Return to Work in Policing: A qualitative study

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Abstract

Purpose

Police work includes being exposed to challenging and traumatic situations that can result in physical and/or psychological injuries requiring time off work. Safe return to work (RTW) is critical, yet little is known about current RTW practices in police services. This study examines RTW practices and experiences from the perspective of workplace RTW personnel and workers (sworn and civilian) in police services with physical and/or psychological health conditions.

Methods

A purposive sampling approach was used to recruit sworn and civilian members in several Canadian police services with a variety of roles who had experienced RTW either as a worker with a work-related injury/illness or those who supported RTW in the service. Interviews were conducted and transcribed for analyses. Qualitative research methods were used to identify themes in the data.

Results

Five overarching themes emerged. Two themes pointed to the context and culture of police services and included discussions related to RTW processes, injury/illness complexity, the hierarchical nature of the police culture, and a culture of stoicism and stigma. The remaining three themes were about RTW processes of accommodation, communication, and trust-building. Within these themes, recovery from injury/illness, meaningful accommodation, timely clear communication, malingering, and trust were described.

Conclusions

Our findings point to potential improvements to RTW practices in police services related to flexibility, clarity, confidentiality, and reducing stigma. Future research on RTW practices for psychological injuries is required to help inform policy and practice.

Background

Occupational injuries and illnesses, both physical and psychological, are common among police service members [1–4]. Police members may require time off work because of work-related injuries/illnesses. Recent U.S. statistics show that police officers have the highest percentage of days off work compared to other government workers [5]. In Ontario, Canada, statistics show that police and firefighters have among the highest number of allowed lost-time claims compared to other sectors [6]. The high numbers injured and the potential for severe injuries and illness mean that recovery and return to work (RTW) in policing is an important organizational goal.

The evidence about RTW interventions continues to grow but specific studies on police and other first responders are lacking. Early evidence syntheses about what works in RTW summarized studies on work-related back and upper extremity musculoskeletal conditions [7–9]. Subsequent to these reviews, there has been an increase in empirical literature examining work absence and RTW among workers with psychological injuries and mental health conditions [10–17] and systematic reviews about RTW effectiveness [17–24].

RTW from mental health conditions and psychological injuries are a concern for police organizations. A particular RTW challenge among all first-responder organizations is post-traumatic stress disorder (PTSD). Martin [25] found
the prevalence of PTSD in a sample of Canadian police officers to be 8.0%, while a systematic review and meta-analysis determined the prevalence of PTSD among rescue workers worldwide to be 10.0% [26]. Carleton [27] found that 23.2% of public safety personnel (PSP) screened positive for PTSD and had high rates of other mental health conditions, including mood, anxiety and substance use disorders. A recent study indicates that police service members may have different coping behaviours than other first responders in PTSD recovery [28]. It has been posited that this is a result of the challenging physical demands of police work, along with work stress, which pose barriers to RTW for police service members [29]. In a study examining PTSD treatment, Plat [30] recommended that successful RTW should be incorporated into PTSD treatment programs for police. There is a lack of research available on RTW for individuals who experience trauma or occupational stress [31, 32].

Research suggests that the RTW processes reported in the peer-reviewed literature are similar for physical and mental health conditions [33]. However, it is not clear whether treating them similarly in terms of organizational practices and procedures is considered optimal by returning workers or those providing support in the RTW process. While existing workplace practices are rarely studied, qualitative research has been suggested as an ideal method of studying RTW experiences [34–36]. For example, a review of qualitative studies by MacEachen et al. [37] found that RTW is a complex process that requires trust, goodwill, and clear communication. Subsequent qualitative studies support the findings regarding complexity [38, 39], communication [38, 40–44] and trust [45–47].

There are also intervention studies that address mental health conditions that may be relevant to RTW, some of which suggest that interventions should focus on the unique police services work environment [29, 48]. One study by Mumford [49] suggests a broad range of support services (e.g., alcohol abuse treatment, wellness training, mental health services) for police, coordinated with the workplace, specifically regarding shift length and schedules. Other intervention studies also note the need for coordination with workplace parties and organizational processes [20–24]. The review by Cullen [33] examined RTW for both physical and psychological conditions and found that coordinated and integrated provision of care and graded RTW are important elements of effective RTW programs.

Despite the growth of primary studies and evidence syntheses, there remains a gap in the published literature on RTW for police services. In addition, there is little knowledge about current RTW practices in such workplaces. To address this gap, the objective of this study was to examine current RTW practices and experiences for psychological and physical injuries from the perspective of workers and RTW personnel in Ontario police services. A qualitative thematic approach was used to explore the RTW practices being used in police services and the RTW experiences. The knowledge drawn from the analysis was used to provide recommendations for improvements.

Methods

A qualitative research approach was employed using interviews with police services members who had experience with RTW. Thematic analysis of interviews was undertaken [50–52] to explore the experiences of those involved in the RTW process in police services to gain an understanding of the current workplace RTW practices. This approach allowed for the consideration of organizational context, barriers and facilitators of the RTW process, as well as recommendations for potential improvements drawn from the experience of those involved in the process. The study also included an interactive knowledge transfer and exchange component, through the involvement of a stakeholder advisory committee throughout the conduct of the study.

Stakeholder Advisory Committee
We assembled a stakeholder advisory committee with representation from various police services as well as representatives from various Ontario police associations (Ontario Association of Chiefs of Police, Police Association of Ontario, Ontario Police Health, and Safety Association). The committee supported the research project by helping with recruitment, previewing the interview protocol to ensure we used correct terminology, and aiding in the development of the messages arising from the study findings [53].

Sample

We used a purposive sampling approach to recruit police services members working in Ontario. Through purposive sampling we sought to include a broad representation of police service members both sworn and civilian, a balance of genders and ages, as well as experience with different injury types (physical and psychological). We included members of the police service who experienced work absences and RTW, and personnel such as supervisors/managers or RTW personnel. Recruiting workers, supervisors/managers, and RTW personnel was done to capture a more complete set of RTW experiences and practice experiences. Working with our stakeholders, we recruited participants from a range of police services (various sizes, serving various-sized communities) in Ontario, with a view to capturing geographical/regional contextual differences, including urban and rural. Stakeholders aided in recruitment by sending requests for participants (including a link to an online recruitment survey) to their association networks via email, newsletters, and e-blasts. Interested participants were able to complete a brief survey providing their contact details as well as details about their current role in policing. Participants were eligible if they had experienced time off work due to injury or if they had a role in supporting an injured member RTW in their service. In our recruitment, we purposively sampled men and women with different injury types, sworn or civilian members, and different job responsibilities. Informed consent was provided by all participants. The study was approved by the University of Toronto Research Ethics Board (Protocol # 39059). Study methods and results reporting comply with the Consolidated Criteria for Reporting Qualitative Research (COREQ) Checklist [54].

Data collection—interviews

Semi-structured 45–60 minute telephone interviews were conducted by an experienced qualitative interviewer (MLP). Questions were developed by the research team with input from the stakeholder advisory committee to ensure correct terminology that made sense to the study participants (see Appendix A). The current scientific evidence on RTW was considered in developing the interview questions and prompts. However, existing research was used as a general guide only with the issues of relevance to participants guiding the interview discussion and probes. Interview participants were asked to discuss their experiences with work absences, RTW processes, RTW programs/practices and facilitators/barriers in the RTW process. Questions were broad and open-ended, and answers were probed for detail.

Analyses

The interviews were transcribed, and thematic analysis was conducted by several members of the research team (MLP, DVE, EI, MG, BY) using a codebook as per Braun and Clarke [50, 51]) to identify and generate key themes related to RTW practices. The codebook was developed by the research team (along with a research assistant) using the interview guide and key findings from the existing RTW evidence from the peer-reviewed literature. The data from interviews were reviewed, analyzed for content, and organized into intermediary matrices [52]. This allowed for a descriptive analysis of the qualitative data collected. Descriptive analysis was undertaken to understand participants’ views of RTW practices/programs, implementation processes, and perceived barriers and facilitators to implementation. The purposive sampling was used to include a variety of roles within police services to capture a
breadth of RTW experiences. We explored whether there were differences in experiences between those with psychological and physical conditions.

Thematic analysis [50, 51] was used to identify, generate and interpret themes. Interview data was categorized into salient themes with quotes used to express participants’ experiences about RTW and implementation. NVivo was used to code the data and organize text by themes (NVivo (released in March 2020) by QSR International Pty Ltd). The analytical team used reflexive methods, engaging in multiple discussions about the data and analysis. The focus was to capture key insights relative to workplace RTW programs and practices from the perspective of two main ‘voices’: those of injured workers and RTW personnel. Analysis and interpretation examined the core experiences, as well as shared and divergent perspectives of the participants. Any discrepancies in coding and interpretative differences were discussed in research team meetings and resolved through discussion until full consensus was reached. The analyzed content was anonymized, and illustrative examples were presented to the stakeholder advisory committee for review and feedback on relevance.

**Results**

**Participant characteristics**

We conducted interviews with 49 participants from thirteen Ontario police services. The services varied in size, population served and were located across different regions in the province. The purposive sampling approach allowed for a balance across the sample characteristics and ensured breadth and depth in the interview data (see Table 1).

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percent of sample</th>
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<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>53%</td>
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<tr>
<td>Female</td>
<td>45%</td>
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<tr>
<td>Age range</td>
<td></td>
</tr>
<tr>
<td>18–34</td>
<td>12%</td>
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<tr>
<td>35–44</td>
<td>35%</td>
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<tr>
<td>45–54</td>
<td>37%</td>
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<tr>
<td>55 and above</td>
<td>16%</td>
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<tr>
<td>Role</td>
<td></td>
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<tr>
<td>RTW personnel</td>
<td>41%</td>
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<tr>
<td>Worker</td>
<td>59%</td>
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<tr>
<td>Member type</td>
<td></td>
</tr>
<tr>
<td>Sworn</td>
<td>61%</td>
</tr>
<tr>
<td>Civilian</td>
<td>39%</td>
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<tr>
<td>Worker injury type</td>
<td></td>
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<tr>
<td>Physical</td>
<td>18%</td>
</tr>
<tr>
<td>Psychological</td>
<td>33%</td>
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<tr>
<td>Combination</td>
<td>49%</td>
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—— insert Table 1 about here ——
Overarching themes: Thematic analyses generated five inter-related themes about RTW practices in policing: context, culture, accommodation, communication, and trust-building. Figure 2 depicts the overarching themes. The interrelated nature of the themes is shown in two ways: i) bi-directional arrows link the RTW process themes, which are depicted as pieces of a triangle; and ii) a circle representing context and culture surrounds and shapes the other themes. The next sections describe the themes and subthemes, key aspects of their inter-relationships, and the similarities and differences in RTW practices for physical and psychological injuries.

Participant RTW experiences varied considerably, with some individuals reporting a relatively uncomplicated RTW, while others described multiple challenges and setbacks throughout the process. The interview data reflected this variation and the interrelated themes that emerged captured the range of experiences.

Context

Context played a key role in shaping RTW experiences. Successful RTW not only required input from various workplace parties, but often coordination with healthcare, insurance and/or compensation organizations outside of the workplace. Participants noted that policing is a service essential to public safety, and they felt that this had an impact on the RTW practices. A RTW support person provided an example of challenges faced. (see Table 2 quote 1)
<table>
<thead>
<tr>
<th>Theme</th>
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<th>Quote</th>
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<tbody>
<tr>
<td>Context</td>
<td>1</td>
<td>“We understand that PTSD is a very difficult and tragic injury caused to individuals, especially police officers, but our position is [that] we as an organization are responsible to the community, to the taxpayer. We need regular updates on what the injury status is on that individual and what prognosis, if any, is in play… We need to make decisions… for public safety and the community.” (RTW personnel E005)</td>
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<td></td>
<td>2</td>
<td>“I’ve had a physical and a mental health [injury]. Unfortunately, the policies are all based around a physical injury. I found that being off on a physical injury, those policies made sense, but when I was off on a mental health-related injury, those policies really didn’t work that well. It felt like I was trying to fit a mental health issue into a physical issue. That's where I feel my employer has fallen short. They really haven't looked at return to work policies or being off on mental health issues... My time off on my psychological one was way harder just trying to deal with paperwork and all that stuff.” (Worker W025)</td>
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<td></td>
<td>3</td>
<td>“I’ve been injured at work physically, and ... I think physical injuries are actually almost easier in the sense of the return-to-work process. Because it’s like, a broken bone, six weeks, okay, yes, I know I’m going to be back in six weeks. ... But with mental health, there’s nothing, so you’re dealing with a lot of unknown.” (Worker 026)</td>
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<td></td>
<td>4</td>
<td>“The process is very similar. The only thing that I do between the claims is physical injuries, typically, have a standard recovery timeline, you know, you break an arm it’s six weeks. You have different injuries, there’s a target date to when you would recover. With psychological claims there aren’t very many general recovery timelines, and one person may recover differently than another person, like the same injury. So, it’s kind of a work in progress. We leave a lot of room in between for modification and for altering things.” (RTW personnel E007)</td>
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<tr>
<td>Culture</td>
<td>5</td>
<td>“You got to know very quickly what the hierarchy is. You have civilian females at the very bottom, male civilians above you, female officers, and male officers. That’s the hierarchy, and you are definitely treated differently, I’m not saying by every single person...30 years ago so it was a different mentality. But there are a lot of people who are just against, first of all, females in policing in any way, but then the civilians.” (Worker 011)</td>
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<td></td>
<td>6</td>
<td>“It’s funny, the week before I actually went off and sought the treatment and got sick, there was a senior officer [...] I was in a meeting with him where he basically was slamming or talking negatively about people that go off for mental health reasons. And at that point I just thought, I was sick, I was like, ‘oh, there’s no way I can go off now.’ Because he was talking about people that we work with, people that we knew that were off getting help. So, that kind of stigma. And he’s a person that I genuinely like, I respect, I think the world of him. But in that case, he was very judgmental.” (Worker 004)</td>
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<td>7</td>
<td>“In my role, I have lots of meetings with senior management. And in the past, before I went off work the first time... they have a whiteboard down at their end of the hallway in their offices with all the people who are off sick, on [injury leave] or other illnesses. And they call that board the broken toys. Those are the broken toy people. And they talk about what they're going to do with them, how they're going to get them back to count paper clips, and things like this. So, I’ve heard a lot of these comments many, many, many times over the years. So, when I went back, that's what I felt like. That I was being looked at like I was a broken toy.” (Worker 013)</td>
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<td>8</td>
<td>“Oh, there just is [stigma] with mental health, definitely. Hindsight is 20/20, but go off with a shoulder injury, and people are always like, hey, how is your shoulder? Go off with a mental health injury, and people don’t talk to you, or don’t check in because they don’t know what to say, or they ... you know what I mean? There’s a complete difference between the two of them.” (Worker 022)</td>
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**Theme**  
Accommodation  

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<td>9</td>
<td>“The goal has got to be to get better. Number one, get better, number two, get back to work, I guess makes more sense. But I didn’t want to be off. And when I first talked to my doctor and he said to be off, I’m like, okay cool, so I’ll be back by summer. And he just laughed, no man, just relax. You’ll be back when you’re back. … Because I was doing therapy once or twice a week, I did everything, I maxed out my benefits. I did massage, I did hot yoga, I was doing acupuncture, I was trying everything and everything. Seeing a naturopath. Trying to get better, it was exhausting.” (Worker 004)</td>
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<td>10</td>
<td>“I was anxious to go back. It was me pushing to go back. I just wanted my life to be normal again. I missed work. I missed my co-workers. And, of course, you’re worried, out of sight, out of mind. Things are always changing at work. Policing is ever evolving. And you don’t really want to be out of the loop for too long because the longer you’re gone, the harder it is to get back because you’re already missing a lot of information and everything else. It was me who started that process.” (Worker 014)</td>
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<td>11</td>
<td>“We’re not a large Police Service…we try our best to put people in positions where they’re going to be most useful and get them back to work as soon as possible. But [we don’t] have countless desk positions. We have the units that we have for police officers, several units, but not to the level of some of the large Services that they can easily be brought back anywhere. We have to kind of figure that out each time what would be best based on their injury.” (RTW personnel E005)</td>
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<td>12</td>
<td>“Workers’ comp, they wanted me to come back and start working four-hour shifts. The job I left before I was working 15-hour shifts. Like four hours you basically put your boots on and you’re taking them off to go home. Then they’re like, oh, maybe you should do some gradual work in the office. No, I don’t want to do work in the office, that’s not my job.” (Worker 020)</td>
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**Communication**  

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<tr>
<td>13</td>
<td>“It was just an absolute mess. I just remember thinking, this is where I am as an employee, I’m a flowchart… It was like, are you kidding me, she couldn’t even have a conversation with me. It’s like as soon as you go off, they don’t even want to touch you. That’s how it felt.” (Worker 012)</td>
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<td>14</td>
<td>“We recently talked to [unit X] reminding them that those people shouldn’t be forgotten. We do have people that are off work with post-traumatic stress for lengthy periods. And sometimes it’s just a physical injury. And very, very often we hear back from those members that say, no one from my shift called me and my boss didn’t call me. No one’s calling me, you’re the only [person] that speaks to us. And there is no policy, but there should be policy about regular contact, I think.” (RTW personnel E010)</td>
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<td>15</td>
<td>“Prior to my unit existing, one of the major complaints was that nobody from the service ever kept in touch with them, that they felt lost, there was no communication, and there was no check-ins. They just didn’t feel that they were appreciated when they were off work. They felt abandoned. For the people that I know of that are off work and I check in on, I don’t have a set timeline or a flag or anything, but some are every two weeks, some are once a month, some are longer than that, some are shorter than that depending on the situation and where they are in their recovery.” (RTW personnel E001)</td>
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**Trust-building**  

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<tr>
<td>16</td>
<td>“Because here, if you know anything about police services, nothing is secret, and everybody tells everybody everything, even though it’s private. There are privacy laws, blah, blah, blah, but everybody knows everything.” (Worker 012)</td>
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<tr>
<td>17</td>
<td>“Sometimes you’ll hear chatter. Oh, yeah, they’re coming back for 22 days to get benefits and then they’ll be off again and that kind of thing. If I hear that, I would usually mention it and I would just say, listen, they’re coming back, whether they’re here 22 days or 23 days or six months, they’re coming back, so don’t be saying stuff like that to them and don’t be making this not a good place for them to be because that’s not good.” (RTW personnel E014)</td>
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Another important contextual element was the complexity of injuries. Although both physical and psychological injuries could be complex, the emphasis and concerns about complexity and RTW were discussed more with psychological injuries. Participants felt a uniform approach to RTW was not suitable to address the differences in RTW experiences for participants with different injuries. Both workers and RTW personnel noted that RTW for a psychological injury (either alone or in combination with a physical injury) was more challenging than for physical injuries. The main difficulty related to RTW for psychological injuries revolved around the belief that current work disability practices were designed for, and more appropriate to, physical injuries and may not account for the complexity that comes with a change to mental health. (see Table 2 quote 2)

When discussing the complexity of RTW for psychological injuries, participants often noted the need for more flexibility in timing and accommodation practices than was required for physical injuries. They believed that the course of physical injuries was better known and, therefore, could be better accommodated than psychological injuries. (see Table 2 quotes 3 and 4)

--- insert Table 2 about here (or supplemental) ---

**Culture**

When describing RTW experiences, many participants reflected on the culture within their organizations. In particular, participants often remarked on the hierarchical nature of policing and referred to the ‘chain of command’ as influencing the RTW process and practices. At times, this hierarchy also was thought to be influenced by other factors, including gender. (see Table 2 quote 5)

Participants noted that police work could be demanding. Given the demands, there was an expectation of having personality characteristics that emphasized strength and team focus, regardless of the type of injury. Many participants commented that there was no room for weakness in policing and having an injury was seen as a weakness. One element of strength was the need to “have each other’s back”. Descriptions of dangerous and life-threatening situations often included mention of the expectation of working with a reliable partner or team.

Participants relayed concerns about their ability to respond as needed to protect the public or other police members as they navigated RTW. Psychological injuries were perceived as particularly problematic in this regard. Some members mentioned not discussing their injuries with anyone for fear of discovery, even with those in HR or wellness units. This was compounded by a lack of confidentiality within their services, noted consistently by both worker and RTW personnel participants. (see Table 2 quote 6)
Stigma was a common issue described by interviewees when they were injured, especially in relation to psychological injuries. Being perceived as weak was a key aspect of how stigma played out in the workplace. For psychological injuries and mental health concerns, this was extended to being perceived by others as “broken.” Participants from many different services used the term “broken toys” to describe how police members who were recovering from psychological injuries or those who revealed mental health concerns were perceived by others. (see Table 2 quote 7)

Participants revealed that the stigma attached to injuries and recovery often delayed their decision to seek help or treatment and could make them reluctant to take time off. Perceptions of stigma also impacted the RTW process. Again, this was emphasized more in cases of psychological than physical injuries. (see Table 2 quote 8)

**RTW Process Themes: Accommodation, Communication and Trust-Building**

There were three RTW process themes: accommodation, communication, and trust-building. These aspects of RTW were intertwined, each impacting the other themes, as well as being shaped by context and culture.

**Accommodation**

Accommodation was described as a key element of successful RTW. Two subthemes were generated related to accommodation: *recovery from injury* and *challenges of accommodation*. Injured workers described the recovery process as requiring considerable effort and time. Often, workers and RTW personnel remarked that recovery time and challenges were greater for psychological than physical injuries. Varying recovery time also caused communication challenges. Concerns about differing recovery times were consistently noted because they affected when the accommodation process could begin. Many participants noted their considerable efforts to get better, although this wasn't always recognized by others. (see Table 2 quote 9)

The second subtheme, *challenges of accommodation* within policing jobs, stemmed from two key issues: i) the availability of positions to accommodate the medical restrictions of injured workers, and ii) the desire for injured workers to return to their original jobs. Regardless of the type of injury, workers often indicated that they were working hard to get back to their original role – to get back to “normal,” return to their unit and partner, and resume the job that they were doing prior to injury. Workers described not wishing to appear “damaged,” a link to the stoic culture within policing. In addition, some workers were concerned to not jeopardize their position or any future job opportunities. They wanted to protect their career path. In their experience, having an injury and work absence was cause for concern regarding career advancements and promotions. This was especially true for those with psychological injuries. (see Table 2 quote 10)

RTW personnel who were responsible for finding accommodated work commented on the challenges they faced in finding positions that met a worker's medical restrictions. Medical restrictions varied but could include reduced hours, restricting contact with the public, or reducing exposures to specific stressors. Some participants noted that smaller services faced more challenges in finding accommodations based on the number of jobs available. At times, RTW personnel indicated that supervisors from different units were barriers to finding accommodations as they had concerns about the ability of the returning worker to do the job post injury regardless of whether the position met the restrictions.

Medical restrictions were a consistent source of concern for RTW personnel, particularly if there were changes over the course of the RTW process. Again, this was noted more often for psychological than physical injuries. An
additional accommodation challenge involving psychological injury was the uncertainty about potential triggers, which could not always be accurately known or anticipated, even when the injured worker felt ready to return to work.

An additional challenge RTW personnel described in finding accommodations was the desire of workers to return to their original jobs. This challenge often revolved around perceptions of meaningful work. Injured sworn members often considered their original position to be meaningful work and did not feel that “desk jobs” were meaningful, regardless of whether their restrictions ruled out other positions. (see Table 2 quotes 11 and 12)

**Communication**

RTW was described as a complex process, requiring coordination with multiple workplace and non-workplace parties, and making clear communication vital to meet accommodation needs and RTW goals. One communication subtheme was the need for genuine and timely communication throughout the RTW process. Injured members spoke of communication that didn't feel genuine, but that was more like completing a checklist. RTW personnel spoke of the need to communicate with injured members frequently enough to ensure they had the information they needed at appropriate times, yet not so much as to overwhelm them, especially when they had a psychological injury. (see Table 2 quotes 13 and 14)

Another subtheme of communication was related to the clarity and consistency of communication regarding the RTW process. Workers reported being frustrated by a perceived lack of consistency in RTW practices between themselves and others and changes within their own process over time. RTW personnel acknowledged the need for a consistent RTW process and communication, while recognizing the importance of flexibility to deal with each RTW case individually.

When returning from a psychological injury, clear communication was mentioned as extremely important in helping injured workers understand when the process may differ. However, RTW personnel recounted challenges related to establishing a schedule of contact and communication for those with psychological injuries. (see Table 2 quote 15)

**Trust-Building**

Issues of trust, lack of trust and the need for trust-building were mentioned often as participants described RTW practices and experiences. A major concern among interviewees was the perceived lack of confidentiality within their services. Many workers did not trust that the details of their injury or recovery would be kept confidential. They commented directly about their lack of trust in human resources for this reason, and many relayed stories of information about their injury status being disclosed across a unit or entire service without their consent. The concern about confidentiality was much greater for psychological than for physical injuries. (see Table 2 quote 16)

Those in RTW roles also commented about the need for confidentiality and their belief that they tried to maintain that confidentiality in all cases. However, they also described situations when rumours and comments about injured workers were made by work colleagues. When this occurred, RTW personnel often expressed concerns about how detrimental it was to injured workers and the RTW process. (see Table 2 quote 17)

Another aspect of trust building was perceived malingering or “milking the system.” Injured workers reported hearing from others (e.g., their co-workers or supervisors) that they were milking the system and not truly injured. Often, when workers described their injury and RTW journey, they felt it was important to convey to the workplace and colleagues that they were not malingering but rather were trying to get back to work as quickly and safely as possible. These comments were related to the recovery subtheme of accommodation, as well as workplace culture. (see Table 2 quote 18)
Workers also discussed a lack of trust in the people, departments or units commonly associated with the RTW process. Their description of distrust went beyond concerns about confidentiality and was linked with concerns about career and advancement or movement within the service. Both workers and RTW personnel considered the lack of trust as a barrier to successful RTW. (see Table 2 quote 19)

Discussion

This study is one of the first to explore RTW practices in several police services in Canada. Qualitative interviews were conducted with police service members who had experience (positive or negative) with RTW either as an injured worker or RTW personnel. All participants, representing a variety of roles within the services, contributed to five overarching themes: context, culture, accommodation; communication, and trust-building. These themes were inter-related and revealed current RTW experiences and challenges in policing. The themes suggest potential practice changes that could be implemented to improve the RTW process particularly for psychological injuries. Our findings challenge previous findings that suggest similar RTW processes and practices will work for physical or psychological injuries/illnesses [33]. Although the overarching theme labels were relevant to both injury types (i.e., accommodations, communication, trust-building), there were challenges unique to each that suggest different processes and practices may be required.

Our findings reveal that while current RTW practices for physical and psychological injuries are similar, perhaps they shouldn't be. Police work is challenging and routinely exposes individuals to traumatic situations. Psychological injuries are not new for police but the challenges for RTW remain amid increased emphasis on mental health in Ontario police services [55]. Many police members had experiences with both physical and psychological injuries. A key finding was that workers felt the RTW process was designed for physical injuries and that this did not work well for psychological injuries. Specifically, workers indicated concerns about confidentiality were greater for psychological injuries and mental health issues which was often related to their fear about job security and promotions. Our study findings suggest that police services should develop separate policies and practices for RTW and accommodation for psychological injuries. Future research in this area should examine how to address workers' concerns about confidentiality and trust these specific RTW practices.

RTW personnel were also able to compare their experiences supporting workers with physical and psychological injuries. The key challenges noted by RTW personnel about psychological injuries (as well as mental health conditions) were the lack of predictable recovery times, medical restrictions that were more difficult to accommodate within the jobs/tasks available in a police service, and concerns about communication (having to treat workers more carefully or cautiously). RTW personnel are key to evaluating and refining the policies and practices within police services, however according to our findings, they require guidance about communication as well as how to address specific medical restrictions. Additional research should consider how medical restrictions are described by healthcare professionals so that they can be better addressed in the workplace. A better understanding of the nature of restrictions and how to accommodate them is an important first step to addressing communication between workers and RTW personnel.

The themes of context and culture reflected the hierarchy within police organizations and the complex process of RTW [56]. Workplace culture has been identified as an important factor in RTW [45, 47, 56]. Policing has a unique culture relative to many other workplaces. A key finding within the culture/context themes showed that stigma, particularly the consideration of injuries as a weakness, could cause delays or barriers to the RTW process [45, 57, 58]. Within police services stigma was seen as a substantial barrier that impacts the entire RTW process. Greater
education and awareness of stigma is needed at all levels of police services particularly those providing support to
members with mental health conditions.

Culture and stigma were also linked to the differences in how physical and psychological injuries were perceived and
managed. For example, those with psychological injuries were often referred to as being broken or being a broken
toy. This phrase or concept was noted widely across various services as being a common perception. Referring to
people as broken toys dehumanized individuals with injuries and minimized the seriousness of their experiences. It
was felt to cause delays in seeking treatment and timely RTW. Reducing stigmatizing language and building trust in
police services was suggested to improve the RTW process and timelines. This study did not aim to examine stigma
among police officers and other first responders or ways to change cultural perceptions, therefore we recommend
more research is conducted to examine how to best address stigma in policing.

Within the theme of accommodation, we heard about the importance of recovery [59, 60]. Participants consistently
noted that recovery from injury and successful RTW was important to them so that they could reliably do the job of
protecting the public and their colleagues. This research has highlighted the need to examine the tension that exists
between the mission of police organizations to serve and protect and returning to work safely and how to support
both within police organizations. Future research needs to unpack the complexity of the problem, by understanding
the perspectives of workers and others in how to balance the desire to return to work with concerns about their own
and others’ safety. Solutions within workplaces will need to involve many parties including workers, associations,
management as well as compensation or insurance systems. Public perceptions of safety may also be important to
consider.

There were also job-related and structural challenges related to accommodating injured workers, which is a common
problem in many sectors [42, 61–63]. Part of this challenge in policing relates to sworn members not considering
desk duties meaningful work, instead they often pushed to go back to their original role. Addressing this challenge
requires a focus on organizational practices. One approach to addressing this challenge is to make RTW more
worker focused rather than organization focused. For example, participants felt including the injured worker
consistently in the RTW decisions/process could improve outcomes. Furthermore, participants suggested that
improved transparency in RTW processes would be beneficial. Additional research to examine the structural and
organizational challenges is warranted.

The theme of communication was considered a key element of the RTW process, as others have noted [40–44, 64].
However, this project revealed that the concerns about communication between an injured worker and the workplace
further highlighted the difference between RTW for physical and psychological injuries. Both types of injury require
timely contact, but there were additional challenges noted for psychological injuries. Two key challenges around how
often to contact a worker and the ability of those with psychological injuries to find and complete required forms
were raised. Specifically, our findings revealed a perception that consistent communication was often lacking for
psychological injuries. Furthermore, a psychological injury may impact on the individual's ability to concentrate and
process information which may be exacerbated when there are concerns about their ability to work. The paperwork
for RTW may also cause stress which may make it difficult to answer questions about current abilities and future
work arrangements. Therefore, it is recommended for those with psychological injuries that regular check ins with
the injured employee take place along with the provision of additional supports (e.g., someone to go through RTW
forms with them). There is also a need to balance the need for flexible RTW processes, especially for psychological
injuries and ensuring that there is consistency in the RTW process. Research supports the need for clarity and
consistency in RTW communication [42]. It is recommended that police organizations promote the importance of
being flexible while consistently applying policies and practices. Additional research to determine optimal
communication approaches regarding RTW should consider type of injury and examine the particular needs of those with psychological injuries. Improving communication about the RTW process could also help injured workers better understand the steps and expectations.

The theme of trust-building revealed issues related to confidentiality and the perception of malingering. Malingering has often been described in RTW studies [56, 65]. This study suggests a link between the organizational culture within police services and concerns about malingering rather than trusting injured workers. Participants noted that being labelled as a malingerer undermined their efforts to recover from injury and RTW safely. Building trust can be challenging, perhaps more so in hierarchical organizations where the chain of command is an important operational element. Improving communication about the RTW process along with strong efforts to reducing stigmatizing language around injuries especially psychological injuries were suggested as important first steps. While the concept of trust was often mentioned in qualitative research on RTW [40, 43, 45, 46, 56], the current study's findings appear to be unique as they point to the link between trust and job security plus career advancement. Participants suggested that those involved in supporting RTW should be separate and independent from HR. Police services can begin to address these concerns by increasing efforts to maintaining confidentiality about injuries and RTW accommodations. However more research is warranted to better understand the link between trust and career. One focus for future research would be to ascertain if having RTW personnel that are independent from HR would improve levels of trust and ultimately RTW outcomes.

**Strengths and Limitations**

This study has a number of strengths, key amongst them is that we gathered perspectives about RTW directly from those involved in the process: injured police services members/workers and RTW personnel. Conducting interviews with both injured workers in police services and those that provide support to them provided a more comprehensive view of the RTW process and challenges in policing. In addition, the study examined RTW for both physical and psychological injuries and compared experiences and practices. The interviews yielded rich data about the current RTW practices and experiences of police in Ontario. Another strength was engaging with a stakeholder advisory committee as they aided in recruitment of participants from various service sizes and locations and helped refine messages from the results and aided in their dissemination.

A limitation of our study was the purposive sampling approach and resulting convenience sample of police service members in Ontario. However, this helped to ensure our sample reflected a balance of injury types, service sizes and locations. Future research needs to replicate the findings with other samples in other jurisdictions, as well as conduct longitudinal research to follow the RTW process over time for workers with different types of injuries. In addition, although we had a balance of RTW experiences from good to problematic, it is possible that those who volunteered to be interviewed may have different experiences related to RTW than those who did not. Specifically, people with more difficult or challenging experiences may have been more inclined to volunteer for the study and share their experiences than those where the process unfolded smoothly. Finally, this study was conducted during the COVID-19 pandemic. This lengthened recruitment, may have narrowed the potential individuals interested in participating, and eliminated the possibility of conducting in-person interviews. Despite this the study included rich descriptions of a variety of RTW experiences.

**Conclusions**

This study reveals some important findings about RTW in policing that suggest there are aspects of RTW practices in Ontario police services that could be improved. While RTW research in other sectors has highlighted the importance
of communication and trust in the accommodation process, the current study results revealed unique aspects related to police culture and concerns about processes for different injury types. Therefore key recommendations to improve RTW practices in policing emerging from this study include: 1) improved clarity of the RTW process, including the need for individualization and flexibility; 2) developing different RTW processes for psychological injuries than for physical injuries; 3) genuine communication with those who are off work with an agreed upon frequency; 4) improved efforts to improve confidentiality and trust; 5) elimination of stigmatizing language in the workplace. Further research using different methods including larger longitudinal studies on workplace RTW policies and practices is necessary to examine key RTW elements as well as their effectiveness.

**Declarations**

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**Author contributions**

“Dwayne Van Eerd, Emma Irvin and Emile Tompa conceived the study, all authors contributed to the study design and material preparation. Morgane Le Pouésard conducted the data collection, and the analyses were performed by Dwayne Van Eerd, Morgane Le Pouésard, Basak Yanar, Monique Gignac, Emma Irvin, and Emile Tompa. The first draft of the manuscript was written by Dwayne Van Eerd and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.”

**References**


Figures

Figure 1

Representation of the themes generated about RTW experiences in policing

Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- RTWPolicingAppendixA.doc