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Background and context

Comcare’s research program currently consists of four surveys:
- the Injured Worker Survey
- the Employer Representative Survey (WHS Managers)
- the Employer Representative Survey (Injury management/rehabilitation managers)
- the Claims Manager/CSO Survey.

The Injured Worker Survey was conducted twice in 2011-12, first in October/November 2011 (Wave 1) and again in May/June 2012 (Wave 2). Representatives from both premium payers and licensees participated in both Waves. The data in this Research Brief is from Wave 2.

The results from each of the surveys will be reported over time to help us understand some of the drivers of change.

The data presented in this report are only a small part of the information available from the Comcare survey research program. The purpose of this report is to highlight some of the key findings associated with resilience, and its relationship to recovery and return to work (RTW).

A representative sample of injured workers with active workers’ compensation claims in the six months prior to the survey period were included for each Wave.

More information can be obtained about the Injured Worker Survey, or any of the other surveys, by getting in touch with the Comcare Research team.
What is resilience?

Resilience refers to someone's ability to:

- “bounce back” or recover from stress
- adapt to stressful circumstances
- not become ill despite significant adversity
- function above the norm in spite of stress or hardship (Smith et al., 2008).

Resilience is important because setbacks, hardships and injuries are unfortunately a part of life. Having high levels of resilience means that an individual is more likely to get through these events, adapt, and quickly “bounce back”.

Given this, resilience may be able to help to provide greater insights into why some workers who are injured or become ill at work have slower recovery and return to work outcomes compared to others with similar types of injuries or illnesses.

Resilience was measured in the Comcare Injured Worker Survey by using the Brief Resilience Scale. Respondents were asked to answer six carefully designed and tested questions. An individual’s responses to these questions results in them obtaining a “resilience score” and being identified as having ‘High’, ‘Medium’ or ‘Low’ resilience. The great thing about resilience is that it can be built on!

If you would like more information on resilience please read the Resilience Concept Paper available on Comcare’s website or get in touch with the Research Team.
Current work status

As shown in Figure 1, injured workers in Wave 2 who were not working, were far more likely to have low resilience levels than those working. Nearly half (45%) of the injured workers who were not working and had never attempted to return to work had low resilience, compared to only 8% of those who were working and had no time off.

While the proportion of injured workers with high resilience is fairly stable across the different work status categories, those who had never attempted to RTW were the only group where the proportion of injured workers with low resilience was greater than the proportion of injured workers in either of the other two categories.
Readiness to RTW

Here’s an Idea

People do not have to be 100% fit in order to RTW, but they do need to be ready!

It’s a Fact

In 2011/12, an average of 15% of injured workers in the Comcare scheme were working but not physically or emotionally ready to.

As shown in Figure 2, injured workers who were emotionally ready to RTW were twice as likely to have high levels of resilience compared to those who were not emotionally ready to RTW. When comparing these two groups in relation to low resilience, injured workers who were not emotionally ready to RTW were nearly five times more likely to have low levels of resilience in comparison to those who were emotionally ready.

This pattern is similar for physical readiness, although the differences are not as pronounced.

Figure 2: Physical and emotional readiness to RTW by resilience.
Here's an Idea

Returning to work is not just about being back, it’s also about being able to stay there.

It's a Fact

Stable RTW measures the proportion of people who have returned to work and were able to remain there continuously for three months or more.

Point to Ponder

What is the impact of working on an injured worker's resilience level?

As shown in Figure 3, injured workers who were not back at work at the time of the interview were three times more likely to have low levels of resilience than those who were at work.

Those who were unable to achieve a Stable RTW were twice as likely to have a low level of resilience when compared to those who had achieved a Stable RTW.

Figure 3: RTW measures by resilience.
Here’s an Idea

How healthy someone feels can have a big impact on their life, including their recovery and RTW!

Ask Yourself

Does resilience make a difference to health or does health make a difference to resilience?

It’s a Fact

The question used in the Injured Worker Survey to assess health status is an internationally recognised and validated measure.

Point to Ponder

What is the relationship between health and resilience, and how can we use this to better support injured workers?

Current health status

Here’s an Idea

How healthy someone feels can have a big impact on their life, including their recovery and RTW!

Ask Yourself

Does resilience make a difference to health or does health make a difference to resilience?

It’s a Fact

The question used in the Injured Worker Survey to assess health status is an internationally recognised and validated measure.

Point to Ponder

What is the relationship between health and resilience, and how can we use this to better support injured workers?

As shown in Figure 4, injured workers who rated their health as excellent or very good were three times more likely to report that they had a high level of resilience than those who rated their health as poor.

Conversely, those who reported having poor health, were five times more likely to report that they had low levels of resilience than those who reported that they had high levels of resilience.

Figure 4: Self-assessed health status by resilience.
**Type of injury or illness**

As shown in Figure 5, those with mental disease were nearly four times more likely to report that they had low levels of resilience, and less likely to report high levels of resilience, than any other injury or illness group.

Although not appearing in the figure above, injured worker data collected by Comcare also shows that the mental disease group are more likely to rate returning to work as being helpful in their recovery than those with other injuries or illnesses.
Recovery

As shown in Figure 6, those who have recovered fully or almost fully are more likely to report high levels of resilience than those who are less positive about their recovery.

Similarly, those who believed they had not recovered at all tended to be more likely to have low levels of resilience than those who had recovered fully or almost fully.

Ask Yourself

Are those with higher levels of resilience more likely to experience better outcomes and faster recoveries?

Point to Ponder

Does higher resilience mean someone is more positive about their recovery status?
Expected recovery

Perception is reality, so how much people recover can be influenced by their expectations.

As shown in Figure 7, and consistent with the data from the previous page, those who expect to recover fully or almost fully are more likely to report high levels of resilience than those who are less positive about their recovery.

Those who did not expect to recover at all were more likely to have low levels of resilience than those who believed they would recover fully or almost fully.

**Here’s an Idea**

Perception is reality, so how much people recover can be influenced by their expectations.

**Point to Ponder**

How much influence does resilience have on whether someone believes they will recover from their injury or illness?
Responsibility

Here's an Idea
When someone feels they have some responsibility for their injury or illness, they recover faster.

Ask Yourself
If you have low resilience, are you more likely to blame someone else for your injury or illness?

It's a Fact
Those who do not accept responsibility for their injury or illness are more likely not to recover or RTW at all.

Figure 8: Perceptions of responsibility for illness or injury by resilience.

While the proportion of injured workers reporting high levels of resilience is fairly consistent across different levels of perceived responsibility, those who felt they were not responsible at all for their injury or illness were nearly twice as likely to report low levels of resilience than those who felt they were either totally responsible or partially responsible for their injury or illness.

Point to Ponder
How can Comcare use this information to influence recovery?
Injured workers were asked whether returning to work helped, hindered or had no effect on their recovery. Of those who believed work helped their recovery, 28% reported high resilience levels, compared to 13% for those who believed work hindered their recovery.

Those who stated that work had no effect on their recovery were the least likely to have low levels of resilience, and the most likely to have medium levels of resilience.
Compensation process

Here's an Idea
Those with higher resilience cope better with our processes than those with low resilience.

Ask Yourself
If you have a negative view of the process, and low resilience, what impact does this have on your recovery?

Point to Ponder
How does personal or individual resilience impact on someone’s ability to cope with the workers’ compensation process?

Those with high resilience cope better with our processes than those with low resilience.

If you have a negative view of the process, and low resilience, what impact does this have on your recovery?

Figure 10: Process statements by agree/disagree and resilience.

Those with low levels of resilience were more likely to have a negative view of how they were communicated with during the compensation process than those with medium or high levels of resilience.

Nearly half of those injured workers with low resilience disagreed that ‘There was good communication between the various people and organisations they dealt with’.

Process was open and honest
- Agree: 86%
- Disagree: 14%

Good communication
- Agree: 77%
- Disagree: 23%

Process was open and honest
- Low resilience: 61%
- Medium resilience: 39%
- High resilience: 13%

Good communication
- Low resilience: 46%
- Medium resilience: 15%
- High resilience: 51%
Low levels of resilience will negatively impact on an individual’s perception of the support provided to them by the workers’ compensation system.

Here’s an Idea

Consistent with the previous figure, Figure 11 shows those with low levels of resilience have less favourable views of the way in which the workers’ compensation system treated them than those with high levels of resilience.

This is particularly evident in relation to perceptions of whether or not the system treated them fairly, where injured workers with low resilience were three times more likely to disagree that the system had treated them fairly than those with medium or high levels of resilience.

Ask Yourself

Why do those with different levels of resilience have different views of the compensation system?

Point to Ponder

Should Comcare treat people in the system differently based on their resilience level?