employee and employer representatives (through the Return to Work Temporary Advisory Group), and the Social Research Centre collaborated to restructure the survey around key areas (referred to as domains in this report) that global and Australian evidence has confirmed influence return to work outcomes.

Prior to the first iteration of the National Return to Work Survey in 2012, the Heads of Workers' Compensation Authorities ran a Return to Work Monitor. To maintain the time series for two key measures reported in the Return to Work Monitor, certain questions remained in the 2018 National Return to Work Survey and two samples were drawn. As explained in Section 1.4.2 of this report, the Historic Cohort uses the same scope as the Return to Work Monitor, while the Balance Cohort is a combination of the Historic Cohort and newer sample drawn using a broader scope.

All Australia jurisdictions participated in the 2018 National Return to Work Survey except South Australia. New Zealand undertook a separate, but comparable, survey in 2018 and the findings of this will be reported separately by New Zealand.

This report provides more detailed information compared to the [\*Return to Work Survey, 2018 Headline Measures Report\*](#) published on Safe Work Australia's website in September 2018.

Using the 2018 and previous years' survey data, Safe Work Australia will consider publishing additional topic reports examining the relationship between a range of factors and return to work outcomes in the future.

Safe Work Australia

September 2018



# Executive Summary

Following are selected highlights from the report, including key metrics, notable shifts in time series results and key trends which can be observed between sub-groups of the worker population. For more detailed analysis and data, please refer to the section reference noted in the heading.

## Return to work outcomes (Section 3)

The vast majority (92.7%) of all workers surveyed in 2018 reported having returned to work at any time since their work-related injury or illness. This total *Returned to Work Rate* was consistent with the previous result in 2016, and across jurisdictions, with all except Seacare reporting a *Returned to Work Rate* above 90 per cent.

The total *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 consistent with 2016, at 81.8%. All jurisdictions, except Seacare and the Northern Territory, reported a *Current Return to Work Rate* above 80 per cent. A significantly higher *Current Return to Work Rate* was reported by workers from large employers (those with total remuneration of \$20 million or more) (81.9%) in comparison to those from small (73.5%) or medium (75.0%) sized employers.

Despite these steady headline measures, 2018 saw a significant increase in the proportion of unsuccessful return to work attempts (those who had to take additional time off since returning to work, due to their work-related injury or illness), at 19.6%. This was significantly higher among workers from Comcare (27.9%) and Victoria (28.8%).

Around three-in-eight (37.6%) workers who had returned to work reported that they worked reduced hours upon their return. Those who experienced mental illness were the most likely to work reduced hours upon returning to work (53.7%). Around three-in-eight (38.4%) workers who had returned to work reported that they were performing slightly different/modified duties upon their return to work, while 19.0% reported performing completely different duties.

## Personal domain (Section 4)

Most survey respondents were positive about their general health – 32.0% rated their health as 'Good' and 37.9% rated it as either 'Very Good' or 'Excellent'. Those who experienced other trauma (44.8%) or fractures (43.3%) were most positive about their general health, while those who experienced mental illness were the least positive, with only 27.0% rating as either 'Very Good' or 'Excellent'. General health perceptions appear to be linked to return to work outcomes – 42.1% of those currently working at the time of survey rated their general health as 'Very Good' or 'Excellent' compared to only 16.9% of those not working.

Just under half (47.8%) of the respondents reported that they had experienced physical pain in the last week; 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. A significantly higher proportion of those not working at time of survey (57.7%) reported having pain for a period of three months or more, compared to those currently working (32.6%).

The Kessler 6 Psychological Distress Scale was used in the 2018 NRTWS for the first time. Overall, most workers reported no probable serious mental illness (89.0% had a Kessler 6 score of 6 to 18). A significantly higher proportion of those not working at the time of survey reported probable serious mental illness (a Kessler 6 score of 19 to 30) (34.9% compared to 6.3% of those currently working).

Overall, 28.6% of the workers surveyed reported experiencing above average levels of financial distress. This rose to 55.0% of those not working at the time of the survey, indicating the impact long-term absence from the workplace can have on overall wellbeing.

## Workplace domain (Section 5)

Nearly two-thirds (65.3%) of 2018 survey respondents reported having a return to work plan, almost identical to the 2016 result. Workers from Comcare (73.6%) and Victoria (70.8%) were significantly more likely to have a plan in place to get back to work, while those from Queensland (56.0%) were significantly less likely to have a plan.

Around a third (32.2%) of respondents reported feeling that they thought they would be treated differently by people at work, when putting in a workers' compensation claim, consistent with previous years. This remains a key concern of workers regarding their workplace reaction and is particularly concerning for those who experience mental illness (72.4% of whom agreed with this statement).

Respondents were generally positive about their employer being supportive following their work-related injury or illness, especially in treating them fairly during and after the claims process. Those who experienced mental illness, however, were significantly less positive about the support received from their employer.

More than half (56.9%) of respondents reported that they were contacted by a return to work coordinator. Workers from Comcare (63.4%) and Seacare (81.0%) were significantly more likely to have been contacted by a return to work coordinator. Overall, few of those who had been contacted by a return to work coordinator found the interactions stressful (11.2%), with those who experienced mental illness the only notable exception – 25.1% of this sub-group reported that their interactions with a return to work coordinator were stressful, significantly higher than all other injury/illness type sub-groups.

## Healthcare domain (Section 6)

Most respondents felt they could easily access medical care – overall 87.5% of workers reported that they were able to access the medical treatment or services needed for their work-related injury or illness. However, those from Comcare (81.6%) and Victoria (82.1%) were significantly less likely to agree they were able to easily access medical care.

The vast majority of workers reported they had seen at least one healthcare provider – only 0.5% overall reported seeing no healthcare providers. The nature of injury/illness appeared to correlate with the range of healthcare providers that are consulted. A significantly higher proportion of those who experienced fractures (62.6%) or musculoskeletal disorders (57.1%) reported they had seen three or more healthcare providers. Conversely, a significantly lower proportion of those who experienced other diseases (37.1%) or other trauma (38.1%) reported seeing three or more healthcare providers.

There were also significant differences based on injury/illness type, in terms of who was considered the main healthcare provider. Those who experienced other trauma (64.6%) were significantly more likely to consider their GP as their main healthcare provider. A significantly higher proportion of those who experienced other diseases (28.0%) or fractures (19.2%) reported that a surgeon was their main healthcare provider; and a significantly higher proportion of those who experienced mental illness (39.1%) considered a psychologist or psychiatrist to be their main healthcare provider.

Only a low proportion (11.0%) of respondents overall reported feeling that their interactions with healthcare providers were stressful. However, a quarter (25.4%) of those who experienced mental

illness reported finding their healthcare provider interactions stressful, significantly higher than any other injury/illness type sub-group.

## **Workers compensation domain (Section 7)**

Around two-in-five workers overall reported needing support to navigate the workers' compensation claim process. A significantly higher proportion of workers from the Northern Territory (55.3%) and Victoria (46.6%) needed support. Employers and colleagues of workers are by far the greatest source of support – more than half (52.4%) of all respondents who needed help reported they had received help from their employer or colleague and this was the main source of support reported by all sub-groups.

A quarter (25.5%) of workers reported that they had experienced a difference of opinion from the organisation they dealt with for their claim. A significantly higher proportion of workers from Comcare (34.3%) experienced a difference of opinion from their compensation organisation, while those from Queensland (20.5%) were the least likely to have experienced a difference of opinion. A significantly higher proportion of those with a claim duration longer than two years reported having a difference of opinion from their compensation organisation (34.8%) compared with those with shorter claims.

Those with a claim duration of 730 days or more reported the lowest results for attributes related to the perceived fairness of the compensation process. Most notably, they rated significantly lower the fairness of compensation benefits, the process for determining benefits and information and communications they received.

# 1. Introduction

This report summarises the key findings of the 2018 Return to Work Survey, conducted by the Social Research Centre on behalf of Safe Work Australia and participating jurisdictions. It provides more detailed information compared to the *Headline Measures Report (2018)*<sup>1</sup> published on Safe Work Australia's website in September 2018. That said, this report is by no means an exhaustive analysis of all survey data. Instead, it is intended to provide a broad overview of survey results. More detailed analysis of specific issues may be undertaken and published in the future.

## 1.1. Background

Returning to work as soon as safely possible following a workplace-related injury or illness has benefits for the worker, their family, employer and society more broadly. The 2018 National Return to Work Survey (NRTWS) is the latest in a longstanding series of research to measure the return to work outcomes of workers receiving workers' compensation and to better understand the experience of those workers and the factors that may influence their return to work (RTW).

The Social Research Centre has undertaken the NRTWS on behalf of Safe Work Australia since 2012. Previously an annual survey, the survey has been run biennially since 2014.

The NRTWS replaces the *Return to Work Monitor* previously published by the Heads of Workers' Compensation Authorities. The NRTWS differs from the *Return to Work Monitor* by drawing a sample from the broader population. More detail about sample design and selection is included at Section 1.4.2.

## 1.2. Research objectives

A key purpose of the NRTWS is to calculate headline measures of return to work outcomes, at a national level and by jurisdiction. The research must be rigorous to enable publication of these measures by Safe Work Australia. Other important aims are to monitor attitudes, perceptions, expectations, experiences and outcomes of workers' compensation and identify areas that may impact recovery and return to work. Through this, the survey enables the identification of areas that may influence recovery, return to work, and experiences with workers' compensation.

Specifically, the NRTWS has the following objectives:

- reporting key headline return to work measures at a national and jurisdiction level;
- tracking attitudes towards, perceptions of, experiences with, outcomes of and the expectations of those on workers' compensation;
- identifying specific areas that may positively impact injury or illness recovery, return to work, 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 developed their own workers' compensation scheme, and the commonwealth has three schemes. The NRTWS is the only vehicle which is designed to collect this national level intelligence – as such, it represents a critical piece of social research infrastructure for the Australian government and workers' compensation schemes.

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<sup>1</sup> <https://www.safeworkaustralia.gov.au/doc/return-work-survey-2016-headline-measures-report-australian-and-new-zealand>

## 1.3. Participating jurisdictions

All Australian workers compensation authorities, except for South Australia (a participant in previous years), took part in the 2018 NRTWS. The Australian Capital Territory (ACT) participated for the first time in 2018, as did Comcare (previously Comcare had commissioned a separate RTW survey of workers with a work-related injury or illness). Unlike previous years, the Accident Compensation Corporation New Zealand did not participate in the 2018 NRTWS. This report includes details for the participating jurisdictions for the 2018 survey:

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

## 1.4. Methodology overview

The methodological details included here are intended to provide necessary context for understanding the report findings.

### 1.4.1. Questionnaire

The questionnaire for the 2018 NRTWS underwent significant revision from the previous wave. While headline measures were maintained, a substantial portion of the previous questionnaire was revised to incorporate a range of contemporary scales from validated measures used in surveys with workers with work-related injury or illness in Australia and overseas. The development of the new questionnaire was a collaboration between Safe Work Australia, the Insurance Work and Health Group at Monash University, the participating jurisdictions, employee and employer representatives, and the Social Research Centre.

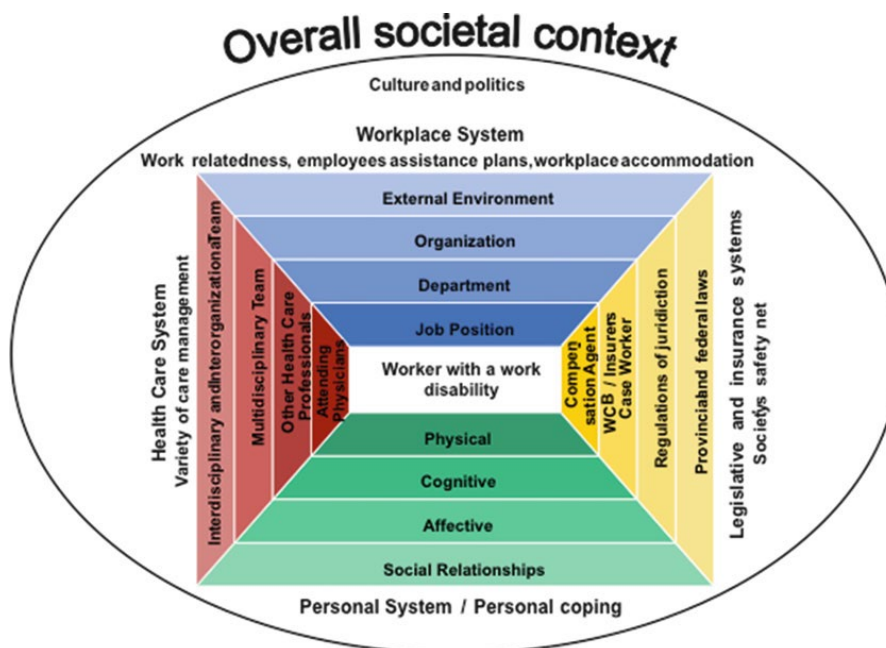
A conceptual framework informed the structure of the revised questionnaire, based around the ecological/case management model for work disability (shown in Figure 1, overleaf) developed by Loisel, et al (2005)<sup>2</sup>. This model recognises multiple stakeholders which influence return to work. The revised questionnaire includes items pertaining to each of these four stakeholder groups or domains:

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

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<sup>2</sup> 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.

**Figure 1 Ecological case management model for work disability**



The revised questionnaire was subjected to cognitive testing, to identify any potential issues related to the comprehension of questions or response options, completeness of response frames, respondents' ease and comfort in answering questions, and the potential for social desirability bias to influence responses. Amendments were made to the questionnaire following cognitive testing; subsequently the questionnaire was finalised and operationalised for data collection.

On average, the survey took respondents 26.2 minutes to complete.

#### 1.4.2. Sample design and selection

The 2018 NRTWS comprised a randomly selected sample from the eligible population of workers with a work-related injury or illness who:

- submitted a claim between 1 February 2016 and 31 January 2018
- had at least one day away from work (due to their work-related injury or illness)
- were employed by either premium paying or self-insured organisations
- had claims that were either open or closed.

To maintain the time series for two key measures reported in the *Return to Work Monitor*, a group of workers employed by premium paying organisations who had 10 or more days compensated and whose claim was submitted between July and September 2017 was purposefully sampled from within the broader population. This group is referred to as the "Historic Cohort". The remainder of the sample (i.e. those not meeting the Historic cohort criteria) is referred to as the "Balance Cohort".

The participating jurisdictions provided the Social Research Centre with a population file of all eligible claimants. The Social Research Centre performed sampling stratification and sample selection from this sample frame. The respondents in the sample were kept confidential, including from the jurisdictions.



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.

### 1.4.3. Data collection

Data collection for the NRTWS was conducted by Computer Aided Telephone Interviewing (CATI) between 18 April and 10 June 2018. Respondents were able to elect to complete the interview in English, Cantonese, Mandarin or Arabic.

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 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 67.7% as achieved, representing the proportion of workers who were successfully contacted, confirmed to be in scope and completed the survey.

A total of 4,602 telephone interviews were completed. Table 1 shows the breakdown of completed interviews by cohort, jurisdiction and claim type. More detail about sample characteristics is included in Section 2.

**Table 1** Total completed interviews by cohort, jurisdiction and claim type

	Historic cohort		Balance cohort		Total
		Premium Payer	Self-Insurer	Sub-total	
<b>Total</b>	<b>1,889</b>	<b>1,989</b>	<b>724</b>	<b>2,713</b>	<b>4,602</b>
<b>Jurisdiction</b>					
New South Wales	419	255	191	446	865
Victoria	399	369	37	406	805
Queensland	439	339	31	370	809
Australian Capital Territory	39	96	15	111	150
Western Australia	373	125	15	140	513
Tasmania	123	332	27	359	482
Comcare	51	326	393	719	770
Seacare	7	51	0	51	58
Northern Territory	39	96	15	111	150

### 1.4.4. 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 are typically over-sampled in order to generate a robust base number of completed surveys, and larger jurisdictions capped) as well as 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.

### 1.4.5. Quality standards

All research was undertaken in compliance with the International Standard of ISO 20252 Market, opinion and social research, AMSRS code of practice, standards and the Market and Social Research Privacy Principles.

## 1.5. About this report

### 1.5.1. Time series analysis

This report includes a balance of measurement items that have been collected in previous years of the NRTWS and those which are new to the 2018 survey. Unless otherwise noted, results presented are based on 2018 data. Time series data are presented where available, for the four most recent waves (including the current wave) of the survey: 2013, 2014, 2016 and 2018.

### 1.5.2. Sub-group analysis

Time series analysis is not possible for survey items added to the questionnaire this year. Sub-group analysis is presented for these items to highlight any differences that exist between particular cohorts of workers.

All measures included in this report are shown at an overall (national) level and by jurisdiction. Additionally, measurement items may be presented for some, or all, of the following sub-groups.

### Injury/illness type

Five broad injury/illness categories were identified, using the nature coding in the Type of Occurrence Classification System (TOOCS) (3<sup>rd</sup> Edition, Revision 1) framework<sup>3</sup>:

- Fractures (TOOCS code B)
- Musculoskeletal Disorders (TOOCS codes F & H)
- Other Trauma (TOOCS codes A, C, D, E & G)
- Mental Illness (TOOCS code I)
- Other Diseases (TOOCS codes J to R).

### Current work status

Whether or not the 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).

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

## Claim duration

Five claim duration bands were calculated 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.

- Up to 180 days
- 181 to 270 days
- 271 to 365 days
- 366 to 730 days
- More than 730 days.

### 1.5.3. 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 code such responses to the appropriate response-option of either 'Refused' or 'Don't know'. As a general rule, items where the proportion of 'Refused' and 'Don't know' responses was less than 5% for all sub-groups, these responses have been excluded from the calculation of item results.

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 the particular measure.

### 1.5.4. 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  $\leq 0.05$ ). Where an estimate is noted as being statistically significant, the interpretation is as follows:

- **Time series** – estimates have been tested against each other survey year chronologically. For example, 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. This is usually due to the non-significant result having a relatively small base size and thus not meeting the requirements for a statistically significant difference.

## 2. Sample Characteristics

As noted in Section 1.4.2 'Sample design and selection', a random sample of workers was selected from the population of all eligible workers. 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 four waves, 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
<b>Age</b>				
15 - 20 years	3.4	2.4	2.1	2.8
21 - 30 years	15.2	16.4	14.7	17.4
31 - 40 years	18.0	17.2	17.1	15.0
41 - 50 years	26.1	26.1	23.9	22.4
51 - 60 years	27.2	26.8	28.9	29.5
61 - 79 years	10.1	11.1	13.3	12.9
<b>Gender</b>				
Male	59.5	61.0	60.6	62.2
Female	40.5	39.0	39.4	37.8
<b>Jurisdiction</b>				
Australian Capital Territory	--	--	--	1.6
Comcare	4.0	2.5*	2.0	1.8
New South Wales	32.5	32.3	33.7	37.2
Northern Territory	--	1.0	1.0	1.1
Queensland	18.5	24.7**	25.5	27.5
Seacare	0.1	0.1	0.1	0.1
Tasmania	2.0	1.9	0.9*	1.0
Western Australia	12.5	10.3	11.5	11.5
Victoria	21.7	20.1	19.0	18.4
South Australia	8.7	7.1*	6.4	--
<b>Injury type</b>				
Fractures	11.1	9.2	9.2	12.4**
Musculoskeletal disorders	60.4	59.6	58.6	57.1
Other trauma	19.2	22.6**	23.7	22.0
Mental illness	5.9	5.1	3.8	4.5
Other diseases	3.4	3.5	4.6	4.0
<b>Claim duration</b>				
Average claim duration (days)	300	345	357	372
<b>Cohort</b>				
Historic	8.8	4.3*	4.3	4.5
Balance	91.2	95.7**	95.7	95.5

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

Note: Data taken from sample provided by jurisdictions. Weighted data shown. The unweighted sample contained a disproportionate mix of Historic and Balance cohort respondents, and smaller jurisdictions were over-represented 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, cohort, 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).

## 2.1. Notable differences in the 2018 sample

The main difference in the 2018 survey sample, compared with previous waves, was the list of participating jurisdictions (as noted in Section 1.3). Apart from the non-presence of South Australia in the 2018 sample, there was the inclusion of the ACT and a significantly higher proportion of respondents from NSW and Tasmania as compared to the 2016 sample.

The profile of the weighted 2018 NRTWS sample was consistent with previous waves. There was no significant difference in the distribution of age or gender categories, jurisdictions, Historic and Balance cohorts, employer size, or in the average claim duration. The only significant differences in the profile of the 2018 sample, compared to the 2016 sample, were a significantly higher proportion of injured workers who experienced fractures (12.4%) and a significantly lower proportion of injured workers from the Public Administration (7.5%) and Media and Telecommunication (0.3%) industries.

## 2.2. Injury/illness type by jurisdiction

Table 3 shows the breakdown of the 2018 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. Further detail about the sample profile by jurisdiction is contained in Appendix 1.

Significant differences are indicated in Table 3. Notably, Comcare had a significantly higher proportion of workers with musculoskeletal disorders (64.2%) and mental illness (7.9%), Victoria had a significantly higher proportion of workers with mental illness (8.3%) and other diseases (6.6%) and Tasmania had a significantly higher proportion of workers with mental illness (8.2%), while Queensland had a significantly lower proportion of workers with mental illness (1.4%).

**Table 3 Injury/illness type by jurisdiction – 2018 (%)**

	Fractures	Musculo-skeletal disorders	Other trauma	Mental illness	Other diseases
<b>Total</b>	<b>12.4</b>	<b>57.1</b>	<b>22.0</b>	<b>4.5</b>	<b>4.0</b>
<b>Jurisdiction</b>					
Australian Capital Territory	9.3	54.4	28.3	5.4	2.6
Comcare	12.3	64.2**	10.6*	7.9**	5.0
New South Wales	11.7	57.0	22.8	4.6	3.9
Northern Territory	13.6	52.6	18.8	8.6	6.4
Queensland	12.2	60.9	22.2	1.4*	3.3
Seacare	15.7	64.7	9.8	1.3	8.5
Tasmania	7.7*	59.9	19.5	8.2**	4.7
Western Australia	12.3	55.3	27.3	3.9	1.2
Victoria	14.7	52.4	17.9	8.3**	6.6**

Note: Data taken from sample provided by jurisdictions. Values are row percentages (each row sums to 100 per cent). Asterisks indicate statistically significant difference (single asterisk (\*) indicates a lower proportion; double asterisk (\*\*) indicates a higher proportion) (p-value <=0.05).

## 3. Return to Work Measures

This section presents findings related to return to work (RTW) outcomes. It includes headline RTW measures with time series comparison against previous years. It also reports a range of other measures that have been included in the survey for the first time in 2018 to provide a broader overview of RTW outcomes.

### 3.1. Return to Work Headline Measures

The measures in this section have been published previously by Safe Work Australia as the *Headline Measures Report (2018)*.

In previous years, these headline measures have been reported for the Historic cohort only, consistent with the *Return to Work Monitor*. For the 2018 survey, these measures have been reported for the Historic cohort and for the total sample (i.e. the aggregate of Historic and Balance cohorts) to provide a more comprehensive picture of return to work outcomes for workers with a work-related injury or illness nationally. This section therefore contains both levels of reporting.

Two key RTW measures are included, namely the:

- **Returned to Work Rate** (equivalent to the *Return to Work Monitor's* Return to Work Rate). 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** (equivalent to the *Return to Work Monitor's* Durable Return to Work Rate). The *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.

#### 3.1.1. Return to work headline measures – total

Sections 3.1.1 and 3.1.2 present the RTW headline measures for the total sample. All survey respondents are included in the base for these results; for 2018 the total sample size was n=4,602.

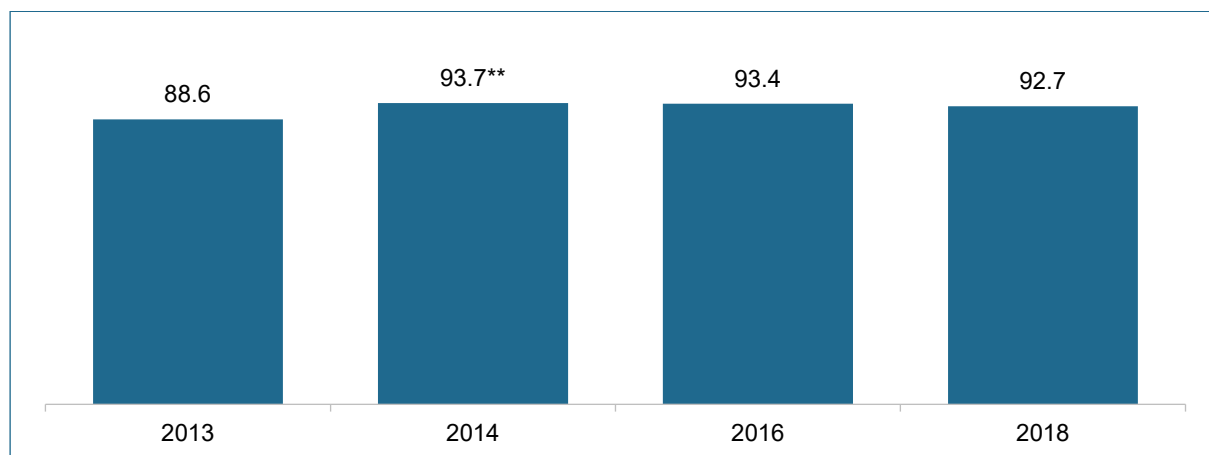
##### Returned to Work rate (total)

Overall, at a national level, the total *Returned to Work Rate* was consistent with the past two waves of the NRTWS (see Figure 2, overleaf).

At the jurisdiction level, some variation in the total *Returned to Work Rate* for 2018 was evident, as shown in Figure 3 (overleaf). The ACT (95.6%), Queensland (93.8%) and Comcare (94.2%) were all higher than the national rate. NSW and WA were both in line with the national rate at 92.7%. Tasmania (92.2%), Victoria (90.8%) and Northern Territory (90.7%) were all slightly lower than the national rate. The total *Returned to Work Rate* for Seacare was significantly lower than other jurisdictions at 80.5%.

**Figure 2 Returned to Work Rate by national time series (%)**

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

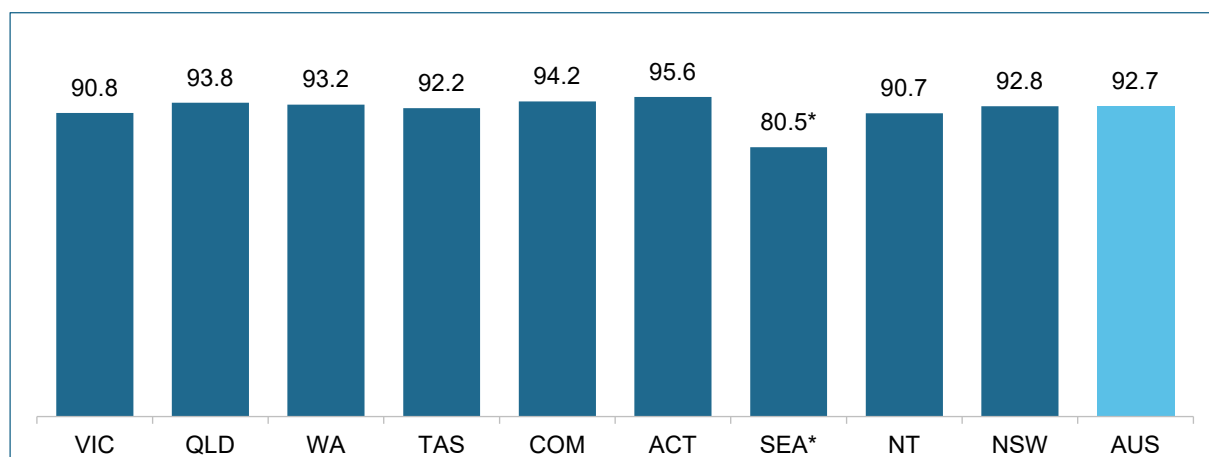


Base: All respondents - Balance and Historic cohorts. 2013 (n = 4,698), 2014 (n = 4,679), 2016 (n = 5,124), 2018 (n = 4,602).

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).

**Figure 3 Returned to Work Rate by jurisdiction – 2018 (%)**

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



Base: All respondents - Balance and Historic cohorts. Australia (n = 4,602), VIC (n = 805), QLD (n = 809), WA (n = 513), TAS (n = 482), NT (n = 150), ACT (n = 150), Comcare (n = 770), Seacare (n = 58), NSW (n = 865).

Note: Asterisks indicate statistically significant difference between jurisdiction and aggregate of all other jurisdictions (single asterisk (\*) indicates a lower proportion; double asterisk (\*\*) indicates a higher proportion) (p-value <=0.05).



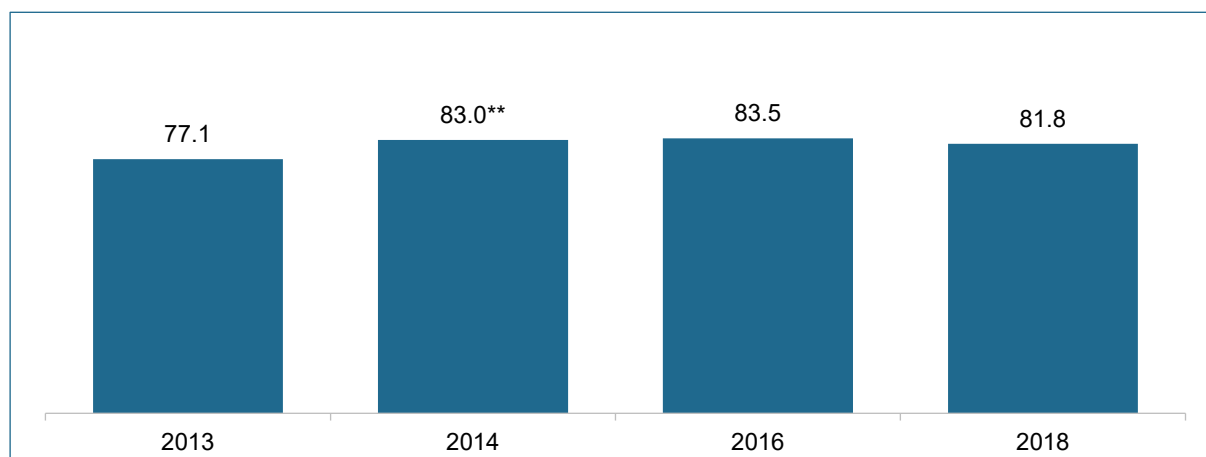
## Current Return to Work Rate (total)

Overall, at a national level, the total *Current Return to Work Rate* was consistent with the past two waves of the NRTWS (see Figure 4).

**Figure 4** Current Return to Work Rate by 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: All respondents - Balance and Historic cohorts. 2013 (n=4,698), 2014 (n=4,679), 2016 (n=5,124), 2018 (n=4,602).

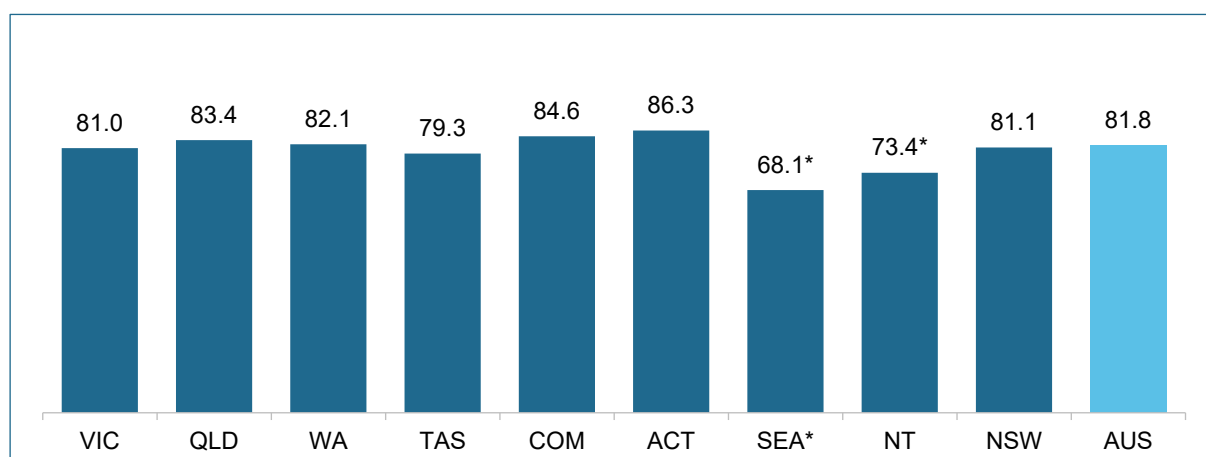
Note: Asterisks indicate statistically significant difference from the previous year (single asterisk (\*) indicates a lower proportion; double asterisk (\*\*) indicates a higher proportion (p-value <=0.05).

At jurisdiction level, as shown in Figure 5, the ACT (86.3%), Comcare (84.6%) and Queensland (83.4%) reported the highest total *Current Return to Work Rate* followed by WA (82.1%), Victoria (81.0%), NSW (81.1%) and Tasmania (79.3%). The Northern Territory (73.4%) and Seacare (68.1%) reported a significantly lower rate than other jurisdictions.

**Figure 5** Current Return to Work Rate by jurisdiction – 2018 (%)

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?



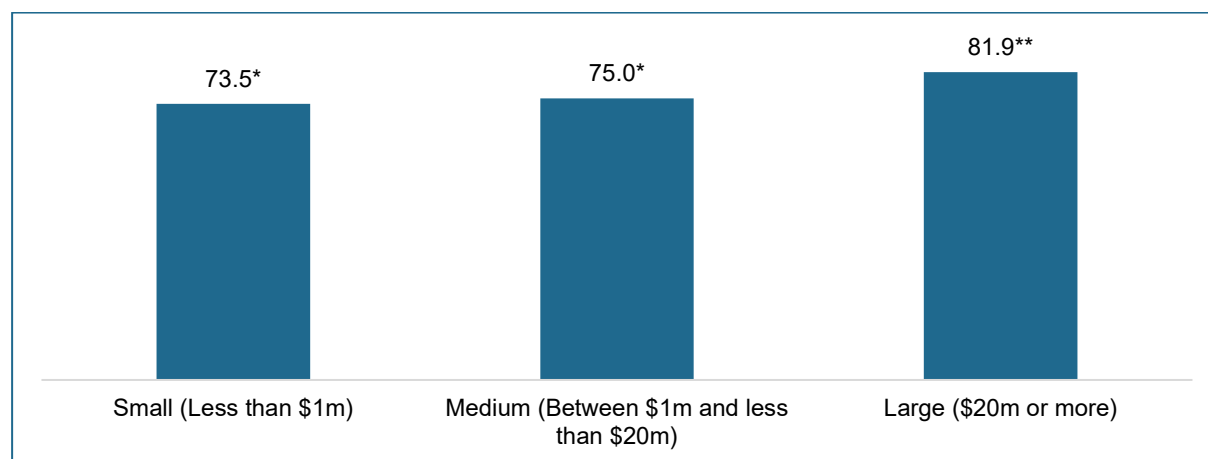
Base: All respondents - Balance and Historic cohorts. Australia (n=4,602), VIC (n=805), QLD (n=809), WA (n=513), TAS (n=482), NT (n=150), ACT (n=150), Comcare (n=770), Seacare (n=58), NSW (n=865).

Note: Asterisks indicate statistically significant difference between jurisdiction and aggregate of all other jurisdictions (single asterisk (\*) indicates a lower proportion; double asterisk (\*\*) indicates a higher proportion) (p-value <=0.05).

As shown in Figure 6, workers from large employers reported a significantly higher total *Current Return to Work Rate* (81.9%) in comparison to small (73.5%) and medium (75.0%) sized employers.

**Figure 6**      **Current Return to Work Rate by employer size – 2018 (%)**

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      All respondents, Small (n=488), Medium (n=672), Large (n=630).

Note:      Employer size is based on the total remuneration on which (the worker's employer's) workers' compensation premium is calculated. Asterisks indicate statistically significant difference (single asterisk (\*) indicates a lower proportion; double asterisk (\*\*) indicates a higher proportion) (p-value <=0.05).

### 3.1.2. Return to Work headline measures – historic

The RTW headline measures reported in this section are calculated using the Historic cohort only. For the 2018 survey, n=1,889 interviews were completed with Historic cohort respondents. The Historic Cohort is a group of workers, purposefully sampled from the broader population, who are employed by premium paying organisations who had 10 or more days compensated and whose claim was submitted between July and September.

*Note: The Historic cohort quota for the Seacare jurisdiction was not obtained due to an insufficient sample and, as such, the headline measures for Seacare are not reported here.*

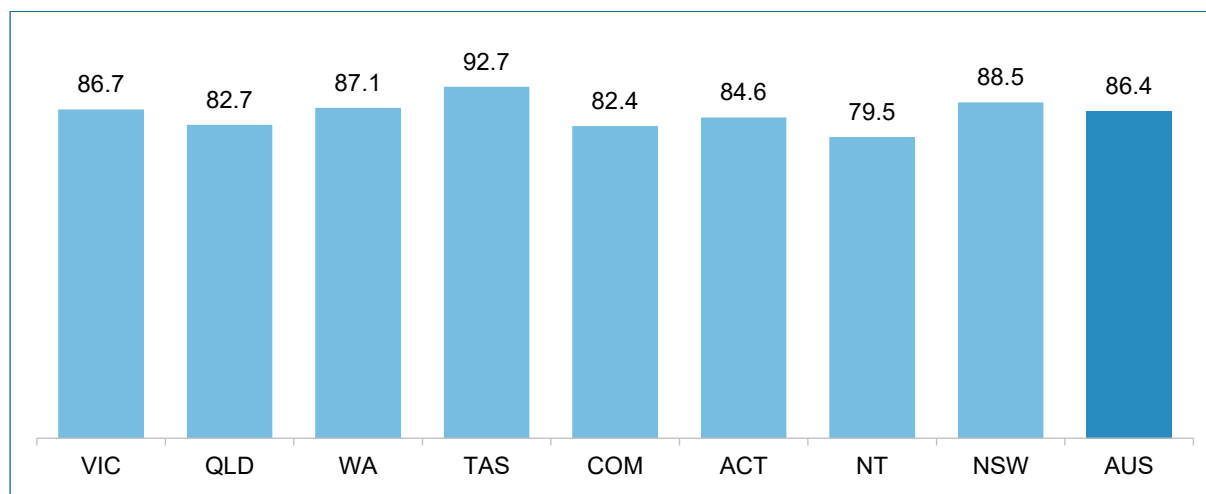
#### Returned to Work Rate (historic)

Figure 7 (overleaf) shows that in 2018, 86.4% of all workers reported that they had returned to work at some time since their injury or illness.

By jurisdiction, the *Returned to Work Rate* for Tasmania (92.7%), New South Wales (88.5%), Victoria (86.7%) and Western Australia (87.1%) was higher than the national rate. The ACT (84.6%), Queensland (82.7%), Comcare (82.4%) and the Northern Territory (79.5%) all reported a lower rate compared to the national rate. However, none of the differences between jurisdictions were statistically significant.

**Figure 7 Historic Returned to Work Rate by jurisdiction – 2018 (%)**

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



Base: Historic cohort only. Australia (n=1,889), NSW (n=419), VIC (n=399), QLD (n=439), WA (n=373), TAS (n=123), NT (n=39), ACT (n=39), Comcare (n=51), Seacare (n=7) (not shown).

Note: No statistically significant differences between jurisdictions.

### Current Return to Work Rate (historic)

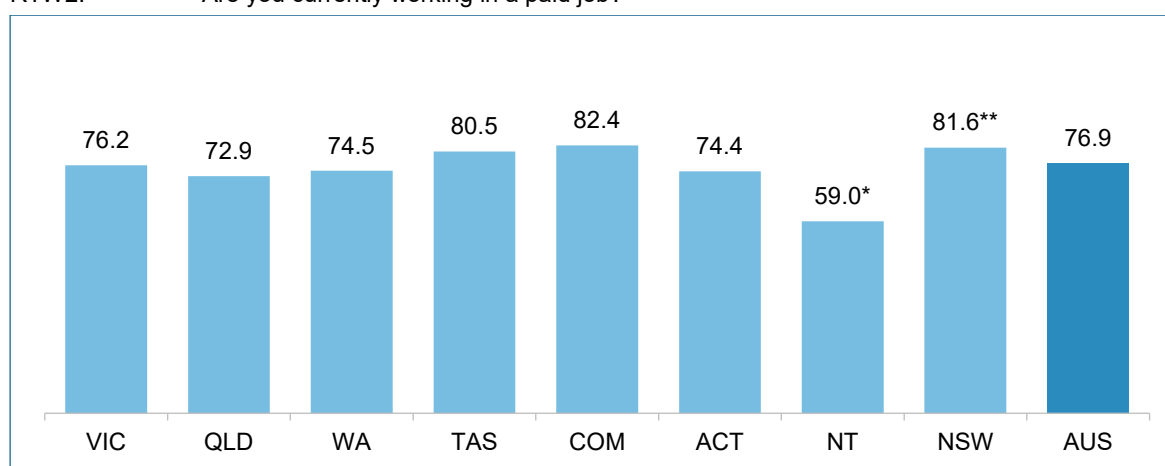
Figure 8 shows the 2018 *Current Return to Work Rate* overall (national) and for each participating jurisdiction among the historic cohort. At a national level, the 2018 rate was 76.9%.

Among the jurisdictions, Comcare (82.4%) and NSW (81.6%) reported the highest *Current Return to Work Rate*, closely followed by Tasmania (80.5%); while the Northern Territory (59.0%) reported the lowest. NSW reported a significantly higher rate, while the Northern Territory reported a significantly lower rate, when compared against the aggregate of all other jurisdictions.

**Figure 8 Historic Current Return to Work Rate by jurisdiction – 2018 (%)**

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: Historic cohort only. Australia (n=1,889), NSW (n=419), VIC (n=399), QLD (n=439), WA (n=373), TAS (n=123), NT (n=39), ACT (n=39), Comcare (n=51), Seacare (n=7) (not shown).

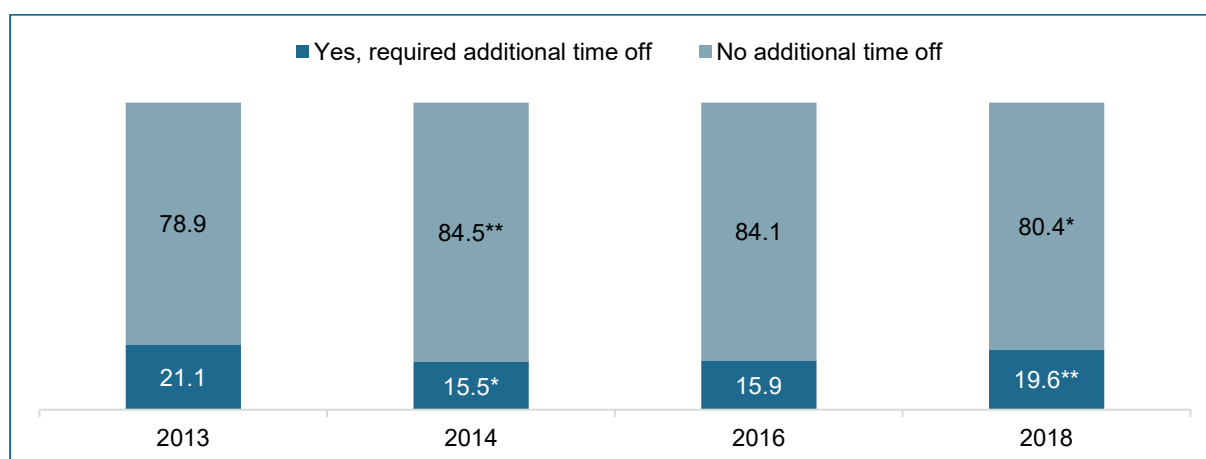
Note: Asterisks indicate statistically significant difference (single asterisk (\*) indicates a lower proportion; double asterisk (\*\*) indicates a higher proportion) (p-value <=0.05).

## 3.2. 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 return to work attempts might be considered successful, in that the worker was able to make a permanent return to the workplace.

As shown in Figure 9, 80.4% of RTW attempts in 2018 were successful (i.e. no additional time off was needed once the worker had returned to work). However, this proportion was significantly lower in comparison to 2016. One-in-five workers (19.6%) reported making more than one attempt to return to work, a significant increase from 2016.

**Figure 9 Additional return to work 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). 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 is significantly higher among the Historic cohort (25.5%), than it is for the Balance cohort (19.3%) (see Table 4, overleaf). Given the criteria for the Historic cohort required a longer period of absence from the workplace, this result is not surprising.

Two jurisdictions – Victoria (28.8%) and Comcare (27.9%) – reported a significantly higher proportion of unsuccessful RTW attempts. Apart from this, there were no other significant differences by jurisdiction. A higher proportion of workers from large organisations reported taking additional time off (22.6%) compared to those from small (19.3%) or medium (17.7%) sized employers, however the differences were not statistically significant.

**Table 4** Return to work attempts by cohort and jurisdiction – 2018 (%)

	Yes, have had additional time off	No additional time off
<b>Total</b>	<b>19.6</b>	<b>80.4</b>
<b>Cohort</b>		
Historic	25.5**	74.5*
Balance	19.3*	80.7**
<b>Jurisdiction</b>		
Australian Capital Territory	27.8	72.2
Comcare	27.9**	72.1*
New South Wales (SIRA)	17.2	82.8
Northern Territory	20.3	79.7
Queensland	15.5	84.5
Seacare	8.9	91.1
Tasmania	23.7	76.3
Western Australia	19.9	80.1
Victoria	28.8**	71.2*
<b>Employer Size</b>		
Small (Less than \$1m)	19.3	80.7
Medium (Between \$1m and less than \$20m)	17.7	82.3
Large (\$20m or more)	22.6	77.4

Base: Respondents who reported they were currently working. Historic (n=1,427), Balance (n=2,183), ACT (n=124), Comcare (n=640), NSW (n=696), NT (n=100), QLD (n=618), Seacare (n=39), TAS (n=375), WA (n=389), Vic (n=629).

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).

### 3.3. Work Ability

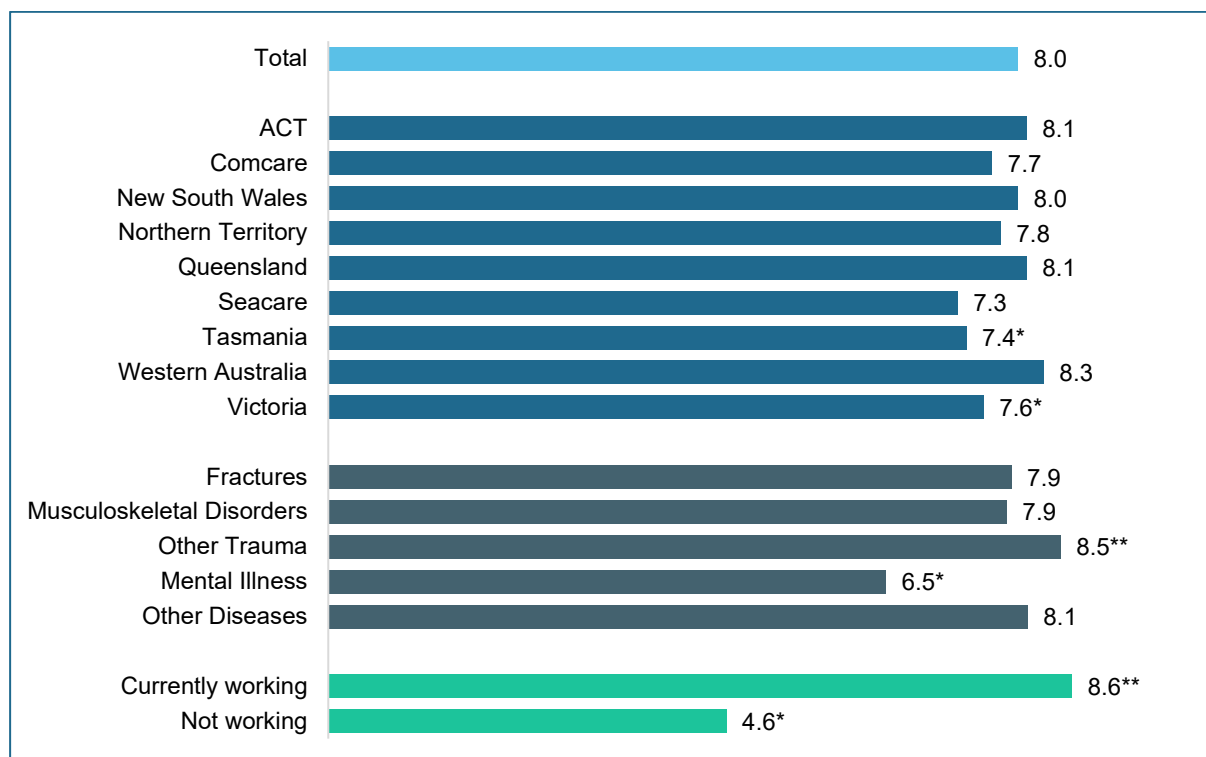
The Work Ability Index measures workers' perception of their ability to work. It was asked of all survey respondents, including both those who had returned to work and those who had not. Respondents answered using a scale of 0 to 10, where 0 means 'completely unable to work' and 10 means 'work ability at its best'. Figure 10 shows the mean Work Ability score, overall and for each jurisdiction and injury/illness type sub-group.

The overall mean Work Ability score for all workers surveyed in 2018 was 8.0. Two jurisdictions reported a significantly lower score – Tasmania (7.4) and Victoria (7.6).

Workers who experience other trauma reported a significantly higher average Work Ability, with a mean score of 8.5. Conversely, those who experienced mental illness reported a significantly lower mean score (6.5).

Those who reported they were working at the time of survey gave a significantly higher mean rating of their work ability (8.6) than those not working (4.6). This result is interesting as it suggests that, despite returning to work, workers do not perceive that they have regained fully their work ability and that it takes some time after returning to work for workers to reach 'their best'.

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



Base: All respondents – Balance and Historic Cohorts in 2018.

Total (n=4,529), ACT (n=150), Comcare (n=750), NSW (n=852), NT (n=148), QLD (n=793), Seacare (n=58), TAS (n=477), WA (n=508), VIC (n=793). Fractures (n=620), Musculoskeletal Disorders (n=2,634), Other Trauma (n=782), Mental Illness (n=277), Other Diseases (n=216). Currently working (n=3,644; Not working (n=873).

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).

### 3.4. 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. It is important to acknowledge that in the absence of pre-injury/illness data it is difficult to ascertain to what extent the self-reported work limitations are a result of the injury/illness.

The following five work functions were assessed:

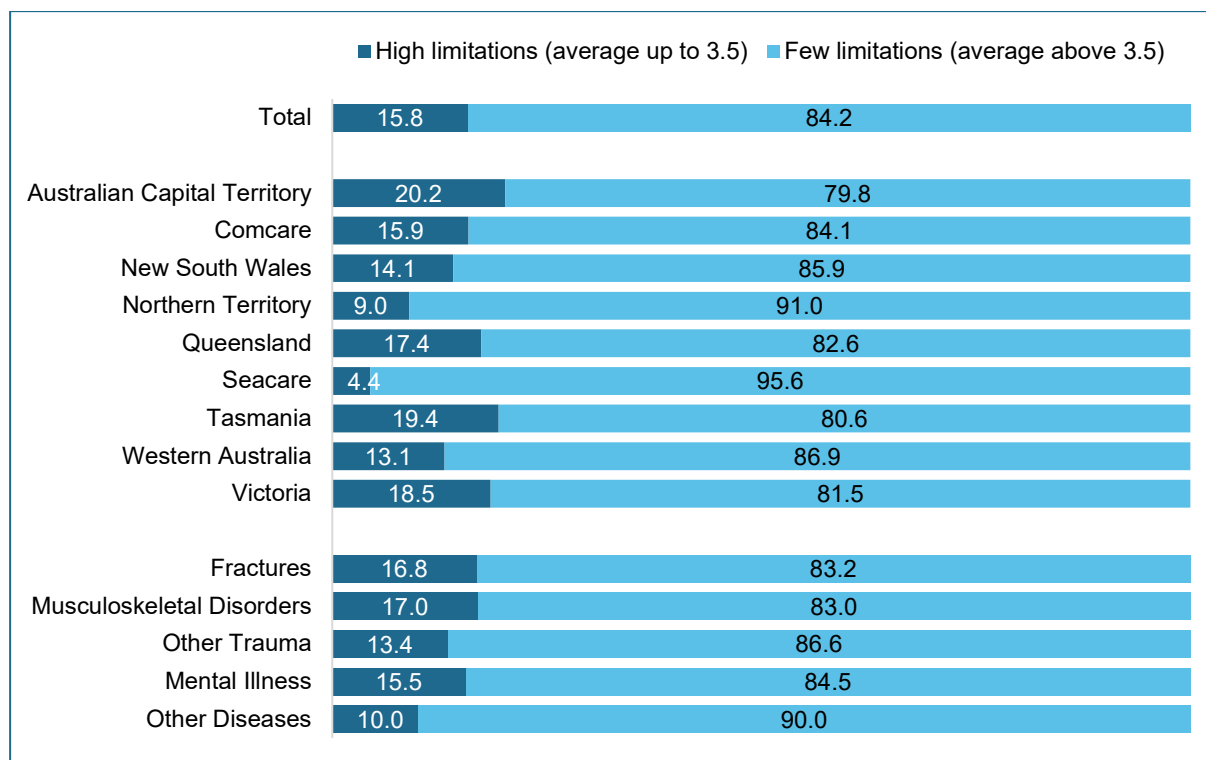
- concentrate on your work
- work without mistakes
- start as soon as you arrive
- repeat the same motions
- perform multiple tasks.

An average rating (with a range of 1 to 5) was calculated across all of 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, the vast majority of respondents to the 2018 NRTWS reported high scores, meaning that most of the workers surveyed who were working at the time of survey, were experiencing few, if any, difficulties in performing these fundamental work functions.

No statistically significant differences in Work Limitations were observed between jurisdictions or injury/illness type sub-groups.

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



**Base** Respondents who reported they were currently working, 2018. Don't know and Refused responses excluded from base. Total (n=3,579), ACT (n=122), Comcare (n=633), NSW (n=688), NT (n=101), QLD (n=617), Seacare (n=37), TAS (n=369), WA (n=385), VIC (n=627). Fractures (n=499), Musculoskeletal Disorders (n=2,089), Other Trauma (n=644), Mental Illness (n=171), Other Diseases (n=176).

**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.

## 3.5. Modified hours/duties

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 many workers and employers exercise flexibility in integrating workers back into the workplace following a work-related injury or illness. There are benefits to both workers and employers in having workers back at work at the earliest possibility, even it means a change in the nature of their workplace participation.

### 3.5.1. Hours upon returning to work

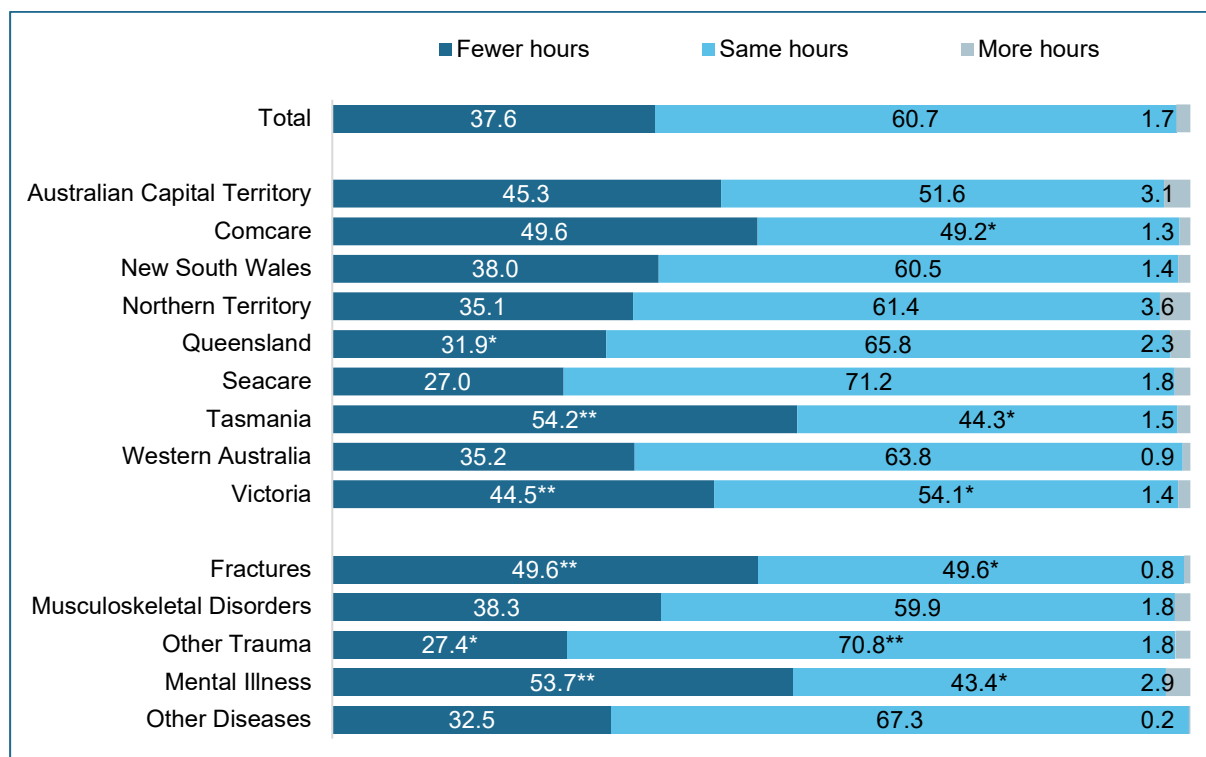
As shown in Figure 12 (overleaf), overall, 60.7% of workers returned to working the same hours as they had prior to their injury or illness, while 37.6% were working fewer hours. Only 1.7% reported that their hours increased when they returned to the workplace.

Significantly higher proportions of workers from Tasmania (54.2%), Comcare (49.6%) and Victoria (44.5%) reported that their hours following returning to work were less than they had been prior to their injury/illness.

Certain injury/illness types appear to be linked with varied hours upon a return to work. Those who experienced mental illness (53.7%) or fractures (49.6%) were significantly more likely to work fewer hours when returning to work. Meanwhile, a significantly higher proportion of those who experienced other trauma (70.8%) reported that they worked the same hours on return as before their injury/illness.



**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, 2018. Total (n=4,112), ACT (n=138), Comcare (n=717), NSW (n=775), NT (n=125), QLD (n=701), Seacare (n=45), TAS (n=441), WA (n=455), VIC (n=715). Fractures (n=563), Musculoskeletal Disorders (n=2,415), Other Trauma (n=728), Mental Illness (n=210), Other Diseases (n=196).

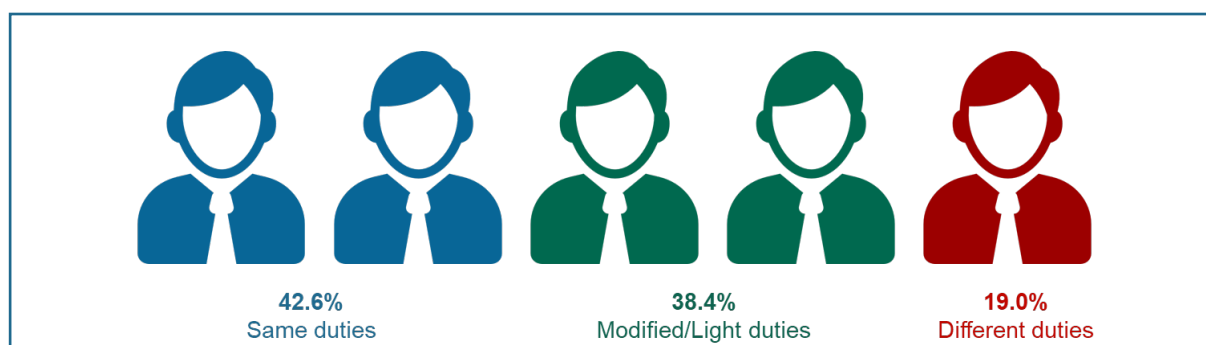
RTW6 Were the hours you returned to the same?

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).

### 3.5.2. Duties upon returning to work

While a majority of workers performed the same hours when they returned to work, a minority reported performing the same duties when they first returned to work after their work-related injury or illness. Overall, around two-in-five (42.6%) workers reported performing the same duties. A further two-in-five (38.4%) reported they were performing slightly different (modified/light) duties and the remaining one-in-five (19.0%) reported performing completely different duties.

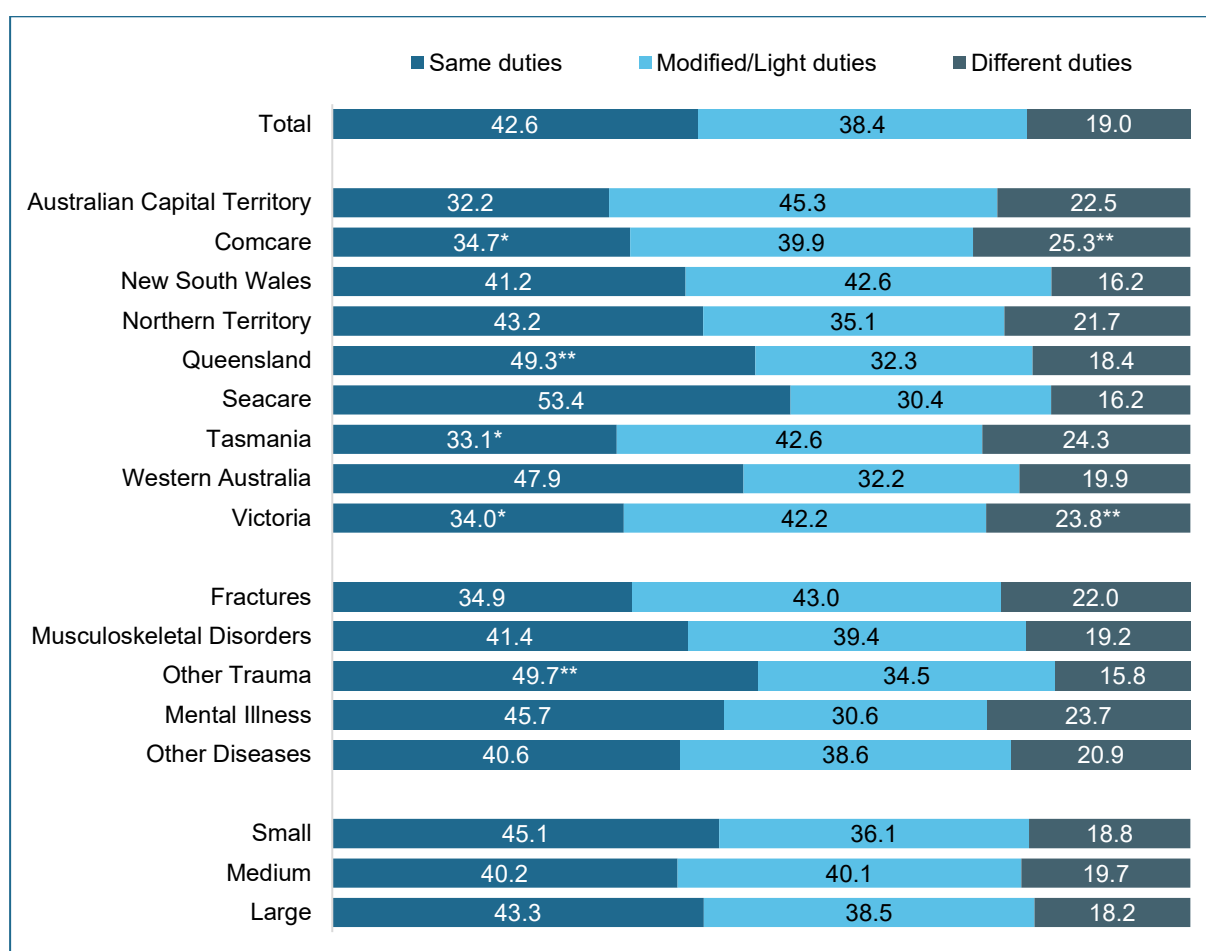
**Figure 13** Duties upon returning to work



Comparing sub-groups, a significantly higher proportion of returning workers from Queensland (49.3%) reported that they returned to the same duties. Conversely, those in Tasmania (33.1%), Victoria (34.0%) and Comcare (34.7%) were significantly less likely to have returned to the same duties. Workers from Comcare and Victoria reported the largest change in duties, with 25.3% and 23.8% (respectively) performing completely different duties upon their return to work.

Few differences were observed between workers with different injury/illness types. The only significant difference being a higher proportion (49.7%) of those who experienced other trauma, returning to perform the same duties as at the time of their injury/illness. This group were also more likely to have returned to the same hours. No significant differences were reported by employer size, however workers from medium sized organisations appeared more likely to perform different duties upon their return to work.

**Figure 14** 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, 2018. Don't know and Refused responses excluded from base. Total (n=4,128), ACT (n=140), Comcare (n=717), NSW (n=781), NT (n=128), QLD (n=705), Seacare (n=46), TAS (n=440), WA (n=456), VIC (n=715). Fractures (n=566), Musculoskeletal Disorders (n=2,424), Other Trauma (n=732), Mental Illness (n=209), Other Diseases (n=197), Small (Less than \$1m) (n=760), Medium (Between \$1m and less than \$20m) (n=1,139), Large (\$20m or more) (n=1,173).

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).

## 4. Personal Domain Measures

The personal domain encompasses biological characteristics, psychological and behavioural factors, and social relationships. This section looks at respondents' perceptions of their overall level of health, across physical, affective and financial dimensions.

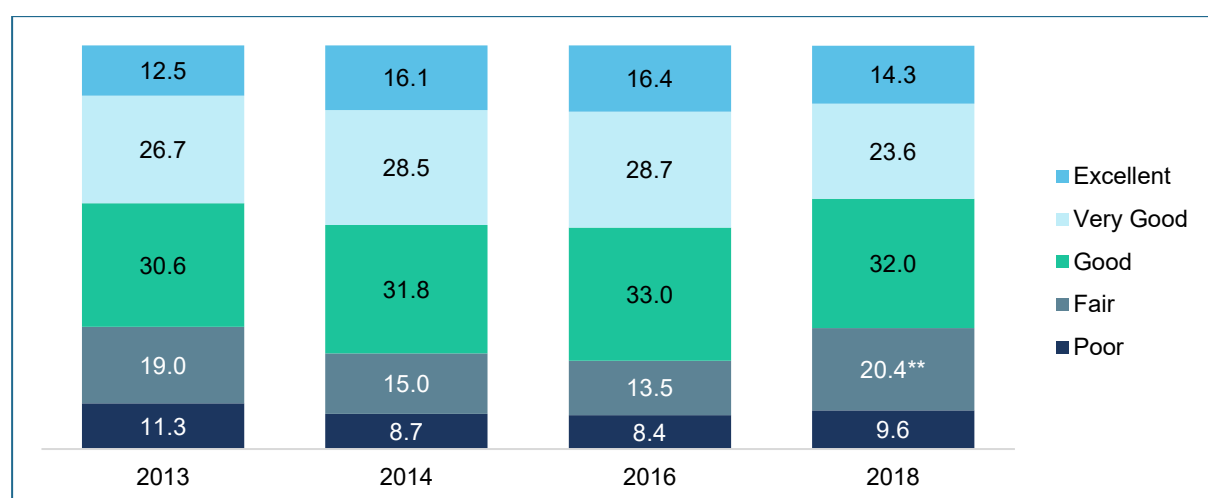
Personal domain questions were deliberately positioned towards the end of the survey given their potentially sensitive nature. During the survey, respondents were reminded that if they felt uncomfortable with any question they were able to skip without answering. Despite this precaution, the majority of respondents provided responses to all personal domain measures with the refusal rate being below three percent for all items.

### 4.1. 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.

Of those workers who felt able to rate their level of health at the time of the survey, most reported a positive rating – 32.0% 'Good', 23.6% 'Very Good' and 14.3% 'Excellent'. However, results were less positive than in 2016, with a significantly higher proportion rating their general health as 'Fair' (20.4%, compared to 13.5% in 2016).

**Figure 15** General health by time series (%)



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

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

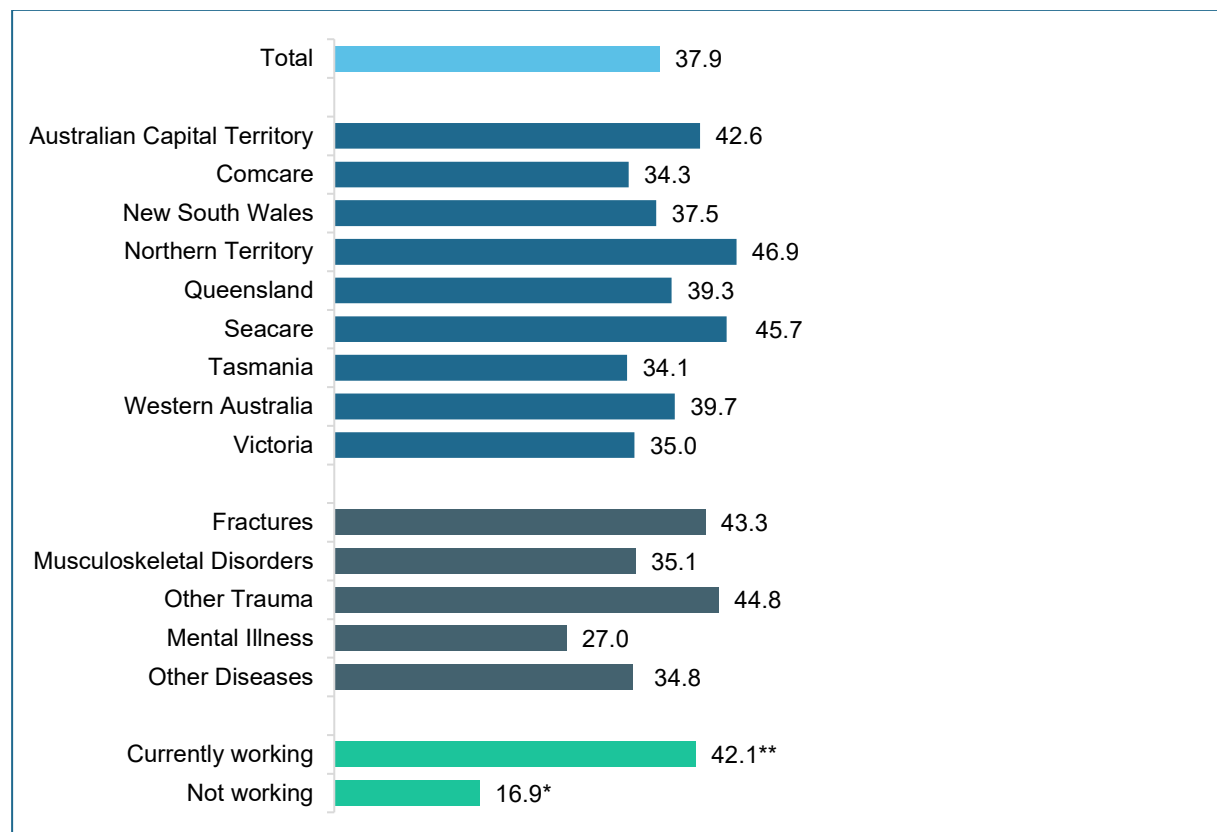
Note: Don't know and refused excluded from base for analysis. Asterisks indicate statistically significant difference between sub-groups (single asterisk (\*) indicates a lower proportion; double asterisk (\*\*) indicates a higher proportion) (p-value <=0.05).

For comparison between sub-groups, Figure 16 (overleaf) shows the proportion who rated their general health as either 'Very Good' or 'Excellent'. Despite seemingly varied results, there were no statistically significant differences between jurisdictions. Some smaller jurisdictions, notably the Northern Territory (46.9%), Seacare (45.7%) and the ACT (42.6%) appeared to have higher proportions of workers whose self-reported general health rating was positive.

Likewise there were apparent, but not statistically significant differences based on injury/illness type. Those who experienced fractures (43.3%) or other trauma (44.8%) reported higher ratings of 'Excellent' or 'Very Good' general health, while those who experienced mental illness had the lowest rating at 27.0%.

A clear, statistically significant, difference in perceived general health was evident between workers who were currently working (42.1%) and those not working at the time of survey (16.9%). This suggests perceived health and, by extension degree of recovery, is intrinsically linked to return to work outcomes.

**Figure 16** General health rating, by jurisdiction, injury/illness type and work status – 2018 (% Excellent / Very Good)



Base All respondents, ACT (n=150), Comcare (n=764), NSW (n=858), NT (n=145), QLD (n=802), Seacare (n=58), TAS (n=480), WA (n=510), VIC (n=798). Fractures (n=622), Musculoskeletal Disorders (n=2,664), Other Trauma (n=784), Mental Illness (n=278), Other Diseases (n=217), Currently working (n=3,667), Not working (n=886).

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

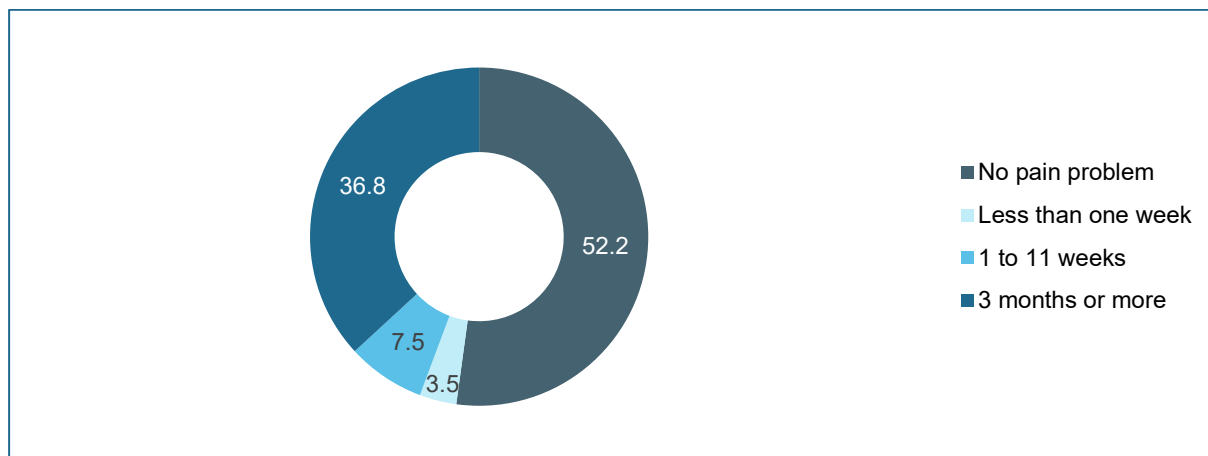
Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (\*) indicates a lower proportion; double asterisk (\*\*) indicates a higher proportion) (p-value <=0.05).

## 4.2. Persistent pain

All workers were asked about physical pain they might be experiencing. Almost half (47.8%) reported that they had experienced pain in the last week, while the remaining 52.2% reported experiencing no physical pain. Those reporting to have experienced pain in the last week were asked to rate the severity of the pain and how long they have had their current pain problem.

As shown in Figure 17 (overleaf), 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 17**      **Length of current pain problem – 2018 (%)**



Base: All respondents (n=4,517)

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

PP5 How long have you had your current pain problem?

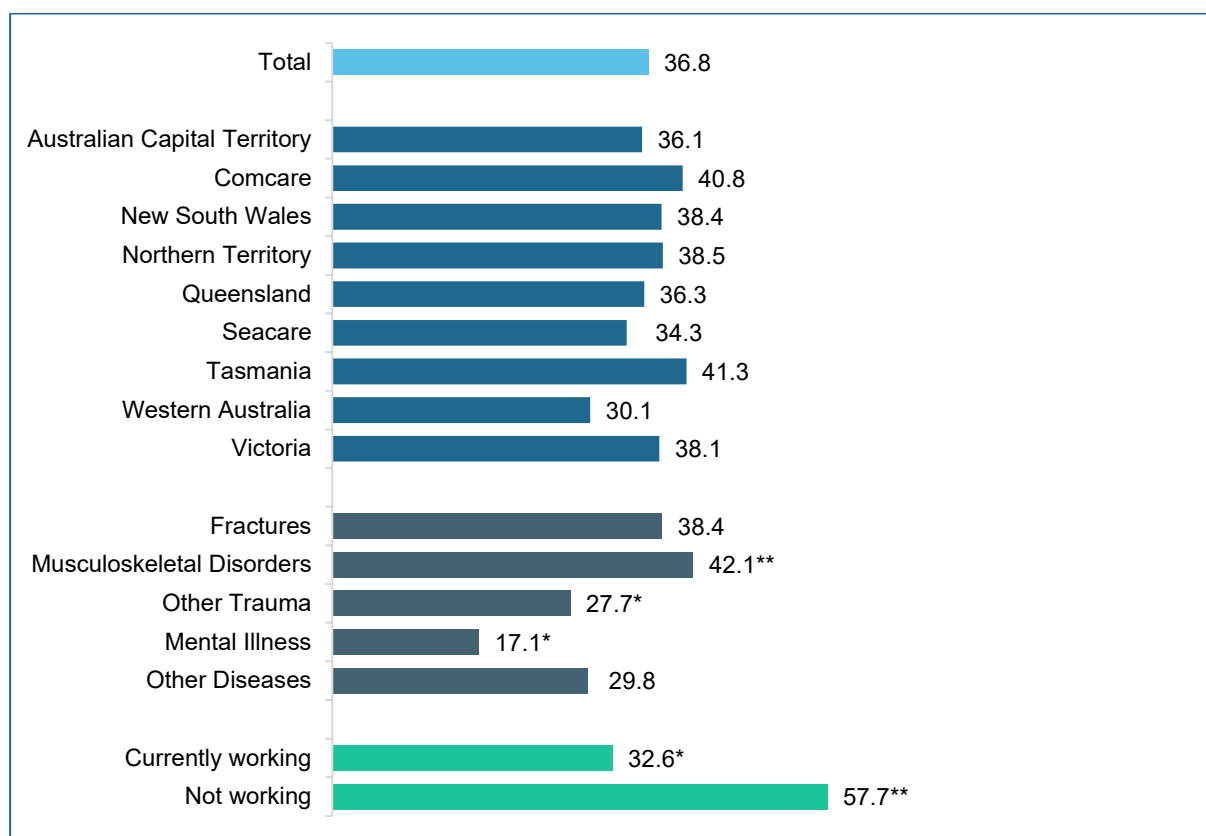
Note: Don't know and Refused responses excluded from base.

Figure 18 (overleaf) shows the proportion of all workers who reported experiencing pain during the past week, which they had been suffering from for a period of three months or more, by sub-group. While there were no statistically significant differences between jurisdictions, it appears that a higher proportion of workers from Tasmania and Comcare have experienced persistent pain than those from other jurisdictions.

Persistent pain is closely linked to the nature of injury/illness. Those who experienced musculoskeletal disorders were significantly more likely to have experienced persistent pain (42.1%); while those who experienced other trauma (27.7%) or mental illness (17.1%) were significantly less likely.

There is also a strong correlation between persistent pain and current work status. A significantly higher proportion of those not currently working (57.7%) reported experiencing persistent pain, compared to those who had returned to work and were working at the time of survey (32.6%).

**Figure 18** Current pain problem experienced for three months or more, by jurisdiction, injury/illness type and return to work status – 2018 (%)



Base: All respondents (n=4,517), ACT (n=147), Comcare (n=750), NSW (n=844), NT (n=146), QLD (n=798), Seacare (n=57), TAS (n=475), WA (n=504), VIC (n=781). Fractures (n=619), Musculoskeletal Disorders (n=2,618), Other Trauma (n=774), Mental Illness (n=280), Other Diseases (n=211), Currently working (n=3,601), Not working (n=891).

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

### 4.3. Psychological distress

The Kessler 6 Psychological Distress Scale is a five-point response scale for self-reported frequency of psychological distress indicators. Cognitive testing confirmed the target population to be familiar and comfortable responding to the Kessler scale as it is a measure they routinely encounter it via healthcare professionals. The Kessler 6 was included in the NRTWS for the first time in 2018.

Standard Australian dichotomous scoring<sup>4</sup> of the Kessler 6 was calculated whereby a score of 6 to 18 was classified as 'no probable serious mental illness' and a score of 19 to 30 was classified as indicating a respondent has 'probable serious mental illness'.

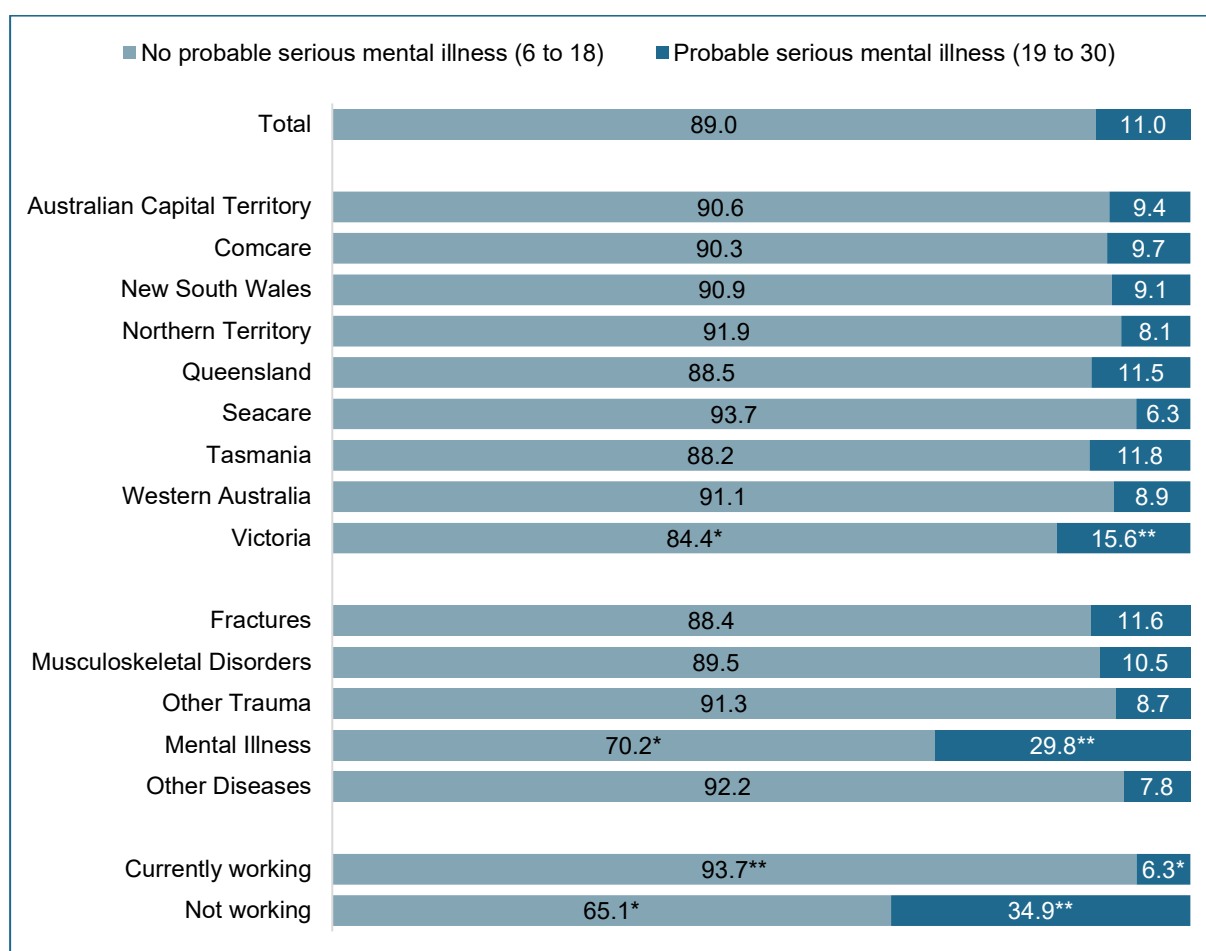
A significantly higher proportion of workers from Victoria (15.6%) had a Kessler 6 score indicating probable serious mental illness. Workers from Queensland and Tasmania also had a relatively high proportion of workers with 'probable serious mental illness' (11.5% and 11.8% respectively), although these results were not significantly higher than other jurisdictions.

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. No other significant differences were reported by injury/illness type.

<sup>4</sup> <http://www.abs.gov.au/ausstats/abs@.nsf/lookup/4817.0.55.001Chapter92007-08>

The majority (93.7%) of those currently working reported a Kessler 6 score of 6-18, indicating no probable serious mental illness. Conversely, the cohort of workers who were not working at the time of survey reported the highest proportion (34.9%) of Kessler 6 scores in the range 19-30, indicating probable serious mental illness. This supports the importance of returning workers to the workplace as soon as safely possible, suggesting there are psychological benefits in returning to work and possible psychological harms related to prolonged absence from the workplace.

**Figure 19 Kessler 6 Psychological Distress Scale, by jurisdiction, injury/illness type and current work status – 2018 (%)**



Base: All respondents (n=4,397), ACT (n=145), Comcare (n=734), NSW (n=823), NT (n=144), QLD (n=775), Seacare (n=57), TAS (n=466), WA (n=484), VIC (n=769). Fractures (n=602), Musculoskeletal Disorders (n=2,558), Other Trauma (n=758), Mental Illness (n=273), Other Diseases (n=206), Currently working (n=3,538), Not working (n=847).

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)?

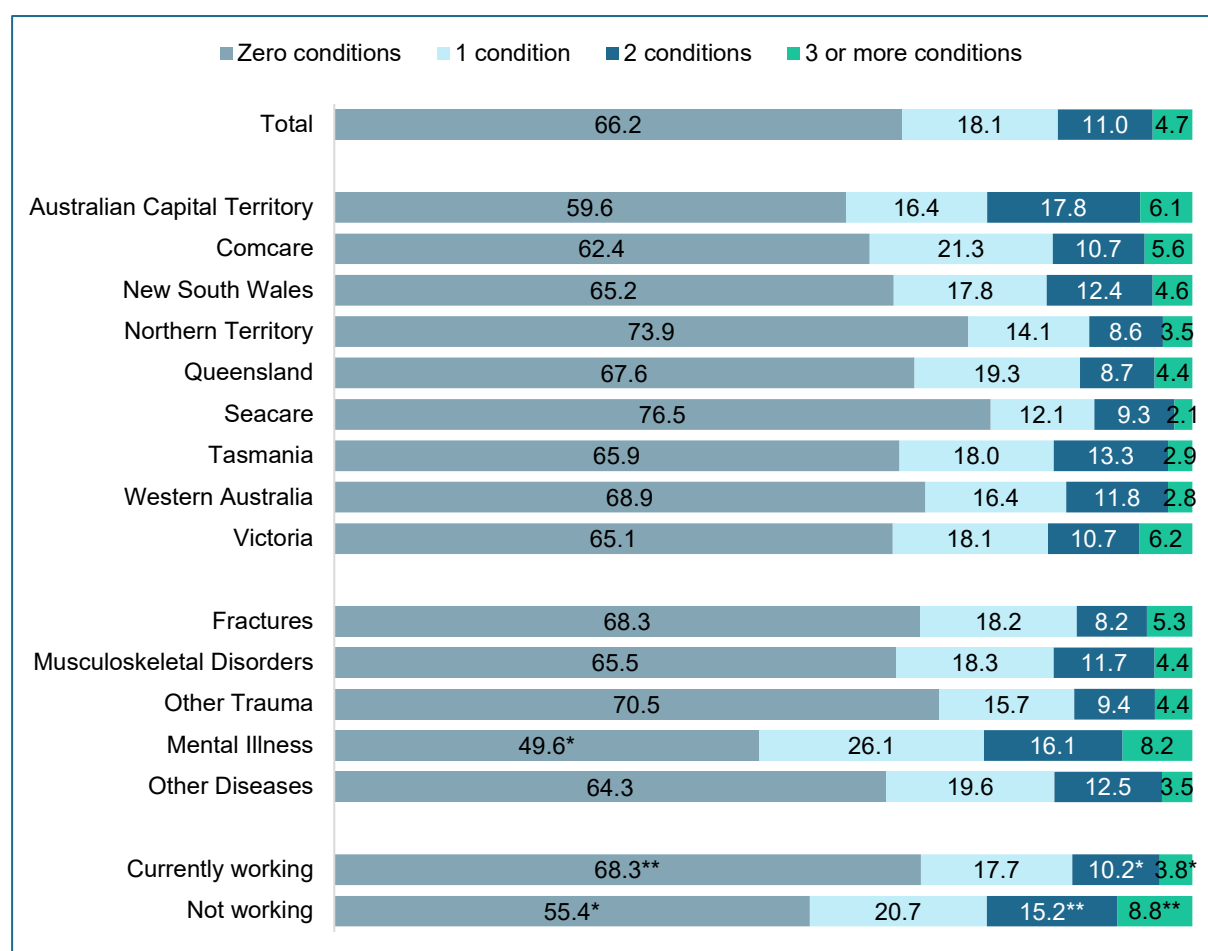
Note Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (\*) indicates a lower proportion; double asterisk (\*\*) indicates a higher proportion) (p-value <=0.05).

## 4.4. Comorbid conditions

Respondents were read a list of 10 conditions from the Charlson Comorbidity Index<sup>5</sup> and asked to indicate whether they had been diagnosed with any conditions in addition to their work-related injury or illness. Respondents were also asked if they had been diagnosed with any other conditions not listed.

As shown in Figure 20, around two-thirds (66.2%) of workers reported they have not been diagnosed with conditions in addition to their workplace injury or illness. Of those who have been diagnosed with other conditions, most have been diagnosed with one (18.1%) or two (11.0%) additional conditions. Very few (4.7%) reported they have been diagnosed with three or more conditions.

**Figure 20** Number of additional conditions diagnosed with, by jurisdiction, injury/illness type and work status – 2018 (%)



Base: All respondents (n=4,602), ACT (n=150), Comcare (n=770), NSW (n=865), NT (n=150), QLD (n=809), Seacare (n=58), TAS (n=482), WA (n=513), VIC (n=805). Fractures (n=628), Musculoskeletal Disorders (n=2,678), Other Trauma (n=792), Mental Illness (n=286), Other Diseases (n=218), Currently working (n=3,689), Not working (n=901).

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).

<sup>5</sup> 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.



No significant differences were evident between jurisdictions on the comorbidity index. Indicatively, it appeared that workers from Seacare and the Northern Territory were least likely to have been diagnosed with additional conditions.

The sub-group with the highest proportion who had been diagnosed with additional conditions was those whose work-related injury or illness was classified as a mental illness. Around half of this cohort reported they had been diagnosed with other conditions – 26.1% with one condition, 16.1% with two conditions and 8.2% with three or more conditions.

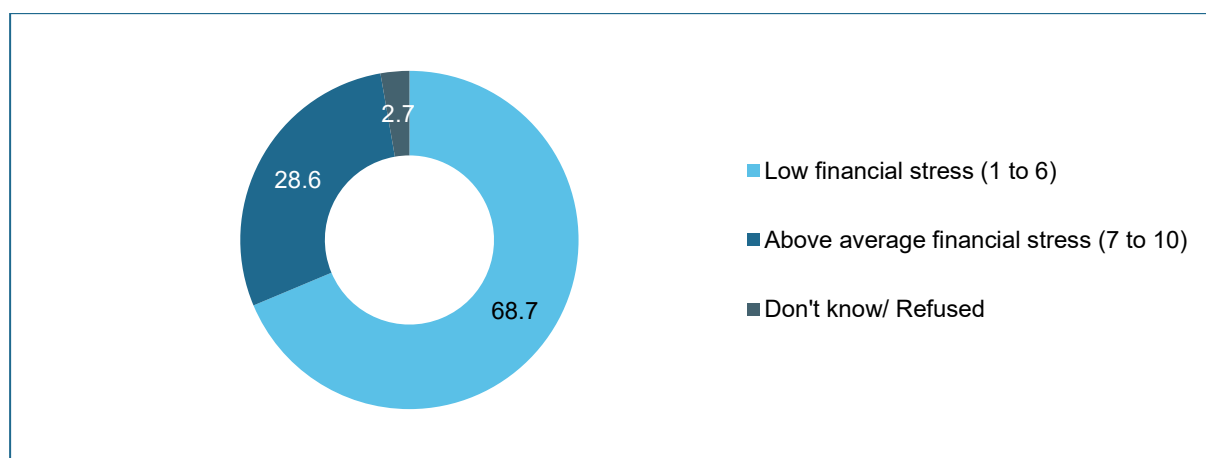
Significant differences were also reported by those currently working and those not working. A significantly lower proportion of those not working had not been diagnosed with any additional conditions (55.4% compared to 68.3% of those currently working). A corresponding higher proportion of those not working reported they had been diagnosed with two additional conditions (15.2%) and with three or more conditions (8.8%).

## 4.5. 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'. The vast majority of respondents were willing to answer this question; only 2.7% of respondents did not provide a response to this question.

For the purpose of this report, a rating of 7 or above is considered to indicate above average financial distress<sup>6</sup>. Overall, 28.6% workers surveyed reported experiencing above average levels of financial distress, as shown in Figure 21.

**Figure 21 Financial distress – 2018 (%)**



Base: All respondents (n=4,602).

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.

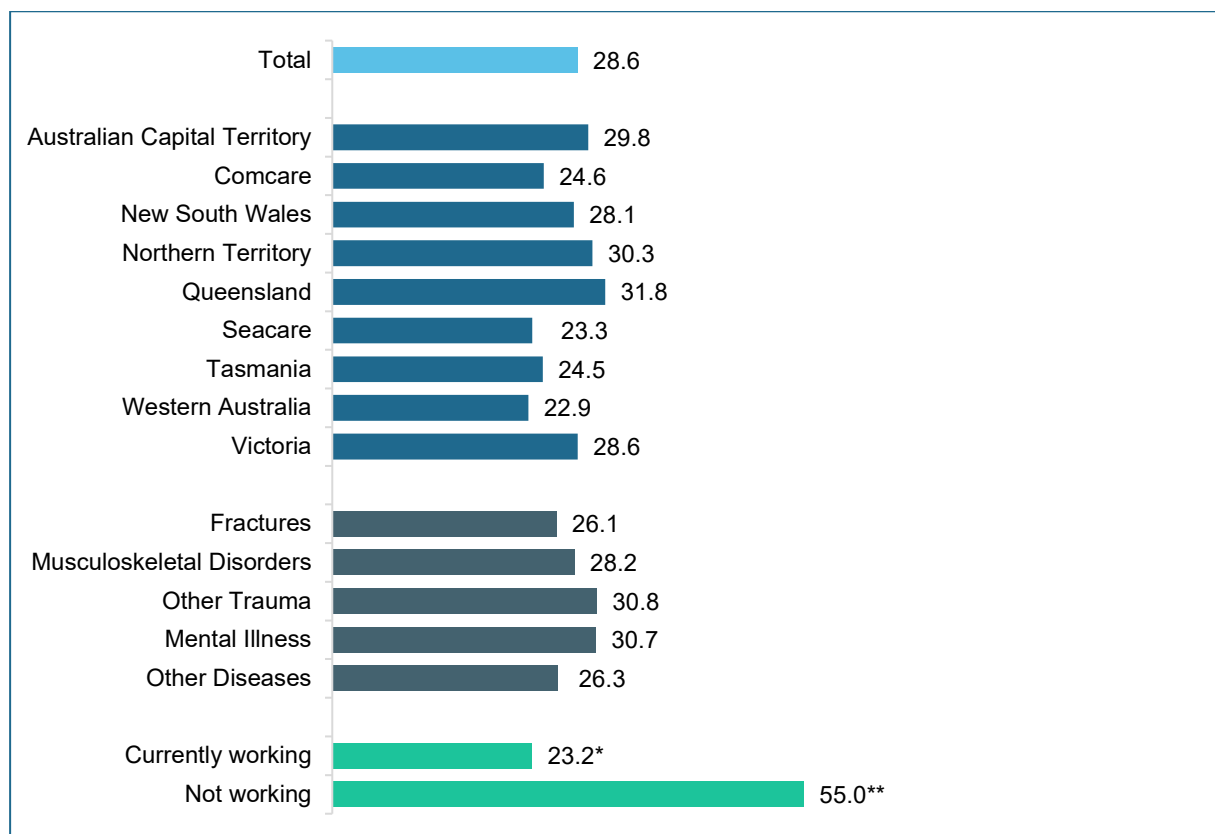
No statistically significant differences were reported between jurisdictions in relation to the proportion of workers who have above average levels of financial stress. Indicatively, workers from Queensland (31.8%), Northern Territory (30.3%) and the ACT (29.8%) appear more likely to have above average levels of financial stress.

<sup>6</sup> Prawitz, AD, Garman, ET, Sorhaindo, B, O'Neill, B, Kim, J & Drentea, P. 2006, 'InCharge Financial Distress/Financial Well-Being Scale: Development, Administration, and Score Interpretation', *Association for Financial Counseling and Planning Education*, 17(1), pp.34-50.

Similarly, there was no statistically significant variation in financial stress between workers with different injury/illness types. That said, it appears that those whose injury/illness was not physical were more likely to have above average levels of financial stress – those who experienced other trauma (30.8%) and those with mental illness (30.7%) reported the highest levels of above average financial stress.

Understandably, a significant difference in financial stress levels was evident between those currently working and those not working at the time of survey. More than half (55.0%) of those not working reported financial stress of 7 or higher, compared to only 23.2% of those currently working.

**Figure 22 Above average financial stress, by jurisdiction, injury/illness type and work status – 2018 (%)**



Base: All respondents (n=4,602), ACT (n=150), Comcare (n=770), NSW (n=865), NT (n=150), QLD (n=809), Seacare (n=58), TAS (n=482), WA (n=513), VIC (n=805). Fractures (n=628), Musculoskeletal Disorders (n=2,678), Other Trauma (n=792), Mental Illness (n=286), Other Diseases (n=218), Currently working (n=3,689), Not working (n=901).

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).

## 5. Workplace Domain Measures

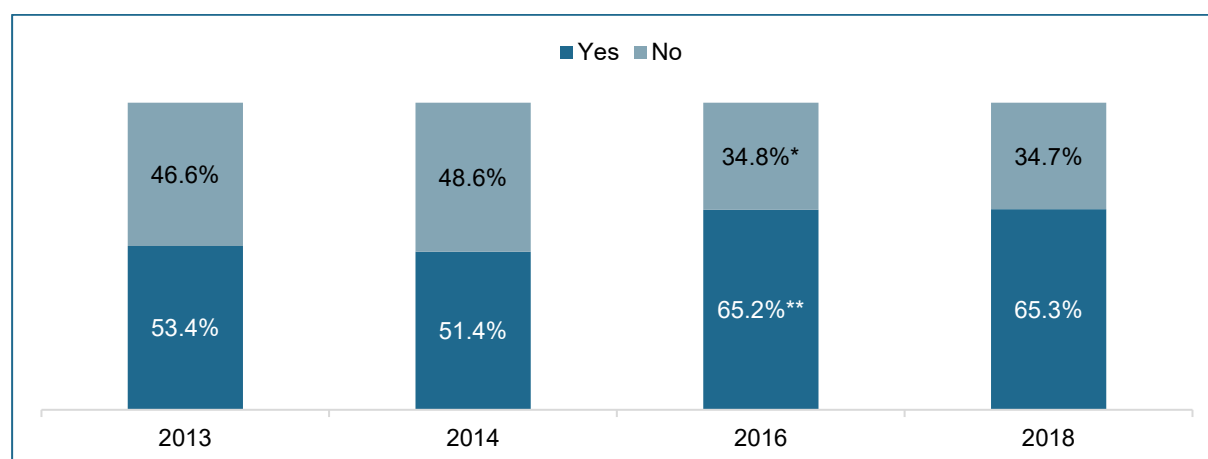
The workplace domain considers the working environment, work relationships, work design and its ergonomic impacts, support systems (such as employee assistance plans) and how a workplace accommodates workers returning to work. Historically, the NRTWS has focused primarily on measures that would fall within the workplace domain. The 2018 NRTWS included many of these longstanding items, along with some new measures.

This section reports findings related to return to work planning and dedicated RTW 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.

### 5.1. Return to work planning

All respondents were asked if they have or have had a plan in place to get back to work. Previously this question has been asked as 'J3aa' in the Return to Work Survey. Approximately two-thirds (65.3%) of 2018 survey respondents reported having a return to work plan, almost identical to the 2016 result (see Figure 23).

**Figure 23** Proportion of workers who had a return to work plan, time series (%)



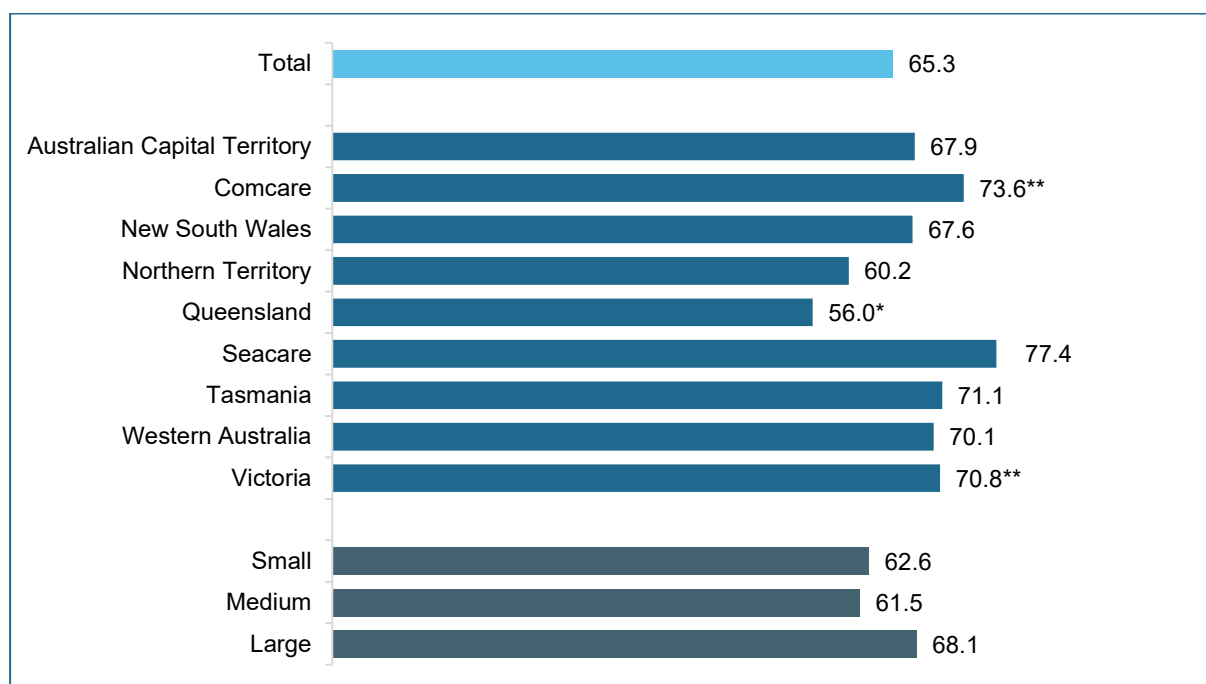
Base: All respondents. 2013 (n=3,549), 2014 (n=3,073), 2016 (n=3,241), 2018 (n=4,455).

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 24 (overleaf) workers from Comcare (73.6%) and Victoria (70.8%) were significantly more likely to have a plan in place to get back to work, while those from Queensland (56.0%) were significantly less likely to have a plan. No statistically significant differences were observed between small, medium and large businesses (defined by total remuneration) however large businesses (those with total remuneration of \$20 million or more) appeared most likely to have return to work plans for workers.

**Figure 24** Proportion of workers who had a return to work plan, by jurisdiction and employer size – 2018 (% yes)



Base: All respondents, 2018 (n=4,455). ACT (n=145), Comcare (n=749), NSW (n=831), NT (n=145), QLD (n=783), Seacare (n=54), TAS (n=470), WA (n=493), VIC (n=785), Small (Less than \$1m) (n=865), Medium (Between \$1m and less than \$20m) (n=1,242), Large (\$20m or more) (n=1,245).

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).

## 5.2. Workplace reaction

The workplace reactions question asks workers about their perceptions of their employers' and colleagues' attitudes and behaviour related to their injury/illness. This item has been included in the NRTWS historically and was again asked in the 2018 survey, with the addition of one new category.

Table 5 shows the time series result – no significant changes in the proportion of respondents who agreed with these statements were reported in 2016. 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'. This highlights an ongoing need for employers of workers to cultivate a workplace culture in which employees are supportive of their colleagues.

**Table 5** Workplace reaction attributes – time series (% Strongly Agree / Agree)

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

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).

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 6 compares the results of the workplace reactions questions between jurisdictions and shows similar ratings were reported across all jurisdictions. No statistically significant differences were reported by jurisdiction.

Many significant differences were evident based on the nature of injury/illness sustained. Those who experienced a musculoskeletal disorder or mental illness were significantly more likely to agree with the workplace reaction questions. Most notably, 72.4% of those who experienced mental illness felt that they would be treated differently by people at work, and 46.4% felt that their supervisor thought they were exaggerating or faking their injury/illness. Conversely, those who experienced fractures or other trauma were significantly less likely to agree with most or all the workplace reaction questions.

Workplace reaction results were consistent between workers of different sized employers, with one exception. Those from small and medium sized organisations were significantly more likely to agree that their employer discouraged them from putting in a claim.

**Table 6** Workplace reaction attributes, by jurisdiction, injury/illness type and employer size – 2018 (% 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
<b>Jurisdiction</b>				
Australian Capital Territory	45.6	30.9	27.2	14.4
Comcare	36.0	23.1	15.9	17.7
New South Wales	33.1	21.3	21.5	14.6
Northern Territory	33.1	24.6	19.7	21.4
Queensland	30.2	21.1	17.3	15.9
Seacare	28.9	19.9	20.4	10.9
Tasmania	38.1	24.8	21.1	17.3
Western Australia	29.7	19.7	24.2	15.2
Victoria	33.0	24.7	26.3	17.1
<b>Injury/illness type</b>				
Fractures	21.9*	11.1*	14.4*	8.3*
Musculoskeletal disorders	34.1	23.9**	24.0**	17.5**
Other trauma	24.2*	17.5*	16.4*	10.9*
Mental illness	72.4**	46.4**	38.8**	32.3**
Other diseases	34.9	24.2	15.5	19.9
<b>Employer size</b>				
Small	31.1	21.8	23.8	17.7**
Medium	32.7	26.4	22.7	20.3**
Large	30.5	20.0	21.2	11.7*

Base: All respondents, ACT (n=144 to n=147), Comcare (n=739 to n=761), NSW (n=827 to n=838), NT (n=146 to n=147), QLD (n=772 to n=785), Seacare (n=57 to n=58), TAS (n=464 to n=471), WA (n=500 to n=503), VIC (n=772 to n=782), Fractures (n=599 to n=605), Musculoskeletal Disorders (n=2,583 to n=2,623), Other Trauma (n=760 to n=773), Mental Illness (n=264 to n=277), Other Diseases (n=207 to n=212), Small (Less than \$1m) (n=847 to n=862), Medium (Between \$1m and less than \$20m) (n=1,232 to n=1,242), Large (\$20m or more) (n=1,235 to n=1,261).

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 between (single asterisk (\*) indicates a lower proportion; double asterisk (\*\*) indicates a higher proportion) (p-value <=0.05).

### 5.3. Employer support

The employer support question asked respondents to rate their agreement with a range of attributes which represent positive aspects of how the employer managed their claim and return to work journey. These questions have been included in the NRTWS historically, enabling time series analysis, as presented in Table 7.

Results for this survey item have been consistent across the past four waves of the survey. No statistically significant changes in the proportion of respondents who agreed with these statements were reported in 2018. The attributes that workers, overall, were most positive about were related to the fairness of their treatment during and after the claims process.

**Table 7 Employer support attributes – time series (% Strongly Agree / Agree)**

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

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).

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).

As presented in Table 8 (overleaf), no statistically significant variation was evident between jurisdictions on the employer support attributes. Workers from Seacare appeared to be more positive about the support received from their employer, however the low sample size for Seacare means these results should be read with caution.

Significant differences were evident between workers with different types of injury/illness. Across all attributes, those with fractures were significantly more positive about the support received from their employer, while those with mental illness were significantly less positive. Less than half of the sample of workers with mental illness agreed with each attribute. The lowest rating was for the attribute 'your employer helped you with your recovery' to which only 28.4% of the mental illness sub-group agreed.

No significant differences were reported by size of employer organisation.

**Table 8**      **Employer support attributes, by jurisdiction, injury/illness type and employer size – 2018 (% 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
<b>Total</b>	<b>74.4</b>	<b>68.4</b>	<b>71.3</b>	<b>65.1</b>	<b>79.1</b>	<b>79.5</b>
<b>Jurisdiction</b>						
ACT	74.6	64.3	70.8	65.9	72.0	71.6
Comcare	71.7	70.3	71.8	67.4	75.1	78.9
NSW	75.3	70.4	73.9	67.2	79.8	81.2
NT	67.9	65.0	64.6	67.1	77.5	78.9
QLD	76.7	68.4	68.5	63.3	80.5	79.5
Seacare	84.2	73.5	74.1	76.5	85.3	81.5
TAS	68.3	63.3	70.1	64.2	76.3	77.4
WA	75.7	69.5	71.7	66.9	78.0	80.5
VIC	68.9	64.1	70.3	62.4	77.3	76.6
<b>Injury/illness type</b>						
Fractures	86.4**	83.0**	83.0**	73.5**	87.4**	86.1**
Musculoskeletal disorders	73.5	65.8*	69.9	66.0	78.6	79.6
Other trauma	79.6**	74.0**	75.3	64.7	82.8	82.7
Mental illness	30.1*	33.1*	37.5*	28.4*	42.0*	41.2*
Other diseases	71.1	69.0	70.2	71.3	81.1	83.7
<b>Employer size</b>						
Small	75.1	68.0	67.0	64.3	77.9	77.1
Medium	73.3	67.4	73.6	64.5	77.9	79.8
Large	74.9	68.0	70.7	65.5	80.1	80.1

Base: All respondents, ACT (n=141 to n=147), Comcare (n=704 to n=764), NSW (n=795 to n=844), NT (n=138 to n=149), QLD (n=755 to n=796), Seacare (n=52 to n=58), TAS (n=452 to n=477), WA (n=466 to n=507), VIC (n=753 to n=788), Fractures (n=585 to n=618), Musculoskeletal Disorders (n=2,489 to n=2,645), Other Trauma (n=732 to n=776), Mental Illness (n=262 to n=281), Other Diseases (n=200 to n=213), Small (Less than \$1m) (n=832 to n=877), Medium (Between \$1m and less than \$20m) (n=1,179 to n=1,264), Large (\$20m or more) (n=1,195 to n=1,259).

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

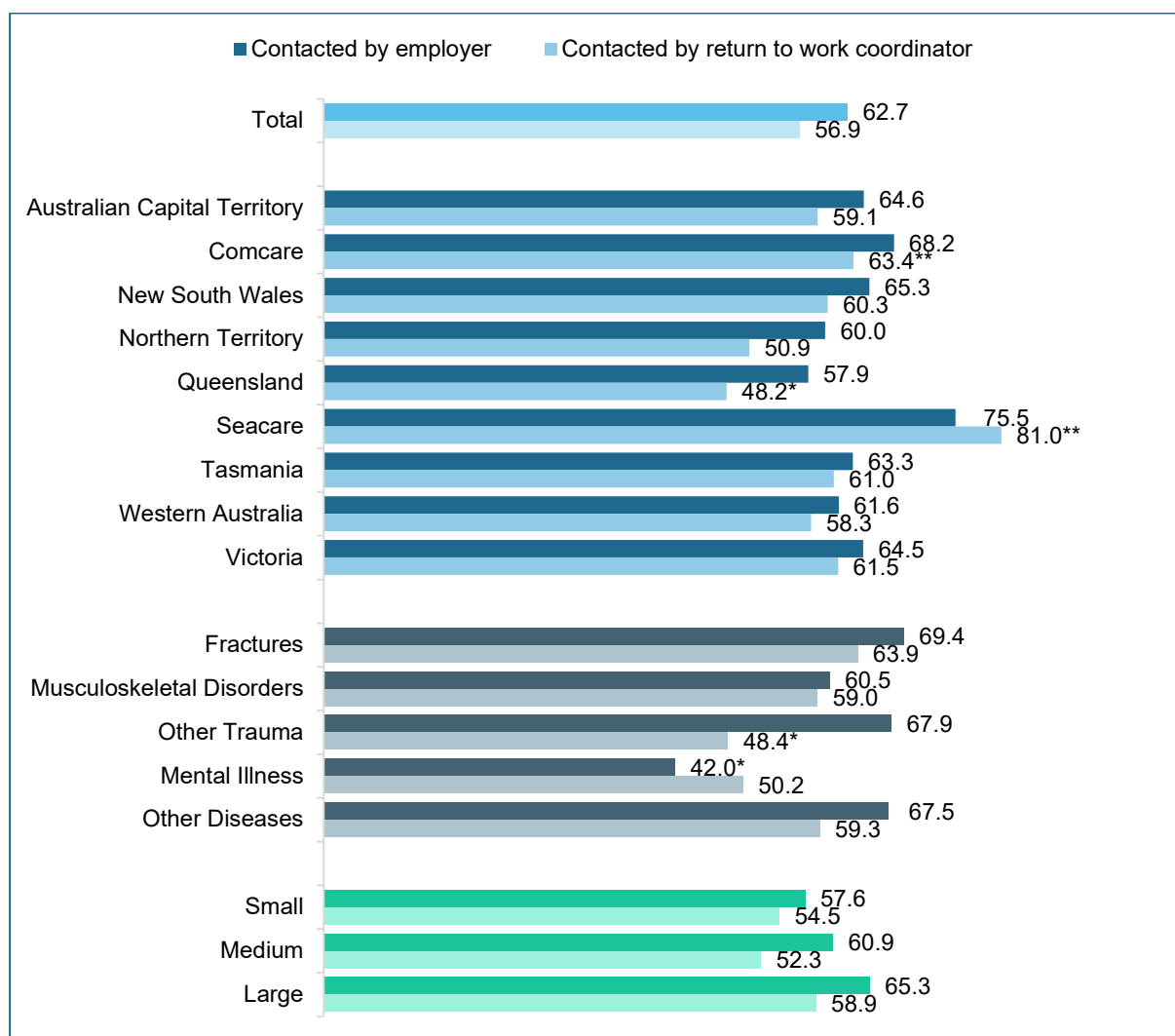
Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (\*)) indicates a lower proportion; double asterisk (\*\*) indicates a higher proportion) (p-value <=0.05).

## 5.4. 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 return to work 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 25 (overleaf) shows the incidence of contact received from a return to work coordinator and from the employer at all. Almost two-thirds (62.7%) of workers reported receiving contact from their employer about their recovery. A slightly smaller proportion (56.9%) reported being contacted by a return to work coordinator.

**Figure 25** Contact with employer / return to work coordinator, by jurisdiction, injury/illness type and employer size – 2018 (%)



Base: All respondents, ACT (n=143), Comcare (n=742), NSW (n=832), NT (n=148), QLD (n=787), Seacare (n=58), TAS (n=466), WA (n=502), VIC (n=773), Fractures (n=611), Musculoskeletal Disorders (n=2,591), Other Trauma (n=761), Mental Illness (n=280), Other Diseases (n=208), Small (Less than \$1m) (n=861), Medium (Between \$1m and less than \$20m) (n=1,246), Large (\$20m or more) (n=1,246).

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

Base: All respondents, ACT (n=149), Comcare (n=763), NSW (n=861), NT (n=149), QLD (n=807), Seacare (n=58), TAS (n=477), WA (n=509), VIC (n=800), Fractures (n=624), Musculoskeletal Disorders (n=2,664), Other Trauma (n=786), Mental Illness (n=281), Other Diseases (n=218), Small (Less than \$1m) (n=898), Medium (Between \$1m and less than \$20m) (n=1,272), Large (\$20m or more) (n=1,271).

EMP5 Has this person (return to work coordinator) been in contact with you since your injury or illness?

Note: Don't know and Refused responses excluded from base. Calculation of EMP5 result includes those who reported they did not have a return to work 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 Seacare and Comcare were significantly more likely to have had a return to work coordinator be in contact since their injury or illness. Workers from Queensland were significantly less likely to have received this contact.

Workers who experienced mental illness 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.

Workers who experienced other trauma were significantly less likely to have been contacted by a return to work coordinator since their injury or illness.



## 5.5. Stressful interactions (return to work coordinator)

Those who dealt with a designated return to work 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.

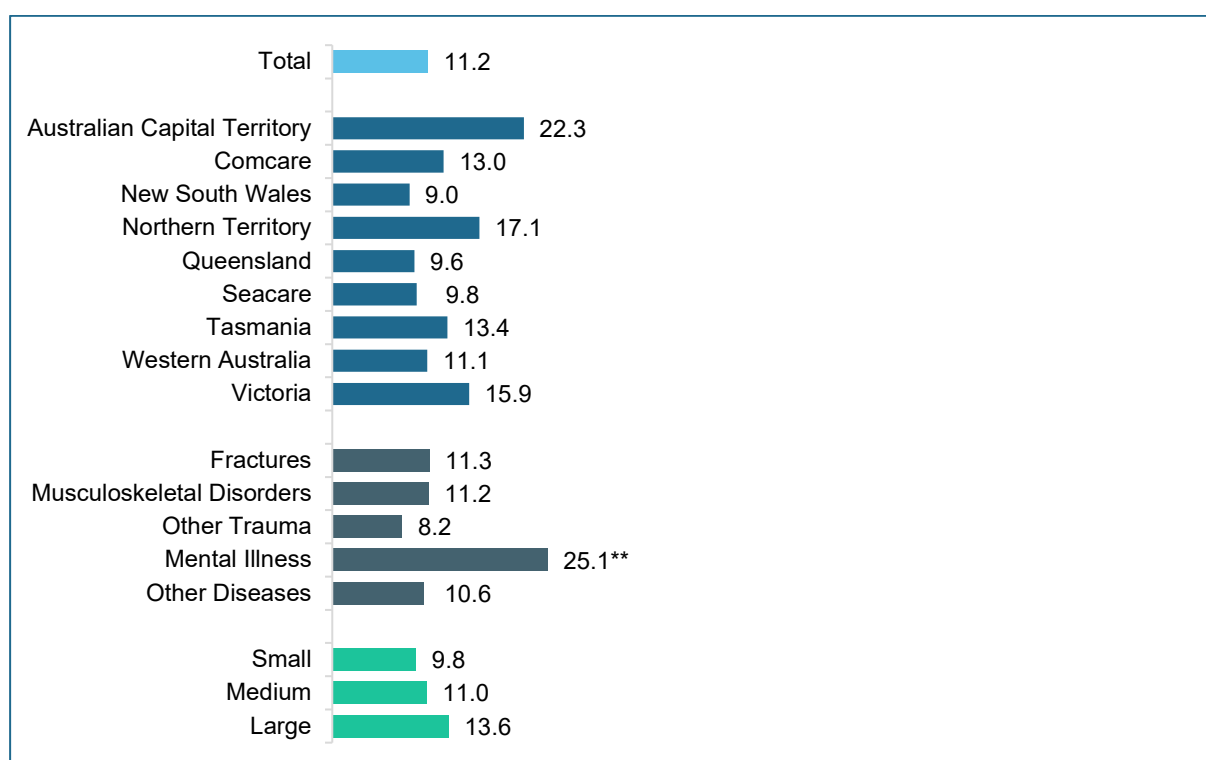
Figure 26 shows that, overall, only a low proportion (11.2%) of workers who had interactions with a return to work coordinator found them stressful.

There were no statistically significant differences between jurisdictions. Indicatively however, workers from the ACT, Northern Territory and Victoria appear more likely to have found interactions with their return to work coordinator stressful.

A clear difference is evident within the injury/illness type sub-groups. Those who experienced mental illness were significantly more likely to have found interactions with their return to work coordinator stressful. A quarter (25.1%) of this cohort reported finding their interactions stressful, more than any other sub-group.

No statistically significant differences were observed by employer size, although it appears that those who work for smaller organisations may have found their interactions with their return to work coordinator less stressful, compared to those who work for medium and large sized organisations.

**Figure 26** Stressful interactions with return to work coordinator, by jurisdiction, injury/illness type and employer size – 2018 (% Extremely stressful/Quite a bit stressful)



Base: Respondents who were contacted by a return to work coordinator, Total (n=2,903), ACT (n=89), Comcare (n=491), NSW (n=580), NT (n=80), QLD (n=444), Seacare (n=47), TAS (n=298), WA (n=358), VIC (n=516), Fractures (n=434), Musculoskeletal Disorders (n=1,710), Other Trauma (n=451), Mental Illness (n=175), Other Diseases (n=133), Small (Less than \$1m) (n=552), Medium (Between \$1m and less than \$20m) (n=802), Large (\$20m or more) (n=830).

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).

## 6. 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.

### 6.1. Healthcare access

Most respondents felt they could easily access medical care. As shown in Figure 27, overall 87.5% of workers reported that they were able to access the medical treatment or services needed for their work-related injury or illness.

While results were high across all jurisdictions, workers from Comcare (81.6%) and Victoria (82.1%) were significantly less likely to agree they were able to easily access medical care. Workers from Seacare reported the highest agreement at 94.0%.

Agreement that it was easy to access medical care did not vary significantly by injury/illness type. Indicatively, those who experienced other trauma (91.2%), other diseases (90.3%) or fractures (89.1%) were more likely to feel they could easily access the treatment and services they needed, while those who experienced mental illness (82.1%) or musculoskeletal disorders (85.9%) were less likely to feel this way.

**Figure 27** Ability to easily access medical care, by jurisdiction and injury/illness type – 2018 (% Strongly Agree / Agree)



Base: All respondents, Total (n=4,525), ACT (n=147), Comcare (n=757), NSW (n=849), NT (n=146), QLD (n=793), Seacare (n=58), TAS (n=479), WA (n=505), VIC (n=791), Fractures (n=620), Musculoskeletal Disorders (n=2,635), Other Trauma (n=776), Mental Illness (n=282), Other Diseases (n=212).

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).

## 6.2. Healthcare team

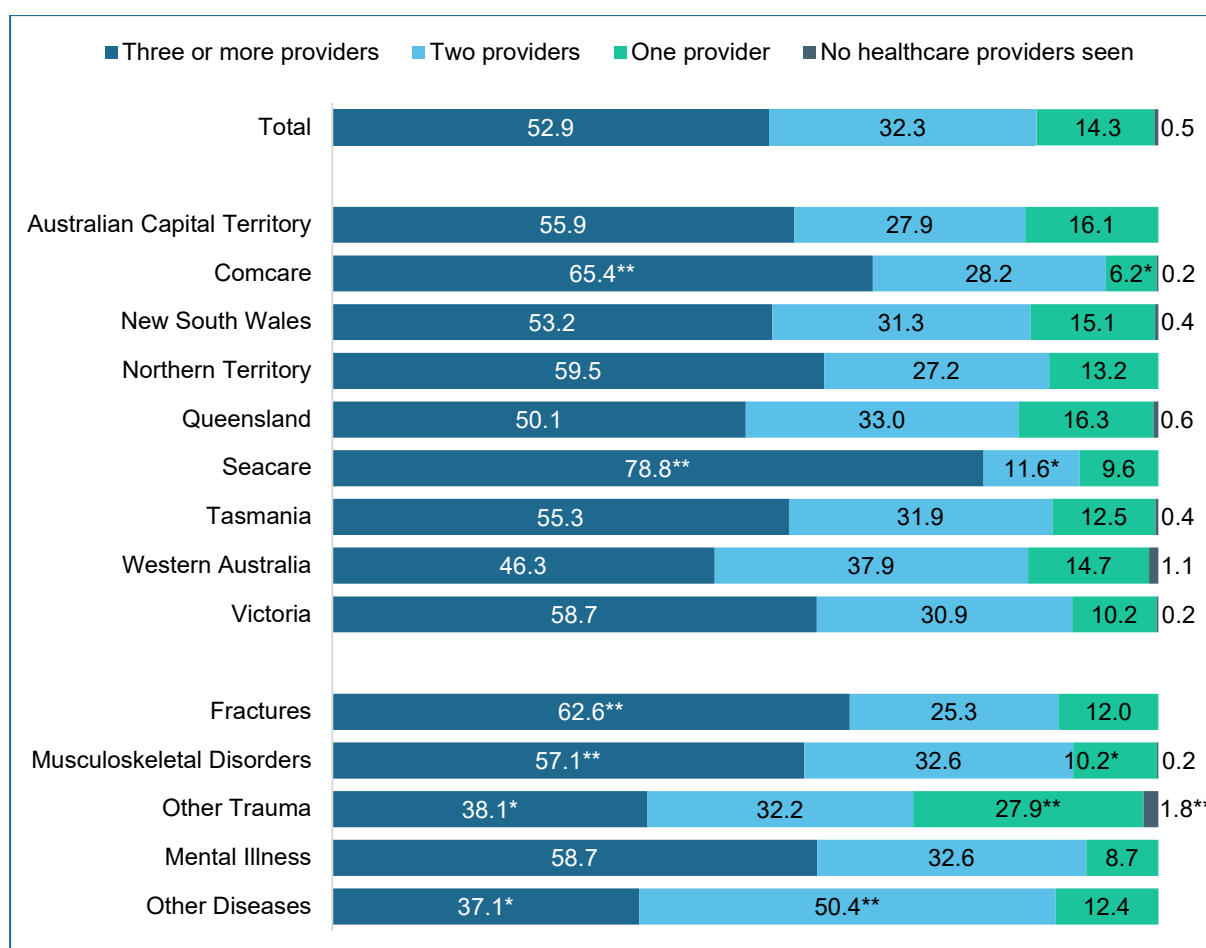
All respondents were asked to select from a list of healthcare providers that they had seen for treatment of their work-related injury or illness, and the one they considered to be the main provider.

The vast majority of workers reported they had seen at least one healthcare provider – only 0.5% overall reported seeing no healthcare providers. Just over half (52.9%) of all workers reported they had seen three or more healthcare providers.

As shown in Figure 28, there were some significant differences between sub-groups in the number of healthcare providers seen. Workers from Commonwealth schemes were more likely to have seen three or more healthcare providers – 78.8% of Seacare workers and 65.4% of Comcare workers.

The nature of injury/illness experienced appears to correlate with the range of healthcare providers that are subsequently consulted. A significantly higher proportion of those who experienced fractures (62.6%) or musculoskeletal disorders (57.1%) reported they had seen three or more healthcare providers. Conversely, a significantly lower proportion of those who experienced other diseases (37.1%) or other trauma (38.1%) had seen three or more healthcare providers.

**Figure 28** Number of healthcare providers seen, by jurisdiction and injury/illness type – 2018 (%)



Base: All respondents, Total (n=4,592), ACT (n=150), Comcare (n=770), NSW (n=860), NT (n=150), QLD (n=808), Seacare (n=58), TAS (n=481), WA (n=512), VIC (n=803), Fractures (n=628), Musculoskeletal Disorders (n=2,674), Other Trauma (n=787), Mental Illness (n=284), Other Diseases (n=218).

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 Table 9, overall, and for each sub-group, the most common response was that a GP was the main healthcare provider. 57.0% of all workers reported that a GP was their main healthcare provider.

Several significant differences were observed between jurisdictions. Workers from Tasmania (65.3%) and NSW (61.9%) were significantly more likely to consider their GP as their main healthcare provider; while those from Seacare (37.9%) were significantly less likely to. Elsewhere, a significantly higher proportion of workers from Queensland (17.0%) reported that a surgeon was their main healthcare provider.

There were also significant differences based on injury/illness type. Those who experienced other trauma (64.6%) were significantly more likely to consider their GP as their main healthcare provider. A significantly higher proportion of those who experienced other diseases (28.0%) or fractures (19.2%) reported that a surgeon was their main healthcare provider; and a significantly higher proportion of those who experienced mental illness (39.1%) considered a psychologist or psychiatrist to be their main healthcare provider.

**Table 9 Main healthcare provider, by jurisdiction and injury/illness type – 2018 (%)**

	GP	Physio therapist	Surgeon	Psychologist / Psychiatrist	Occupational Therapist	Other
<b>Total</b>	<b>57.0</b>	<b>21.9</b>	<b>11.4</b>	<b>2.3</b>	<b>1.5</b>	<b>5.8</b>
<b>Jurisdiction</b>						
ACT	66.8	23.7	4.6	1.2	0.0	3.8
Comcare	52.2	22.6	15.0	3.3	1.2	5.6
NSW	61.9**	20.5	9.1	2.3	0.5	5.7
NT	44.8	27.8	17.2	3.6	2.9	3.7
QLD	52.7	19.2	17.0**	1.7	2.1	7.3
Seacare	37.9*	34.1	22.2	0.0	0.0	5.7
TAS	65.3**	20.1	8.3	2.2	1.3	2.9
WA	58.2	28.0	3.8*	0.1*	4.3**	5.6
VIC	53.0	24.8	12.2	4.5**	1.4	4.2
<b>Injury/illness type</b>						
Fractures	49.2	21.9	19.2**	--	1.7	8.0
Musculoskeletal disorders	55.6	28.9**	8.8*	0.7*	1.1	4.9
Other trauma	64.6**	11.0*	13.2	0.7	2.7	7.7
Mental illness	59.1	0.1*	--	39.1**	0.2*	1.4
Other diseases	57.5	5.9*	28.0**	--	2.3	6.3

Base: Respondents who saw at least one healthcare provider. Total (n=4,356), ACT (n=142), Comcare (n=739), NSW (n=800), NT (n=136), QLD (n=769), Seacare (n=55), TAS (n=461), WA (n=479), VIC (n=775), Fractures (n=585), Musculoskeletal Disorders (n=2,546), Other Trauma (n=744), Mental Illness (n=273), Other Diseases (n=208).

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).

### 6.3. Healthcare provider communications

Respondents who reported they had seen a General Practitioner (GP) for treatment of 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

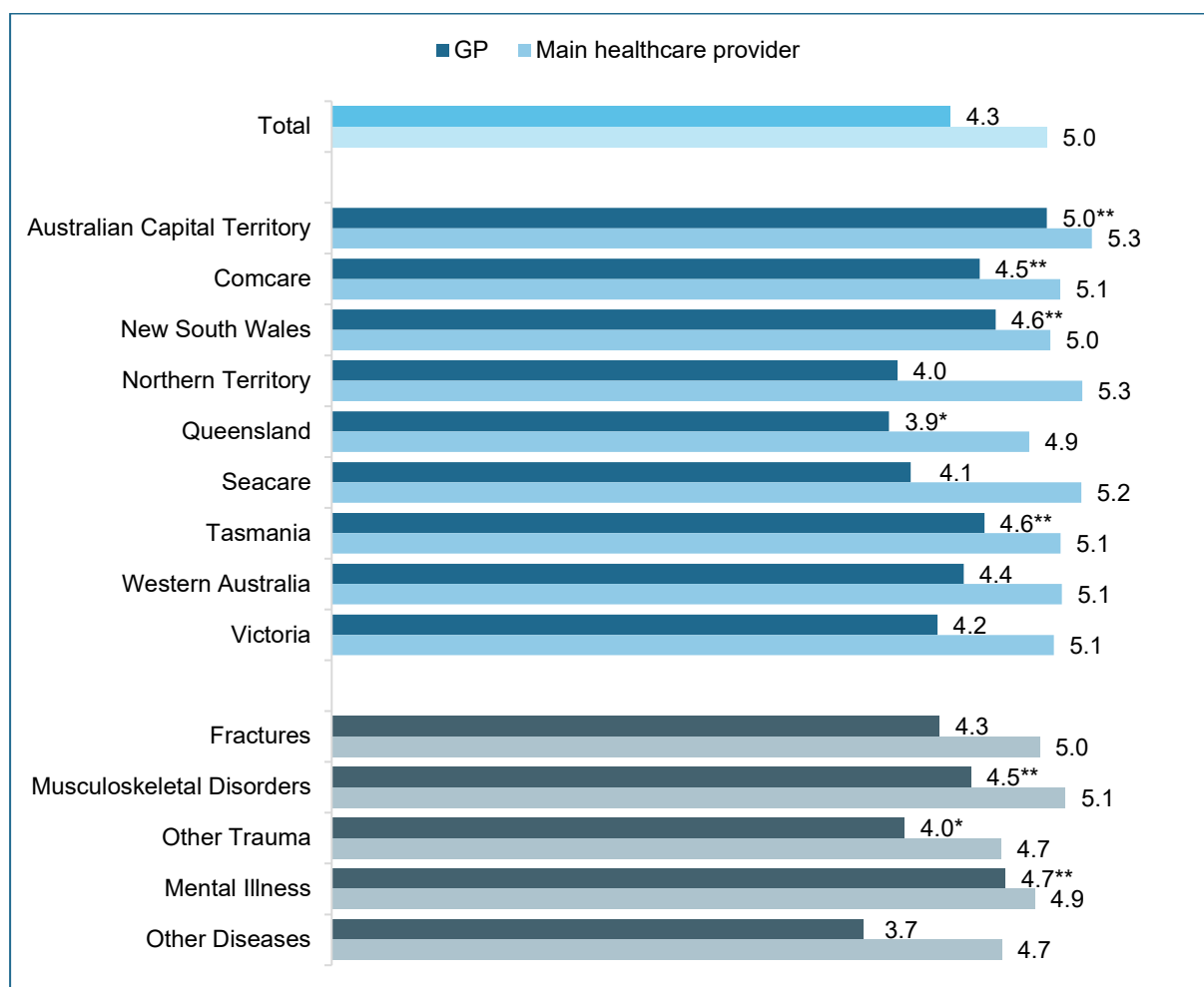
Respondents who nominated a healthcare provider other than a GP as their main provider were also asked to respond to the same six statements in relation to their main provider. For each action the GP or other healthcare provider had performed a score of 1 was allocated. The average scores for GPs and other (main) healthcare providers (with a range of 0 to 6) are presented in Figure 29 (overleaf).

Overall, other healthcare providers (5.0) scored higher than GPs (4.3). 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 – ACT (5.0), Tasmania (4.6), NSW (4.6) and Comcare (4.5) while Queensland was significantly lower with an average of 3.9 positive communications from GPs. 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 mental illness (4.7) or musculoskeletal disorders (4.5) reported a significantly higher average number of positive communications from their GP, while those who experienced other trauma (4.0) reported a significantly lower average. No statistically significant differences were observed between injury/illness type sub-groups for the average score for other main healthcare providers.

**Figure 29 GP and Main healthcare provider communications – 2018 (average positive communications)**



Base: Respondents who saw a GP. Total (n=3,872), ACT (n=128), Comcare (n=650), NSW (n=729), NT (n=109), QLD (n=677), Seacare (n=53), TAS (n=423), WA (n=417), VIC (n=686), Fractures (n=502), Musculoskeletal Disorders (n=2,304), Other Trauma (n=628), Mental Illness (n=253), Other Diseases (n=185).

HL3a Has your GP...?

Base: Respondents who nominated a healthcare provider other than a GP as their main provider. ACT (n=43), Comcare (n=309), NSW (n=308), NT (n=69), QLD (n=383), Seacare (n=30), TAS (n=150), WA (n=205), VIC (n=365), Fractures (n=286), Musculoskeletal Disorders (n=1,107), Other Trauma (n=294), Mental Illness (n=92), Other Diseases (n=83).

HL3a 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).

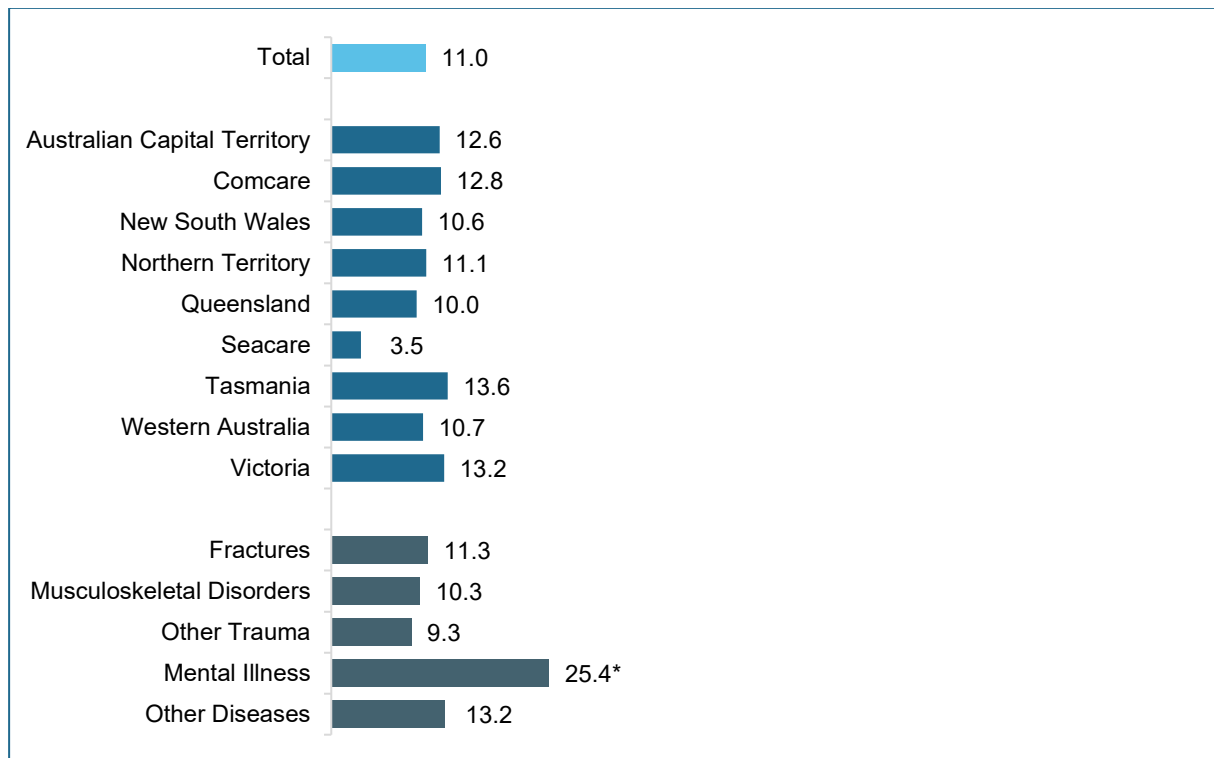
## 6.4. Stressful interactions (with healthcare provider)

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 (overleaf), a low proportion (11.0%) of workers overall reported feeling that their interactions with healthcare providers were stressful.

This feeling was largely consistent across jurisdictions with no statistically significant differences. Indicatively, it appears that workers from Seacare were less likely to find interactions with healthcare providers stressful, however the low sample size for Seacare means these results should be read with caution.

A clear difference was evident within the injury/illness type sub-groups. Those who experienced mental illness were significantly more likely to have found their interactions with healthcare providers stressful, compared to those with other types of injury/illness. A quarter (25.4%) of this cohort reported finding their healthcare provider interactions stressful, more than any other sub-group.

**Figure 30** Stressful interactions with healthcare provider, by jurisdiction and injury/illness type – 2018 (% Extremely stressful / Quite a bit stressful)



Base: Respondents who saw any healthcare provider. Total (n=4,528), ACT (n=149), Comcare (n=761), NSW (n=853), NT (n=148), QLD (n=793), Seacare (n=57), TAS (n=472), WA (n=503), VIC (n=792), Fractures (n=623), Musculoskeletal Disorders (n=2,641), Other Trauma (n=772), Mental Illness (n=275), Other Diseases (n=217).

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).

## 7. Compensation System Domain Measures

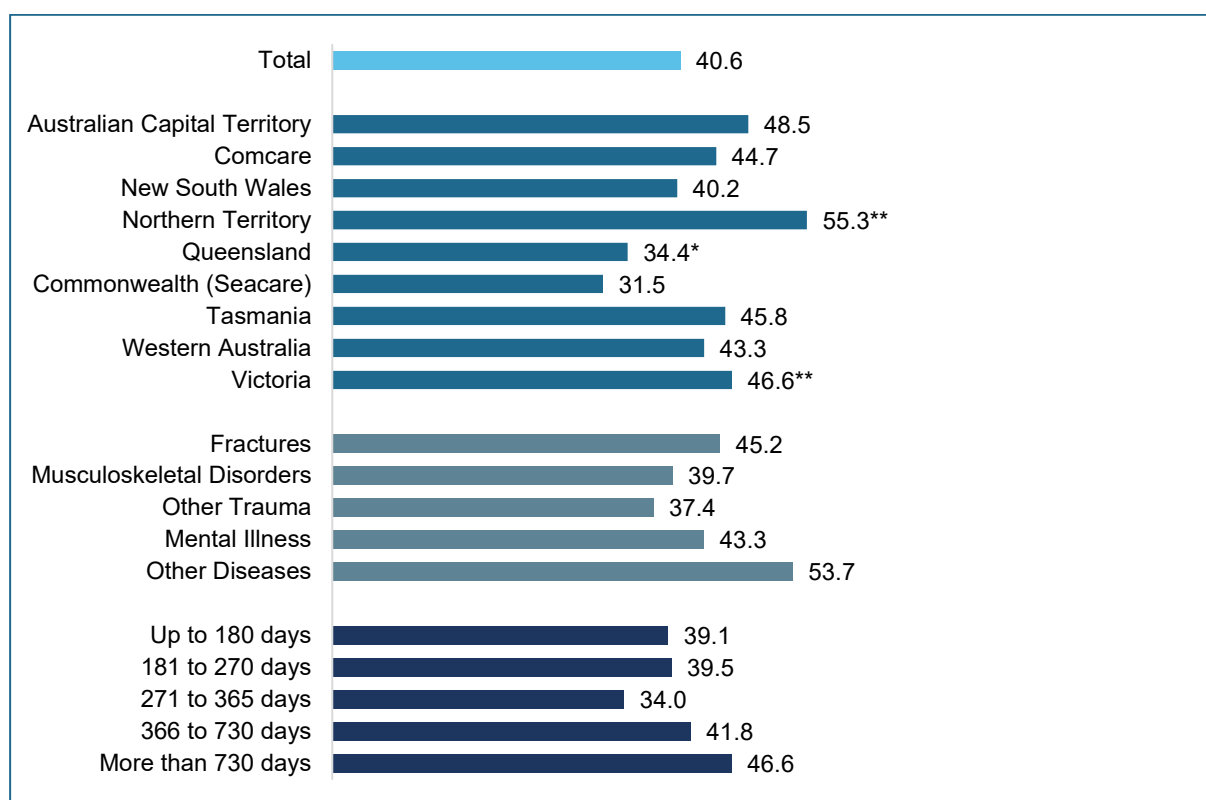
This section presents findings for new survey items related to the legislative and insurance (workers' compensation) system domain. In the model (see Section 1.5) this domain includes a variety of parties in the return to work process including claims agents, insurers, regulatory authorities, and other government and non-government agencies. Within the 2018 NRTWS the emphasis of measures for this domain were on claims agents and insurers.

### 7.1. 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 2018 NRTWS asked respondents about any support they had in navigating the workers' compensation claim process.

As shown in Figure 31, around two-in-five workers overall reported needing support to navigate the workers' compensation claim process. A significantly higher proportion of workers from the Northern Territory (55.3%) and Victoria (46.6%) needed support. No significant differences in needing support were found between injury/illness type or claim duration sub-groups.

**Figure 31** Navigation support needed (% yes)



**Base** All respondents, 2018. Total (4,507), ACT (143), Comcare (755), NSW (846), NT (148), QLD (797), Seacare (56), TAS (472), WA (503), VIC (787). Fractures (614), Musculoskeletal Disorders (2,628), Other Trauma (774), Mental Illness (281), Other Diseases (210). <180 days (272), 181-270 days (1,828), 271-365 days (705), 366-730 days (1,406), >730 days (296).

**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.



### 7.1.1. 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. Table 10 shows the sources of support overall, by jurisdiction and claim duration.

Employers and colleagues of workers are by far the greatest source of support. More than half (52.4%) of respondents who needed help reported they had received help from their employer or colleague. While the proportion who received help from employers or colleagues varied by sub-group, this was the main source of support for all cohorts.

Little significant variation in sources of support was observed between sub-groups. No statistically significant differences were evident between jurisdictions or injury/illness type sub-groups. A difference was observed based on claim duration – help from lawyers or legal advice was significantly less likely for claims of shorter duration (less than 270 days) and significantly higher for claims of longer duration (730 days or more).

**Table 10 Sources of support (navigating the workers' compensation claim process) (%)**

	Employer/ Colleague	Family/ Friends	Lawyer/ Legal Advice	Insurer	Health Professional	Union	Other
<b>Total</b>	<b>52.4</b>	<b>16.4</b>	<b>11.3</b>	<b>18.5</b>	<b>11.7</b>	<b>3.5</b>	<b>5.7</b>
<b>Jurisdiction</b>							
ACT	49.0	15.9	21.5	20.1	5.1	0.8	3.8
Comcare	59.5	10.0	9.3	18.3	6.3	6.9	4.7
NSW	50.7	13.7	9.6	24.6	14.9	1.6	8.6
NT	56.2	14.3	9.7	22.5	4.6	8.7	5.4
QLD	50.2	18.3	11.6	13.5	10.8	6.3	2.8
Seacare	46.0	5.1	21.7	5.1	15.4	22.2	10.1
TAS	40.5	18.5	16.1	25.3	7.4	5.6	9.3
WA	62.6	14.0	11.1	13.8	9.2	1.2	5.1
VIC	51.8	21.0	13.3	15.6	10.3	4.7	4.5
<b>Injury/illness type</b>							
Fractures	54.4	24.5	8.5	21.0	13.8	2.1	7.7
Musculoskeletal Disorders	52.0	13.6	12.3	17.0	13.1	4.3	4.8
Other Trauma	56.2	17.2	9.3	20.2	4.9	2.3	5.4
Mental Illness	30.1	23.0	19.1	21.0	22.7	6.8	12.1
Other Diseases	57.1	17.8	8.6	20.7	6.9	0.5	6.4
<b>Claim Duration</b>							
< 180 days	50.0	18.4	1.0*	25.8	17.2	0.2*	9.7
181-270 days	56.0	18.0	5.3*	21.7	15.6	2.5	4.0
271-365 days	54.1	19.2	11.7	18.1	13.9	6.6	2.1
366-730 days	53.4	15.4	12.6	17.7	10.2	4.1	5.7
> 730 days	44.3	14.2	22.1**	12.2	5.9	2.4	8.2

Base Respondents who needed help to navigate the workers' compensation claim process, 2018. Total (1,906), ACT (65), Comcare (346), NSW (341), NT (75), QLD (264), Seacare (19), TAS (219), WA (234), VIC (343). Fractures (247), Musculoskeletal Disorders (1,085), Other Trauma (318), Mental Illness (151), Other Diseases (105). <180 days (102), 181-270 days (752), 271-365 days (295), 366-730 days (614), 730 days (143).

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).

## 7.2. Difference of opinion

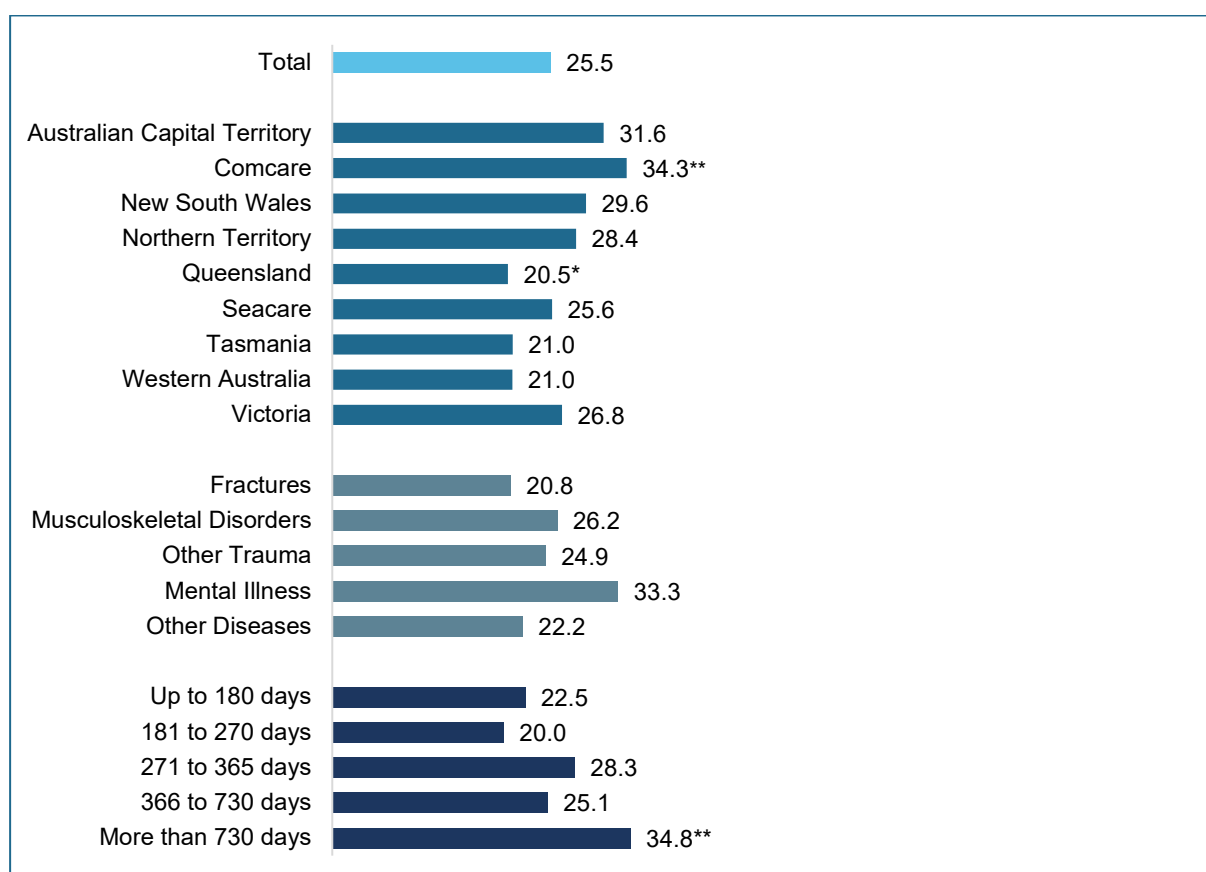
A fundamental aspect of the workers' compensation process is reaching agreement on the nature and extent of injury or illness experienced, and an appropriate compensation arrangement. Disputes or disagreements can occur and the 2018 NRTWS asked respondents whether they had experienced any difference of opinion from the compensation organisation about their claim.

As shown in Figure 32, a quarter (25.5%) of workers reported that they had experienced a difference of opinion. A significantly higher proportion of workers from Comcare (34.3%) experienced a difference of opinion from their compensation organisation. Conversely, a lower proportion of workers from Queensland (20.5%) experienced a difference of opinion.

No statistically significant differences were evident between injury/illness type sub-groups. However, those who experienced mental illness appear more likely to have had a difference of opinion from their compensation organisation.

A significantly higher proportion of workers with a claim duration longer than two years reported having a difference of opinion from their compensation organisation (34.8%) compared with those with shorter claims.

**Figure 32** Difference of opinion, by jurisdiction, injury/illness type and claim duration (% yes)



**Base** Respondents who had direct contact with their compensation organisation, 2018. Don't know and Refused responses excluded from base. Total (n=4,053), ACT (n=129), Comcare (n=716), NSW (n=737), NT (n=125), QLD (n=720), Seacare (n=47), TAS (n=410), WA (n=459), VIC (n=710). Fractures (n=552), Musculoskeletal Disorders (n=2,406), Other Trauma (n=632), Mental Illness (n=265), Other Diseases (n=198). Claim duration: <180 days (n=240), 181-270 days (n=1,679), 271-365 days (n=634), 366-730 days (n=1,244), >730 days (n=256).

**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).

## 7.3. 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 return to work. 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 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).

Table 11 (on page 51) shows the mean level of agreement for each of the four dimensions of the Perceived Justice of the Compensation Process scale overall, by jurisdiction, injury/illness type and claim duration.

### 7.3.1. Distributive justice

Survey respondents rated their agreement with four statements related to 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.*

As shown in Table 11 (on page 51), the overall mean score was 3.9, placing it second highest among the four PJCP dimensions, meaning that workers had relatively high perceptions of fairness for attributes within this area. No significant differences were reported between jurisdictions.

Those who experienced mental illness (3.5) and those with a claim duration greater than 730 days (3.5) reported significantly lower levels of perceived fairness with distributive justice attributes. Among the former, perceived fairness was lowest in relation to the amount of compensation received. The latter reported lower levels of perceived fairness across all distributive justice attributes, compared with those who had a shorter claim duration.

### 7.3.2. Procedural justice

Survey respondents rated their agreement with six statements related to 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.*

As shown in Table 11 (overleaf), the overall mean score was 3.8, placing it third highest among the four PJCP dimensions. Workers from Queensland (3.9) had significantly more positive perceptions; while those from Comcare (3.6) and Victoria (3.6) had significantly lower perceptions of the fairness of procedural justice attributes.

Those who experienced mental illness (3.4) and those with a claim duration greater than 730 days (3.5) reported significantly lower levels of perceived fairness with the procedural justice attributes. In particular, the latter sub-group reported lower levels of perceived fairness in relation to their ability to express their views and feelings, prejudice or bias in decisions, and fairness of the decisions made by their compensation organisation.

### 7.3.3. Informational justice

Survey respondents rated their agreement with three statements related to 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.*

As shown in Table 11 (overleaf), the overall mean score was 3.7, placing it last among the four PJCP dimensions, meaning that workers had relatively low perceptions of fairness for attributes within this area. Workers from Queensland (4.0) had significantly more positive perceptions; while those from the Northern Territory (3.4), Comcare (3.5) and Victoria (3.5) had significantly lower perceptions of the fairness of informational justice attributes.

Those who experienced mental illness (3.3) and those with a claim duration greater than 730 days (3.5) reported significantly lower levels of perceived fairness with the informational justice attributes. The former had lower perceptions of fairness in relation to being provided with information; while the latter had lower perceptions of *how* information was communicated.

### 7.3.4. Interpersonal justice

Survey respondents rated their agreement with two statements related to informational 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.*

As shown in Table 11 (overleaf), the overall mean score was 4.3, placing it first among the four PJCP dimensions, meaning that workers had the highest perceptions of fairness for attributes within this area. Workers from Comcare (4.1) had significantly lower perceptions of the fairness of interpersonal justice attributes.

Those with a claim duration of less than 180 days (4.4) reported significantly higher levels of perceived fairness with the interpersonal justice attributes, compared with those who had a longer claim duration.

**Table 11 Perceived Justice of the Compensation Process (mean)**

	Distributive Justice	Procedural Justice	Informational Justice	Interpersonal Justice
<b>Total</b>	<b>3.9</b>	<b>3.8</b>	<b>3.7</b>	<b>4.3</b>
<b>Jurisdiction</b>				
Australian Capital Territory	3.7	3.7	3.7	4.1
Comcare	3.9	3.6*	3.5*	4.1*
New South Wales	3.9	3.8	3.7	4.3
Northern Territory	3.9	3.6	3.4*	4.1
Queensland	4.0	3.9**	4.0**	4.4
Seacare	4.2	3.6	3.6	4.2
Tasmania	3.9	3.7	3.6	4.3
Western Australia	4.0	3.7	3.7	4.2
Victoria	3.7	3.6*	3.5*	4.2
<b>Injury/illness Type</b>				
Fractures	3.9	3.9	3.8	4.4
Musculoskeletal Disorders	3.9	3.8	3.7	4.3
Other Trauma	3.9	3.8	3.8	4.3
Mental Illness	3.5*	3.4*	3.3*	4.0
Other Diseases	3.8	3.7	3.8	4.4
<b>Claim Duration</b>				
< 180 days	3.9	3.8	3.8	4.4**
181-270 days	4.0	3.9	3.8	4.4
271-365 days	3.9	3.7	3.7	4.3
366-730 days	3.9	3.8	3.8	4.3
> 730 days	3.5*	3.5*	3.5*	4.1

Base All respondents, 2018. Total (4,056-4,516), ACT (132-150), Comcare (727-751), NSW (737-849), NT (127-149), QLD (725-798), Seacare (43-58), TAS (406-472), WA (445-500), VIC (713-789). Fractures (562-616), Musculoskeletal Disorders (2,404-2,630), Other Trauma (625-773), Mental Illness (266-282), Other Diseases (199-215). <180 days (239-270), 181-270 days (1,678-1,830), 271-365 days (638-704), 366-730 days (1,239-1,414), >730 days (262-298).

WC5 The next questions ask about your experience with obtaining compensation for your work-related injury or illness. There are no right or wrong answers; I am interested only in your opinion. 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 1: Sample profile, by jurisdiction

Table 12 shows the breakdown of the 2018 NRTWS sample, by jurisdiction.

**Table 12** Sample profile, by jurisdiction (%)

	ACT	Comcare	NSW	NT	QLD	Seacare	TAS	WA	VIC
<b>Gender</b>									
Male	58.4	67.7**	61.5	76.2**	61.7	100.0**	61.0	68.3	59.7
Female	41.6	32.3*	38.5	23.8*	38.3	0.0*	39.0	31.7	40.3
<b>Age</b>									
15 - 20 years	3.1	0.0	3.0	3.3	3.3	1.4	4.1	2.3	2.0
21 - 30 years	22.0	5.2*	18.2	12.5	19.0	9.1	16.3	16.8	14.7
31 - 40 years	22.7	17.7	14.3	24.5	13.0	15.6	16.8	16.2	17.2
41 - 50 years	24.1	25.0	20.8	22.5	23.2	29.6	22.2	24.1	23.0
51 - 60 years	21.2	37.2**	29.6	24.8	28.9	34.8	28.9	29.8	30.5
61 - 79 years	7.0	14.9	14.1	12.4	12.6	9.6	11.7	10.9	12.7
<b>Cohort</b>									
Historic	13.4**	4.4	3.6*	6.9**	3.7*	13.3**	16.1**	5.0	5.7**
<b>Balance</b>	<b>86.6*</b>	<b>95.6</b>	<b>96.4**</b>	<b>93.1*</b>	<b>96.3**</b>	<b>86.7*</b>	<b>83.9*</b>	<b>95.0</b>	<b>94.3*</b>
<b>Employer size</b>									
Small (Less than \$1m)	24.3	--	35.6**	--	23.9	1.4*	31.6**	23.1	16.2*
Medium (Between \$1m and less than \$20m)	52.0**	--	38.8	--	34.4	35.9	44.5**	24.7*	33.9
Large (\$20m or more)	23.7*	--	25.6*	--	41.7	62.6**	23.9*	52.2**	49.9**
<b>Claim duration</b>									
Average claim duration (days)	501.3**	467.8**	441.6	491.7**	438.0	426.6	354.2*	469.2	442.2

	ACT	Comcare	NSW	NT	QLD	Seacare	TAS	WA	VIC
<b>Industry</b>									
Agriculture, Forestry, Fishing	--	--	2.0	--	2.4	--	7.1**	5.5	3.4
Mining	--	--	1.5	--	1.2	--	0.5	8.3**	--
Manufacturing	3.1	0.6*	11.2	--	13.1	--	11.8	5.4	12.5
Electricity, Gas, Etc. Services	3.7**	3.8**	1.1	--	0.6	--	0.3	1.0	0.8
Construction	12.9	1.4*	9.7	--	8.5	--	12.1	18.6**	6.9
Wholesale Trade	2.9	--	5.3	--	3.4	--	2.7	2.0	5.2
Retail Trade	15.1**	--	6.6	--	8.9	--	6.1	4.5	8.9
Hospitality	6.9	0.1*	5.3	--	5.5	--	7.2	2.2	4.1
Transport, Postal, Warehousing	3.9	42.9**	6.5	--	6.2	100.0**	7.7	7.8	10.7
Media and Telecommunications	2.2**	6.4**	--	--	0.3	--	0.5	--	--
Financial/Insurance Services	0.1	2.1**	0.8	--	0.2	--	0.6	--	0.8
Rental/Real Estate Services	--	--	1.9	--	0.8	--	0.2	0.9	1.6
Scientific/Technical Services	11.1**	1.8	2.0	--	2.2	--	2.7	1.5	2.4
Administrative Services	4.6	--	2.8	--	5.8	--	3.9	1.2	5.4
Public Administration	0.8*	31.8**	7.1	--	8.5	--	6.2	5.9	6.3
Education and Training	7.1	3.9*	11.2	--	9.6	--	2.7*	11.7	11.4
Health Care/Social Assistance	21.9	4.9*	19.0	--	18.1	--	22.6	19.6	15.6
Arts and Recreation Services	1.7	0.3*	2.3	--	1.9	--	2.2	1.2	2.5
Other Services	1.8	--	3.7	--	2.8	--	2.7	2.7	1.4

Note: Data taken from sample provided by jurisdictions. Employer size data not provided by Comcare or NT. Industry data not provided by NT. Asterisks indicate statistically significant difference (single asterisk (\*) indicates a lower proportion; double asterisk (\*\*) indicates a higher proportion (p-value <=0.05).