



CSPDM Canadian Society of Professionals
In Disability Management®

The Impact of the COVID-19 Pandemic on Disability Management Practice

A Survey of Certified DM Professionals and Return to Work Coordinators

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Summary

The Canadian Society of Professionals in Disability Management (CSPDM) carried out a survey of its members in April 2020 in order to capture the concurrent experience of members during the COVID-19 pandemic, and to gather perspectives on the type of supports that would assist them in responding more effectively to the crisis.

Responses were received from 180 professionals working in Disability Management and Return to Work across Canada. The majority of respondents were working in health care, provincial and federal governments, DM service providers, workers' compensation boards, and private insurance.

About half were working in either provincial or federal organizations and a high proportion of respondents were working for private sector companies. A small minority were working in not-for-profit organizations. The vast majority of respondents were working in organizations with over 250 employees.

About two thirds of respondents reported personal or professional impacts. Reports of professional impacts were more frequent on the part of DM professionals in certain industry sectors such as education, DM service providers, federal or provincial governments and health care, and who were employed by large private, provincial or federal organizations.

Personal impacts that emerged from the content analysis included restrictions on social contact, particularly with older relatives, and limited outdoor activities; increased caring responsibilities for children or vulnerable adults; dealing with uncertainty and stress personally, and supporting others; the impact of COVID-19 on vulnerable family members or those who were working on the frontline or direct exposure to COVID-19; and layoffs, reduced hours or reduced family income.

Professional impacts included adjusting to working at home or continuing to work onsite in an essential service; adjusting to remote working and coming to terms with technology; coping with increased demands or more complex caseloads; and supporting other staff and managers, particularly in relation to mental health issues. Other challenges arose in terms of keeping up to date with frequent policy and procedure changes; gaining access to third parties to obtain important case information; the restricted access of clients to health providers for essential treatment; making appropriate accommodations for those working from home or in the frontline; and carrying out worksite assessments.

The changes envisaged as persisting into the post-pandemic period for the DM professional included the way in which health and rehabilitation programs are delivered, particularly in terms of remote delivery; DM professionals needing to work remotely in terms of meeting with clients, customers and colleagues; supporting clients who are in distress; and communicating sensitive personal data in a secure manner.

An escalation in mental health conditions were also envisaged by many respondents. Mental distress was considered likely to be a complicating factor even in cases where the primary health condition is physical or where the risk of workplace infection is difficult to control.

Other responses emphasised the challenges for workers' compensation boards, insurance providers and employers in terms of changing processes and culture, increased disability-related costs, and the overall negative socioeconomic impact of the pandemic.

Remote working was considered likely to be more frequent and accepted by workers and employers, and have implications for occupational health and safety, health promotion and the determination of what constitutes an occupational health condition.

1. Introduction

The survey was carried out by the CSPDM between April 2nd and April 20th. It was distributed to all current members of the Society. The purpose of the survey was to capture the concurrent experience of members during the early stages of the COVID-19 pandemic and to gather perspectives on the type of supports that would assist them in responding more effectively to the crisis. One hundred and eighty responses were received. Non responses to a number of items ranged from 3 to 7 depending on the question representing a 1.67% to 3.89% non-response rate. These were taken into account in calculating percentages.

In addition to gathering information about the geographic location of the respondents, the questionnaire sought information about the sector in which respondents were operating, and the type and size of organisation in which they were working. Section 2 provides a profile of the respondents.

The respondents were asked to indicate whether the COVID-19 pandemic had impacted on their work and on their personal life. The responses to these questions are presented in Table 1.

Table 1: Reported Impact of the COVID-19 Pandemic						
	Impact		No Impact		No Response	
	n	%	n	%	n	%
Personally	122	67.78%	55	30.56%	3	1.67%
Working Effectively	122	67.78%	56	31.11%	2	1.11%
Working Efficiently	119	66.11%	57	31.67%	4	2.22%

In addition, respondents were invited to elaborate on their ratings of impact. Comments on personal impacts were provided by 124 respondents, 122 respondents commented on effectiveness impacts, and 119 provided comments on efficiency impacts. These were subjected to a content analysis which is summarised in Section 3.

The questionnaire also invited respondents to suggest the aspects of the DM profession that would continue to be impacted by the COVID-19 pandemic over the coming year. A large majority of respondents (159 – 88.33%) completed this question. These comments were also the subject of a content analysis which is described in Section 4.

The most relevant theme, according to respondents, addressed the challenge that is likely to arise for DM professionals in the post-pandemic period in terms of providing support and facilitating return to work of all workers who were absent during the crisis, while at the same time managing an increased workload. The related theme of managing invisible disability and trauma recovery for a large number of workers in the return to work process was also rated as very relevant by 66% of respondents.

Stress and anxiety in the workplace, mental health promotion, and psychological health and safety were all rated as very relevant by over two thirds of respondents.

2. Profile of Respondents

Characteristics of the sample

This section provides a profile of the respondents to the survey. The number of members responding to the survey was 180. Responses were received from right across Canada. Respondents from Ontario comprised the largest group (45.56%); with respondents from Western Canada (Alberta - 12.78%, British Columbia - 16.67% and Manitoba - 11.67%) representing the second largest group (41.11%); and a smaller number of respondents from Atlantic Canada (7.78%), Quebec and the Yukon.

Respondents worked in a wide variety of industry sectors. The sectors specified by respondents are presented in Table 2 in ranked order. The highest proportion of respondents worked in health care (21.67%). Between 8% and 11% of respondents reported working in provincial government (11.11%), DM service providers (10.00%), Workers' Compensation Boards (9.44%) or private insurance (8.89%). The remaining 20% were distributed across a range of sectors.

Table 2: Distribution of Respondents by Industry Sector		
	n	%
Healthcare	39	21.67%
Provincial Government	20	11.11%
DM Service Provider	18	10.00%
WCB	17	9.44%
Private Insurance	16	8.89%
Employer - Other	13	7.22%
Municipal Government	12	6.67%
Education	11	6.11%
Federal Government	11	6.11%
Manufacturing	8	4.44%
Construction	3	1.67%
Energy	3	1.67%
Transportation	3	1.67%
Forestry	1	0.56%
Gaming & Casinos	1	0.56%
Oil & Gas	1	0.56%
No answer	3	1.67%

Table 3 presents the type of employer in which respondents were working. About 50% were working in either provincial (40.56%) or federal (9.44%) organizations. A high proportion of respondents were working for private sector companies (36.6%). A small minority were working in not-for profit organizations (9.44%).

Table 3: Distribution of Respondents by Type of Employer		
	n	%
Provincial Organization	73	40.56%
Private	66	36.67%
Federal Organization	17	9.44%
Not for Profit	17	9.44%
No answer	7	3.89%

Respondents were asked to indicate the size of organization in which they were employed (see Table 4). The vast majority of respondents were working in organizations with over 250 employees (83.89%). A further 10% were working in small (2,68%) or medium sized (7.22%) organizations (11-250 employees). A small number of respondents were working in micro enterprises (2.22%) or were self-employed (2.22%).

Table 4: Distribution of Respondents by Size of Employer		
	n	%
Large (250 or more)	151	83.89%
Medium (51-250)	13	7.22%
Small (11-50)	5	2.78%
Micro (10 or less)	4	2.22%
Self-Employed	4	2.22%
No answer	3	1.67%

Comparison of respondents who did and did not report impacts

It is striking that about one third of respondents reported that the COVID-19 pandemic had not impacted them either personally or professionally. In order to explore whether there are any systematic factors that could have contributed to this reported lack of impact, for each characteristic described, a comparison was made between those who reported work effectiveness and efficiency impacts and those who did not. It is important to note that those who did and did not indicate impacts, varied for each of the variables.

A detailed comparison of respondents was not carried on between those who did or did not report personal impacts although it was established that they were distributed relatively similar across provinces. This was also the case for those reporting impact on professional life and those who did not.

The industry sectors in which respondents worked were grouped by whether an impact was reported or not is presented in Table 5. Both working effectively and working efficiently, and the proportion of the total sample in each category are presented.

Table 5: The Proportion of Respondents Reporting Impact on Effectiveness by Industry							
Sector	Total	Effectiveness			Efficiency		
		No Impact	% No Impact	% Impact	No Impact	% No Impact	% Impact
Education	11	1	9.09	90.91	2	18.18	81.82
DM Service Provider	18	3	16.67	83.33	5	27.78	72.22
Federal Government	11	2	18.18	81.82	2	18.18	81.82
Provincial Government	20	4	20.00	80.00	4	20.00	80.00
Health care	39	11	28.21	71.79	10	25.64	74.36
Energy	3	1	33.33	66.67	1	33.33	66.67
Private Insurance	16	6	37.50	62.50	7	43.75	56.25
Employer - Other	13	5	38.46	61.54	5	38.46	61.54
WCB	17	7	41.18	58.82	9	52.94	47.06
Municipal Government	12	5	41.67	58.33	6	50.00	50.00
Manufacturing	8	5	62.50	37.50	4	50.00	50.00

The number of respondents in many of the sectors was small and so it is difficult to extrapolate from these results. Nevertheless, it is interesting to note that the highest proportion of the respondents who reported impacts on effectiveness or efficiency were working in education, DM service providers, federal or provincial governments, and health care.

A majority of respondents working in private organizations, and provincial or federal governments reported higher impacts on working effectively and working efficiently (see Table 6). The proportion working for not-for-profit organizations which reported impacts was less than 50% for effectiveness and less than 60% for efficiency.

Table 6: The Proportion of Respondents Reporting Impact on Effectiveness by Type of Employer							
			Respo ndents				
Type of employer		Effectiveness			Efficiency		
	Total	No Impact	% No Impact	% Impact	No Impact	% No Impact	% Impact
Provincial Government	73	17	23.29	76.71	21	28.77	71.23
Private	66	21	31.82	68.18	22	33.33	66.67
Federal Government	17	7	41.18	58.82	4	23.53	76.47
Not for Profit	17	9	52.94	47.06	7	41.18	58.82

Table 7 presents a comparison on the reported impact on working effectively and efficiently in terms of the size of organization. The vast majority of respondents were working in large organizations and almost three quarters reported impacts on both effectiveness and efficiency.

Table 7: The Proportion of Respondents Reporting Impact on Effectiveness by Size of Employer							
		Effectiveness			Efficiency		
	Total	No Impact	% No Impact	% Impact	No Impact	% No Impact	% Impact
Large	151	42	27.81	72.19	43	28.48	71.52
Small and Medium	18	9	50.00	50.00	9	50.00	50.00
Micro and Self-Employed	8	3	37.50	62.50	4	50.00	50.00

While the sample was not randomly selected and the numbers in some categories were relatively low, it is worth noting that reports of impacts on working effectively and efficiently were more frequent on the part of DM professionals in certain industry sectors such as education, DM service providers, federal or provincial governments and health care; employed by private organizations, and provincial or federal organizations; and working in large organizations with over 250 employees.

3. The Impact of COVID-19 on Respondents

Respondents to the survey of CDMPs and CRTWCs across Canada had been invited to describe the personal and professional impacts that they had experienced since the onset of the COVID-19 pandemic.

The majority of respondents completed these questions with 122 respondents listing personal impacts and 124 listing impacts on their work. The responses were segmented so that each phrase or sentence represented a single issue or change. This resulted in 291 separate personal impacts and 391 work-related impacts.

The content analysis involved structuring the data in an Excel workbook and carrying out an initial assignment of items to categories that best represented the content. Some responses were written in full sentences and others were simply short phrases. This was followed by an iterative process which validated whether the original category assignment was appropriate, reassigned comments that were inaccurately assigned and elaborated the themes into more specific sub-themes.

The way in which the initial content analysis classified the themes are listed below with the number of statements which were assigned to each theme. The themes are presented in ranked order based on the number of comments. The more detailed breakdown of the themes and sub-themes is presented in the Appendix.

Personal Impact of COVID-19 (n=219)

1. Working from home (n=59)
2. Restricted social contact and activities (n=30)
3. Increased or more complex workload or changed job role (n=29)
4. Dealing with claims, absences and RTW cases (n=22)
5. Reduced income or work hours (n=17)
6. Dealing with uncertainty and stress (n=16)
7. Increased caring responsibilities (n=14)
8. Impact on close family members (n=13)
9. Exposure to COVID-19 (n=6)
10. Impact on continuing professional development (n=6)
11. Working in an essential service (n=5)
12. Lay offs and job losses by the employer (n=2)

Work-related Impact of COVID-19

1. Adjusting to new work processes; working from home (n=67)
2. Impact on claims and cases (n=56)
3. Working virtually (n=50)
4. Coming to terms with technology (n=41)
5. Increased work demands or changed job roles (n=33)
6. Support to other staff or managers (n=30)
7. Impact of family responsibilities (n=29)
8. Access to third parties and treatment providers (n=24)
9. Keeping up to date with frequent policy and procedure changes (n=18)
10. Increased uncertainty and anxiety (n=15)
11. Impact on accommodations (n=13)
12. Access to support and resources (n=6)
13. Increased financial demands (n=4)
14. Impact on professional development activities (n=3)

It emerged during the analysis that similar issues were raised under both headings. As a result, some of the original categories were merged. Specifically:

- Adjusting to working at home (n=133) [Personal (n=59); Professional (n=74)]
- Impact on claims and cases (n=78) [Personal (n=22); Professional (n=56)]
- Impact on family members (n=34) [Personal (n=13); Professional (n=21)]
- Uncertainty and stress (n=31) [Personal (n=16); Professional (n=15)]
- Reduced income or work hours (n=21) [Personal (n=17); Professional (n=4)]
- Impact on continuing professional development (n=9) [Personal (n=6); Professional (n=3)]

A description of the main themes is presented below.

Personal Impacts

The question posed to respondents with regard to personal experiences was:

“Has the COVID-19 pandemic impacted you personally? If yes, briefly explain in a comment.”

There were 122 (67.78%) positive responses to this question and 124 (68.89%) respondents made comments. The segmentation of these comments resulted in 219 individual statements. Some of the themes identified are presented in the section on Combined Personal and Professional Impact below.

Restricted social contact and activities (n=30)

Some respondents referred to adjusting their way of life and changing the way they carried out activities of daily living. They reported being unable to keep up face-to-face contact with families or friends. Specific mentions were made to elderly relatives. In one case, contact was restricted because family members were working in frontline services. In addition to phone contact, respondents referred to a number of social platforms used to maintain contact. Some described being self-isolated and living alone.

There were a number of references to being unable to take part in everyday activities or restricted movement and travel. Exercise, such as walking or using a gym, and sporting activities were mentioned.

Increased workload or changed job role (n=29)

Increased working demands and longer, often irregular, hours were raised by a number of respondents as impinging on personal life. These were attributed to carrying out research about good practice in relation to COVID-19, dealing with employee benefits and labour relations issues arising from the pandemic, developing appropriate policies or processes for staff and developing new protocols for dealing with clients.

Other changes to work practices described by respondents included being redeployed to other than essential duties, being involved in redeploying team resources to support surges in case management or hospitalizations.

In addition, an increase in mental health concerns and claims was cited as a factor contributing to increased work demands. Providing virtual support was considered to reduce effectiveness.

Increased caring responsibilities (n=14)

The impact of increased caring responsibilities was raised as an issue by several respondents. Dealing with child care, home schooling, and providing personal care for a family member while working were specified.

Exposure to COVID-19 (n=6)

A small number of respondents reported being impacted by COVID-19 because of a pre-existing health condition or because they had been exposed to the virus through work colleagues or family members.

Working in an essential service (n=5)

Several respondents reported that they were working in services that had been deemed to be essential and therefore were continuing to work onsite. A number of these reported significantly increased workload and stresses arising from supporting frontline staff. One respondent indicated that they were volunteering in the frontline.

Lay offs and job losses by the employer (n=2)

There were two references to the fact that organizations had to lay off substantial numbers of workers and to the emotional impact of this.

Professional Impacts

The question relating to the professional impact of the COVID-19 pandemic addressed two issues.

“Have you experienced any work-related challenges arising from the pandemic in terms of the following? Working Effectively / Working Efficiently”.

If a respondent answered positively to either issue, they were invited to list up to four ways in which it had affected their usual approach to work.

Impacts on work effectiveness were specified by 122 (67.78%) respondents and impact on efficiency was indicated by 119 (66.11%) respondents. Comments were made by 124 (68.89%).

The segmentation of these comments resulted in 391 individual statements. Some of the themes identified are presented in the section on Combined Personal and Professional Impact below.

Working virtually or remote working (n=54)

Adjusting to virtual work was raised as an issue by a substantial number of respondents. A particular concern was the effectiveness of meeting online using teleconferencing platforms. This was regarded as impinging on the effectiveness and length of staff meetings, meetings with clients or workers, and meetings with care providers and employers. The absence of in-person contact was perceived to reduce team cohesion, to increase the need to be clear in how information was communicated and to complicate the management of team members working at a distance. However, a minority of respondents viewed working virtually as being more efficient with less distractions.

The factors that were viewed as reducing the effectiveness of virtual meetings included not being able to interpret body language of participants in the absence of face-to-face interactions, the limitations of telemedicine, problem resolution needing additional time, and challenges in providing professional development. Other communication challenges listed were the extent to which even a small concern could generate numerous emails and not being able to access hard copy mail.

Meeting with people remotely was considered to be a particular challenge if the other person was upset or where an issue raised would have been resolved more easily through face-to-face contact. The inability to carry out workplace assessments and interventions was another perceived limitation.

There were a number of references to needing to become more proficient at using teleconferencing apps and platforms or telehealth solutions with customers or clients.

Coming to terms with technology (n=41)

Lack of access to effective equipment and technologies, such as printers, scanners and fax, was reported as a limitation imposed by remote working. Some respondents described being unable to obtain access to programs and network systems that were only available at the worksite. This impacted on being able to review files and documents, use office assistants, and use of important database information. A view was expressed that effort needed to be invested in effective working from home infrastructures.

The technology itself was a source of additional challenges for many of the respondents in terms of connectivity limitations, bandwidth, slow signals and system “crashes”. In one case, the organization had invested in a major system upgrade to deal with such issues. In some locations, the infrastructure limitations for internet resulted in very slow connections. Sorting out equipment compatibility to increase efficiency and trouble shooting was considered to be reducing the focus on core work priorities.

A number of respondents described the substantial effort and energy invested to come to terms with the new technologies required for virtual working, in the absence of proper training, and the steep learning curve that this entailed. Supporting other team members to set up home offices imposed an additional burden. Being able to work hands-free was considered as a benefit by one respondent.

Increased work demands (n=33)

A number of respondents cited the challenges entailed by increased work demands in terms of higher caseloads, longer hours, balancing competing priorities and the volume of new referrals or queries, many which were COVID-19 related. Some respondents referred to working with reduced staffing and resources as a result of COVID-19 absences, or the redeployment of some team members to other responsibilities. These challenges were considered by some respondents to have resulted in reduced efficiency, an increase in the need for meetings, reduced support for injured and recovering workers, and fragmented communications and connections.

One impact of this, according to a number of respondents, was that they were being pulled away, from their regular work duties to deal with pandemic-specific matters. The extra time and resources required to ensure that workers in frontline occupations were fully aware of the latest precautions that were being put in place was reported. There were references to a reduced focus on, or postponement of, more general development projects in favour of COVID-19-related projects and being unable to carry out normal duties such as workplace inspections.

Providing support to other staff or managers (n=30)

Support to others to work from home was a responsibility for a number of respondents. There was a reported increase in queries from employees and managers, some of which were increasingly complex, and this was regarded as creating a backlog of issues to be resolved. A view was expressed that management was being less stringent on the requirement for medical information in order to avoid placing an additional burden on health providers. Mental health issues were cited.

Having to delegate management responsibilities to other staff was another concern. For example, in one case, HR issues were being dealt with by less experienced staff which could have a knock-on impact.

A number of respondents referred to productivity issues such as monitoring levels of meaningful work, encouraging workers to adapt to new work processes and develop new work habits and behaviours, coaching them to overcome the challenges posed by new technologies and systems, and helping them to cope with frustrations arising from the “new normal”.

Finding alternative ways to interact with co-workers was cited as a challenge. In this regard, a question was raised about how to support people who were more sociable than others and who were now working from home. The reduced priority placed on regular health and safety issues was another concern raised.

Providing support on COVID-19-related matters was a particular concern for some respondents. Issues raised ranged from dealing with general concerns about the virus to adapting working conditions for workers who were immunocompromised or who had been in contact with an infected colleague or family member. A number of uncertainties were raised in relation to protocols to keep workers safe in terms of appropriate temporary accommodations. Good practice in relation to COVID-19 and pregnancy was given as an example of an unresolved issue.

Access to third parties and treatment providers (n=25)

Limited or no access to treatment providers including GPs, physiotherapists and other medical professionals was considered by many respondents as having a detrimental impact on the RTW prospects for absent workers. This was considered to have resulted in medical assessments being delayed or even cancelled. While some respondents described providers that had adjusted to telehealth solutions, this was not the case according to others. The effectiveness of virtual treatments compared to “hands on” treatment, often needed for recovery, was questioned and in some cases perceived to lead to increased absence duration.

In addition, respondents reported the limitations caused by not being able to access third parties, such as workers’ compensation boards and health providers. This resulted in not being able to gain access to all the information required to manage absences and RTW cases effectively.

Keeping up to date with frequent policy and procedure changes (n=18)

The rapidly changing policy response to COVID-19 was highlighted as a challenge by a number of respondents. It was considered essential to be up to date on the latest policies and processes put in place by federal and provincial administrations or by employers. However, these were subject to change on a daily basis. This in turn required that protocols be adapted or developed rapidly which left little time for proper consultation with all affected parties. This reduced the efficiency with which respondents could deal with critical issues, added to the workload, and had the potential to result in miscommunication. For employers operating across jurisdictions, this was a particular challenge.

Some areas where this was evident included responding to changes to benefit plans and absences from work where symptoms were present but the worker was unable to see a doctor, prioritizing health care and wage loss benefits, providing managers with up to date guidelines in the face of continuously evolving policies and procedures, dealing with too many layers of revision and administration, and rescinding procedures that had been introduced the previous day.

In addition to the learning curve required for implementing such new processes, there was a view that some managers were resisting graduated return to work (GRTW) plans because of the frequently changing requirements.

Impact on accommodations (n=14)

Some respondents described how the pandemic had impinged on opportunities for effective accommodations. This was in a context of increased requests for accommodations arising from the pandemic.

While some referred to the reduced capacity of employers struggling with the financial impact to offer accommodations, others emphasized the challenges in setting up appropriate accommodations for workers in their own homes in the absence of essential medical information, the limitations on carrying out an environmental assessment of the home context, and providing them with ergonomic support and supervision. This was considered to result in more flexibility, or a less systematic approach, in managing absences and accommodations.

There were a number of references to the impact of these factors on the time it was taking to put accommodations in place, to modified work reviews which had been put on hold, and to the challenge in finding appropriate modified duties. This was considered to result in workers being put off work rather than being accommodated. There was a view that some workers were rejecting accommodations and seeking medical opinion that they were able to return to work in order to be able to work from home on full pay.

Combined Personal and Professional Impacts

Working from home (n=133)

Respondents addressed working from home in their comments in terms of both personal and professional impacts of the pandemic. There were numerous general references to the fact that respondents were working from home, although some respondents were still working onsite or needed to go onsite to prepare essential services at the time of the survey.

Those who were still working onsite referred to how social distancing was impacting on working conditions and communication with colleagues. The precautions being taken to control infection were described including taping floors to guide workers and the need to sanitize door handles and frequently used equipment such as photocopiers.

Not all comments on working from home were negative. A minority of respondents also described some positive aspects such as having family around, not wasting time with travelling and meetings, spending less time on unimportant issues, being able to wake up later, and being more efficient.

The decision to move to remote working was, in the main, described by respondents as an organizational decision. In some cases, onsite locations and offices had been completely shut down. Even where onsite staff were required, organizations strived to reduce the number to a minimum even in health care facilities in order to preserve personal protective equipment. As a result, respondents described working in virtual teams. Some concern was expressed about the extent to which business continuity plans had been put in place to support the decision to move to working from home.

According to some respondents, coming to terms with working from home entailed creating new routines, changing work methods, and needing to schedule work and non-work activities consistently. For others, it involved adjusting priorities, redirecting queries to other resources, exploring telehealth approaches and finding secure ways to handle sensitive data. There was a sense that working from home required a different focus and a deferral of what were considered to be non-essential work and projects.

There was a view that working from home required substantial time and effort. Personal challenges included difficulties with focusing attention, taking longer to get things done, trying to maintain a healthy work-life balance, and feeling less efficient as a worker despite reassurance to the contrary.

Effectiveness challenges raised included not being able to interact with clients face to face, offering significantly reduced services, carrying out projects perceived as being less relevant, not being able to access hard copy files, and restrictions on interfacing with colleagues.

A number of respondents raised the ergonomic issues that had arisen from poorly designed home-based work stations. There were references to musculoskeletal symptoms and pain, the need for ergonomically designed desks and chairs, and needing to take frequent breaks.

Apart from not being able to carry out onsite activities, such as inspections, professional challenges were considered to have arisen as a result of a lack of preparation for the move to remote working, the lack of a systematic approach to the move, access to suitable technology, and the need for better support and direction from senior management. Staff support challenges raised by some respondents included managing staff remotely, hiring new staff, and dealing with an increase in frustration and anger on the part of some workers.

The impact of claims and cases (n=78)

The COVID-19 pandemic was considered to have impacted on work demands by some respondents in terms of increased claims, delays in processing claims, and case management requiring more time and effort.

Issues raised relating directly to COVID-19 included dealing with workers who needed to be tested as a result of contact with the virus, workers with close contacts who had pre-existing vulnerabilities, managing substantial numbers of quarantine and COVID-19-related absences, and screening workers for the virus prior to returning to work. Another challenge described was trying to allay the fears of workers of becoming infected. Some workers had rejected offers of modified duties on this basis. In some cases, clients and contractors were assuming that absences were COVID-19 related and were requesting information to which they were not entitled on privacy grounds.

A number of respondents commented directly on the impact of the pandemic on RTW. Specifically, there were references to RTW plans having been cancelled or delayed, RTW processes needing to be adjusted to the new reality, and the reduced motivation of some workers to return to work. Other issues included managing social distancing during the RTW process and having to make absence and RTW decisions on the basis of incomplete information.

Lack of access to treatment providers, such as GPs, physiotherapists and chiropractors, and sourcing other appropriate supports were considered by some respondents as likely to impact on recovery and RTW. This was viewed as creating a substantial increase in workload in providing care to claimants.

Mental health challenges, stress and anxiety, including psychological injury were specified as frequently complicating factors in managing claims and RTW by several respondents. Additional complexities included balancing fairness with evaluating claims objectively, responding to claims of workers with underlying health conditions, lack of access to essential services to support RTW, for example responding to musculoskeletal injuries through telehealth solutions, and a reduced focus on non-occupational RTW cases. There was a view that both employers and workers were less motivated to engage in RTW plans.

Opinions of respondents were divided on the impact of using digital processes to manage claims. On the positive side, using technology was viewed as enhancing effectiveness and providing new opportunities for accommodations which had not been available before. The challenges described included increased

administration, needing new policies to govern electronic files, more challenging RTW processes and the impact of IT errors on the timeliness of decisions. Where the move to electronic files occurred at the same time as the move to remote working, challenges were more likely to occur.

Lack of access to hard copy documents, increased difficulty in obtaining relevant information, and reduced staffing in some organisations were specified by some respondents as slowing down or complicating approval of treatments, duty to accommodate requests, and handling claims.

A number of respondents highlighted the need to develop new approaches to providing DM services remotely. Examples of activities that were being limited included visiting customers, carrying out onsite assessments and interventions, and communicating with all parties, which had to be done using alternative means. Making contact with workers, employers and health providers was viewed as a challenge. For example, in some cases, clients and customers had opted to defer action rather than participate in teleconferencing. Providing support to workers and teams was also raised as an issue in terms of discussing files on a regular basis, providing support without personal contact, and challenges in creating modified duties.

Impact on family members (n=34)

Many respondents described the impacts on family members which were influencing their personal or professional experiences. A small number of respondents referred to the fact that a family member had been laid off.

Respondents made a number of references to having to come to terms with working around family members in terms of needing to change routines, managing boundaries, getting individual time, and sharing space with family members who were also working.

Working from home and maintaining work-life balance was raised as an issue by a number of respondents. According to a number of respondents, the multiple demands were placing pressure on them in terms with distractions, interruptions, reduced work productivity and the effectiveness of home schooling. One response referred to the improved work-life balance achieved through working from home.

Some respondents reported living with family members who were considered vulnerable on the grounds of a health condition or age. In some cases, the pandemic was restricting medical treatment for members of the family. In other cases, a family member was working in frontline services. Other respondents had elderly relatives in long-term care facilities. One respondent had a family member who needed to be repatriated.

Uncertainty and stress (n=31)

High stress levels, anxiety and frustration were raised as issues in a number of responses. In addition to general concerns, there were references to worries about being infected, reduced capacity to concentrate, feeling emotionally drained, and fears for the future and how society will get through the crisis.

Sources of stress and contributing factors to anxiety were listed by a number of respondents. Concern for the well-being of family, financial issues, health, and the ability to obtain daily essentials were described. A fear of being infected by co-workers was also raised as an issue. An additional source of stress described was the mental toll of providing support to workers and clients whose mental health was at risk, particularly those working remotely, and to family members who were under stress.

Reduced income or work hours (n=21)

Reduced income or work hours were reported as a personal or professional impact by a number of respondents. Loss of income was attributed to being laid off or a family member being laid off, the closure of a family business, reduction in contract or consulting work, reduced hours and difficulty in finding re-employment. In addition to reduced family income, there was a reference to increased costs.

Impact on continuing professional development (n=9)

The COVID-19 pandemic was reported by several respondents to have negatively impacted on continuing professional development as a result of increased workload, difficulties in gathering information to support the renewal of certification process, a reduction in training and conference events, and strained financial circumstances. There were references to needing an extension to submission deadlines for renewal.

4. Post-pandemic Implications for Disability Management

The survey invited respondents to:

“List two resulting changes that you foresee in the DM profession in the next year as a result of the pandemic.”

The question was completed by the majority of respondents 159 (88.33%). The responses were segmented so that each phrase or sentence represented a single issue or change. This resulted in 233 separate suggestions.

The content analysis involved structuring the data in an Excel workbook and carrying out an initial assignment of items to categories that best represented the content. Some responses were written in full sentences and other were simply short phrases. Six comments were about not knowing or that there would be no changes. This was followed by an iterative process which validated whether the original category assignment was appropriate, reassigned comments that were inaccurately assigned and elaborated the themes into more specific sub-themes.

The initial content analysis could be classified into 10 themes. These are listed below with the number of statements which were assigned to each theme.

1. More complex return to work challenges (n=68)
2. Changes to professional practice and programs (n=58)
3. Escalation of mental health or stress cases (n=43)
4. Increased telecommuting for workers (n=30)
5. Increased demand for DM services (n=19)
6. Negative socioeconomic impact (n=15)
7. Employer changes and challenges (n=13)
8. Impact on demand for online continuing education (n=12)
9. Increased disability related costs (n=10)
10. WCB and insurance challenges (n=10)

The most common issues addressed the challenges facing DM professionals in assisting workers to get back to work and the need to change treatment and professional practices (n=126).

One frequently specified complexity in the job retention and return to work process was the impact of COVID-19 on mental health (n=43).

A number of responses referred to the likelihood that telework would become more accepted as a practice by both workers and employers in the post-pandemic period (n=30).

Less frequent themes addressed the impact on the economy and the labour market in general (n=15); the ways in which employers may need to change their work practices (n=13); the potential for the pandemic to impact demand for online professional development (n=12); the impact of the crisis on disability costs and durations (n=10); and the challenges that some workers' compensation boards are facing.

A more detailed description is presented below and a breakdown of these themes is presented in the Appendix.

More complex return to work challenges (n=68)

A number of respondents foresaw that challenges in achieving successful RTW outcomes would arise in the post-pandemic period. Reasons that were cited for this included restricted treatment or rehabilitation during the crisis which could result in longer recovery times, the extended duration of absences, and worker anxiety of being infected, particularly on the part of those with underlying health

conditions, such as respiratory or mental health conditions. There was an acknowledgement that the impact of the COVID-19 pandemic on RTW may be greater in certain industries and for certain occupations, particularly those in which frontline exposure to the virus was likely. There was a view that the number of layoffs and closure of businesses would reduce RTW opportunities.

Several respondents predicted an increase in absences because treatment providers would be more willing to sign people with underlying conditions off work and sick time use would be less scrutinized. In contrast, as workers with non-occupational health conditions exhaust their sick leave banks, they may need to return sooner and this would result in shorter durations.

A number of respondents made reference to challenges and delays in obtaining documentation, updates or clarifications from health care providers resulting in a lack of clarity required to make good RTW decisions.

A reference was made to the complexity of distinguishing between confirmed cases and presumed cases in terms of safe RTW as an impact on return to work programming and development.

A concern was raised that restrictions on face-to-face meetings may impact the success of RTW outcomes. Another complicating factor listed was the way in which social distancing requirements could impact on RTW and accommodations. In addition to new cases of increased complexity, it was considered likely that there would be a backlog of cases deferred as a result of the pandemic needing to be cleared.

A number of challenges related specifically to accommodations were proposed including reduced resources for accommodation as a result of the economic downturn, the increase in unemployed people looking for work influencing employers' motivation to accommodate current employees with health conditions, and finding accommodations in organizations that lacked adequate pandemic policies.

Finding suitable accommodations for certain workers was also foreseen as an issue by some respondents, for example, suitable accommodations for people with autoimmune conditions working in frontline services, designing and implementing accommodations for those working from home, and convincing workers to explore technology options as an accommodation. Reference was made to the likelihood that workers, who were remote working, would develop musculoskeletal conditions, such as low back, neck and wrist injuries, due to the lack of ergonomically designed work stations in their homes.

A number of comments referred to the level of stress for DM professionals who are ill-equipped to respond to the emerging needs of workers. For example, DM professionals need a protocol to respond effectively to workers with underlying health conditions. Many of these workers are experiencing significant anxiety and anger and, in the absence of clear guidelines, DM professionals are the focus of this frustration. Anxiety about being infected was the biggest issue for these employees rather than actual physical symptoms of COVID-19. It was considered that if such a worker was infected as a result of returning to work, there was a probability of legal action against the employer and perhaps the DM professional involved. This risk was likely to continue until clear guidelines were made available.

There was a view that the DM profession can be stressful at the best of times and the crisis has increased this in terms of having to work with insufficient and sometimes inaccurate information, being unable to meet the greater demands for much needed support, and the rapid depletion of resources such as banked sick leave. A concern was raised that in the post-pandemic period, workers will be unwilling to take short-term absence in case they are required to stay at home for a longer period of time.

A more positive perspective was expressed by other respondents about the capacity of DM professionals to adapt and keep up to date with the changing landscape of health care and safe RTW in a post-pandemic workplace. By focusing on pandemic planning and procedures and the implications for health conditions, they can accrue the expertise required to work effectively

This requires a clear understanding of the developments in RTW processes in response to COVID-19. In order to enhance their capacity and effectiveness, it will be important that a clear distinction is made between evidence-based practice and the background noise of the “infodemic”. It may require working with fewer face-to-face meetings and decision-making based on less medical information.

There was a suggestion that the COVID-19 crisis may raise awareness among co-workers of the value of accommodations, given that many people are benefiting from them during the pandemic.

Changes to professional practice and rehabilitation programs (n=58)

A number of respondents expressed the view that the COVID-19 pandemic had demonstrated that tele-DM is feasible, even if not ideal, and that DM professionals will be more experienced in dealing with pandemics in the future in terms of risk mitigation and controls.

This view was put forward with caveats. Effective tele-DM will require an investment in efficient and appropriate technology, and clear and consistent guidelines for RTW approval clearance. New approaches to providing support and carrying out worksite assessments must be explored. It was considered critical that DM professionals become skilled at using alternative communication media and at making the best of virtual meetings in order to be effective working remotely. They will also need to look beyond onsite training and conferences to gain continuing education credits.

Several respondents considered it likely that telehealth and telerehabilitation interventions would be more common in the post-pandemic period. This may place greater responsibility on workers receiving treatment, which could be positive.

The experience of working during the COVID-19 pandemic has provided a new understanding of how to deliver services remotely. For this to be effective, secure access to web-based interactions with clients will be required. It was considered likely that many assessments would also be carried out virtually, and treatment would require that patients take greater responsibility in the recovery process.

There was a view that tele-DM had the potential to reduce the DM professional's capacity to support people in face-to-face interactions which could impact on effectiveness. Alternatively, clients or customers may opt for virtual rather than in-person meetings. In addition, technology has the potential to enhance connections with other professionals.

There was also a view that the pandemic would increase the use of digital records and change the way medical records are accessed. This could create more efficient processes, such as streamlining forms and consent procedures, and even change the way in which medical reports are framed and in which authorizations are obtained. Employers whose records are currently paper-based may be motivated to move towards digital systems.

Less positive views were expressed by some respondents who saw themselves as being drawn into duties outside of their regular work and losing focus on what is considered good practice. There were also suggestions that telerehabilitation may result in more limited outcomes and that the COVID-19 crisis may desensitize people to other medical conditions.

Escalation of mental health or stress cases (n=43)

While there was a view that working from home could be positive for some workers with mental health conditions because they may be better able to manage their condition away from the workplace, the overriding view was that the crisis would have a significant negative impact on workers and their employers.

A substantial number of respondents raised the likelihood of an increase in mental health problems and stress as a result of the COVID-19 pandemic. In addition to a number of general references to a higher prevalence of work disabilities involving mental ill-health, there were specific comments about the impact of this on claims, RTW and DM case loads. Some respondents highlighted the multi-factorial sources of stress including work, financial strain, child care demands, elder care, grief and uncertainty. There was a view that these stressors will have both physical and psycho-emotional impacts.

The probability of the mental health of workers being negatively impacted by the crisis was a recurring theme in the responses. It was the single most often referenced health impact of the crisis. There was a view that one result of this would be increased sick and disability leave claims on the grounds of mental ill-health. Specific mental health conditions cited by respondents included stress, anxiety, depression, obsessive compulsive disorder, substance abuse and post traumatic stress disorder.

The potential cost implications of this for companies already stretched due to the downturn was highlighted due to both the frequency of absences and the extended duration of such claims. There was a view that this effect would sustain into the post-pandemic period.

Another impact of the rise in mental health issues related to the increased DM supports that will be required is to support these workers and particularly those who experience psychological injuries as a result of the nature of their work.

Increased telecommuting (n=30)

A number of respondents expressed the opinion that the COVID-19 pandemic would be viewed as a “tipping point” in terms of the extent to which remote working or telecommuting becomes a widely accepted work practice across a broad range of industries and occupations. The fact that it has demonstrated that remote working can be effective when using technology to its full potential may result in more cultural acceptance of telecommuting as a standard work practice.

It was envisaged that some employers may consider moving all of their work processes onto digital platforms and thereby reduce the need for offices. At the very least, a move to virtual meetings was likely. In parallel with this, some workers may be keen to opt to work from home as a more attractive work setting. Clear guidelines on working from home were considered to be an important prerequisite for effective remote working.

There were several references by respondents to the potentially positive impact of this for many people with disabilities. There was a view that remote working would be more readily considered by workers with disabilities, and their employers would be more likely to agree to working from home as an appropriate accommodation in some cases, particularly as part of a graduated return to work plan. The infrastructure and work process that have been established to respond to the pandemic will make such modified work options more viable.

Increased demand for DM services (n=19)

A view expressed by several respondents was that there would be increased demand for return to work services in the post-pandemic period. This was attributed to the need to transition larger numbers of workers back to work as a result of the crisis, the increased number of mental health related RTW cases, and the need to clear the backlog of RTW cases as a result of cancelled and deferred surgeries and treatments. A contrary view expressed was that the economic impact of the crisis would result in fewer jobs and thus fewer RTW opportunities.

A number of responses cited the need for DM processes to be adapted to respond to new client groups and new return to work challenges and absences related directly to the virus. Workers who are immunocompromised were cited as a case in point. Guidelines, policies and procedures for keeping people at the workplace and dealing with infectious diseases will be required.

DM professionals were viewed by some respondents as having an important role at the organisational level in planning for the post-pandemic context in terms of assisting employers to revise RTW protocols.

Negative socioeconomic impact (n=15)

References by respondents to the negative impact of the COVID-19 pandemic cited the significant increase in lay offs and job losses, the closure of businesses, particularly small and medium sized companies, and reduced productivity. There were suggestions that there may be a higher demand for training and education on the part of redundant workers and for greater emergency management resources.

Employer changes and challenges (n=14)

Views were divided on the changes and challenges for employers entailed by the COVID-19 pandemic. One view was that the experience of the crisis would increase the range of opportunities available to employers for modified duties and accommodations. Another view was that employers would need to introduce additional restrictions to facilitate redeployment and to manage the risk of reinfection and a second wave. This could influence employers to raise the priority assigned to occupational health and safety. It was reported that some managers were facing a situation where workers were unwilling to fulfil essential frontline roles because of a fear of infection and it was questioned whether this would persist in the post-pandemic period.

Employers moving toward telework were considered to need to confront the cultural change that this involves and the greater need for retraining workers in order to achieve a positive return on investment.

The resilience of small and medium sized companies in the face of the potentially devastating economic downturn was raised as another concern. There was a view that larger companies may choose not to invest in DM resources or reduce the priority of DM given their fragile financial position.

Impact on demand for online continuing education (n=12)

Several respondents expressed the view that restrictions on face-to-face training and conferences will increase the demand for online continuing education opportunities. Given that it is essential for DM professionals to upgrade and refresh their knowledge and skills, additional training on managing infectious diseases and pandemics, based on clear universal guidelines and practices, was considered to be essential professional development. In addition to timely learning resources to respond to the current crisis, learning opportunities focused on addressing the long-term impact, supporting action analysis based on current outcomes, and promoting continuous improvement will also be required. In

addition to continuing education for professionals, there is also likely to be a need for training and learning opportunities targeted at managers and staff.

Other respondents highlighted the impact of increased job and personal demands on the ability of some DM professionals to engage in continuing education. The cost of such education was also cited as a factor for households with reduced income.

WCB and Insurance Challenges (n=10)

Workers' compensation boards and insurance providers were also perceived to be likely to have challenges to overcome in the post-pandemic period. There have been rapid changes to leave and benefits legislation to respond to the COVID-19 pandemic. Some respondents questioned whether some of these changes would be sustained into the future in terms of more flexible approaches by insurers.

Specifically, there may be issues in getting workers assessed and gaining clarity on diagnosis, prognosis and treatment. Workers who are unable to obtain a clear diagnosis may have difficulties with their claims. There may also be issues with ascertaining whether infections of the virus occurred in a workplace or not, which could delay claims. Further, it could be challenging to provide claimants and customers with a clear explanation of how such decisions were made. There was a view that workers' compensation boards will need to address the gaps in their processes that were identified by the crisis, as a matter of urgency. Greater flexibility in sick leave policies may be required in this regard.

Increased disability related costs (n=9)

Several respondents addressed the likelihood that the COVID-19 pandemic would increase costs in terms of extended disability durations and claims retention. It was considered likely that there will be increases in short-term and long-term experiences. In addition, there was a view that claims will be higher due to the lack of timely medical interventions and slower recovery times. The number of requests for duty to accommodate were also predicted to increase. This could have an impact on employers' premiums in the medium term.

These costs will impact on employers who are struggling to cope with strained financial times. This could well result in employers being less willing or able to support graduated return to work plans, particularly where a worker is unlikely to be fully productive. In such a scenario, some respondents questioned whether DM would be viewed as a cost centre that could be curtailed, downsized or even eliminated.

5. Conclusions and Recommendations

Conclusions

The purpose of this survey was to provide an opportunity for members of the CSPDM to raise their concerns about the impact that the COVID-19 pandemic was having on their personal and working lives. On this basis, it is important to avoid the temptation to extrapolate, or state in general terms, its findings. The respondents to the survey were not randomly selected and the response rate in some of the categories was very low. Further, the circumstances and situations in which the respondents were attempting to operate varied widely. For example, while some respondents were coping with increased workloads, others had experienced reduced hours and even job loss. Equally, the work context differed with many trying to achieve effectiveness while working from home, while others were trying to meet the challenges of being effective in essential workplaces with all that this entailed. Therefore, it is important to interpret the results with care.

Nevertheless, there are some conclusions that can be reached about the profile of the two thirds of respondents who reported being impacted by the pandemic compared to those who did not. Specifically, reports of impacts on working effectively and efficiently were more frequent on the part of DM professionals in certain industry sectors such as education, DM service providers, federal or provincial governments, and health care. The majority of respondents who reported being impacted were employed by large (over 250 employees), private, provincial or federal organizations.

In addition, the content analysis identified the nature of the impacts that were of concern to respondents. Some of these concerns were raised by many of the respondents and others, no less substantive and serious, were described by relatively few. Some of the more striking personal concerns that emerged from the content analysis included restrictions on social contact, particularly with older relatives, and limited outdoor activities; increased caring responsibilities for children or vulnerable adults; dealing with uncertainty and stress personally and supporting others; the impact of COVID-19 on vulnerable family members or those who were working on the frontline or having direct exposure to COVID-19; and layoffs and job losses by the employer or reduced family income.

From a professional perspective, the concerns raised related to adjusting to working at home or continuing to work onsite in an essential service; adjusting to remote working and coming to terms with technology; coping with increased demands and supporting other staff and managers or trying to manage increased or more complex caseloads, particularly in relation to mental health issues. Other challenges arose in terms of keeping up to date with frequent policy and procedure changes; gaining access to third parties to obtain important case information; the restricted access of clients to health providers for essential treatment; making appropriate accommodations for those working from home or in the frontline such as carrying out worksite assessments and keeping up to date with continuing professional development requirements.

About 80% of respondents suggested changes for DM professionals that they believed would persist into the post-pandemic period. An important conclusion that can be drawn from these is that the pandemic is unprecedented and that previous perceptions of what constitutes good policy and practice may have to be reconsidered. In this regard, it will be important for all those who have a stake in the profession to begin to prepare to meet these challenges through collaborative actions and developing capacity-building resources. One area where this may be required is changing the way in which professional and rehabilitation programs are delivered in order to continue to provide effective services and supports.

This will require that telerehabilitation and telehealth approaches are reviewed and evaluated. There is an implication that DM professionals themselves will need to begin to develop an evidence-base for good practice in tele-DM in terms of meeting with clients, customers and colleagues, supporting clients who are in distress remotely, and in communicating sensitive personal data in a secure manner.

An escalation in mental health conditions, such as stress, anxiety, depression, obsessive compulsive disorder, substance abuse and post-traumatic stress disorders were also envisaged by many respondents. Further, mental distress was considered likely to be a complicating factor even in cases where the primary health condition is physical or where the risk of workplace infection is difficult to control.

The respondents also foresaw challenges for workers' compensation boards, insurance providers and employers in the post-pandemic period which will require changed policies, processes and culture. One particular change highlighted was the extent to which remote working, working from home or telecommuting will become more frequent and more accepted by both workers and employers. The altered meaning of a "workplace" will have significant implications for occupational health and safety, health promotion, and the determination of what constitutes an occupational health condition. There was a view that disability-related costs will rise and that the overall negative socioeconomic impact will persist and have a negative effect on the economy and the demand for labour.

Recommendations

It is likely that each person who reads this report will be able to point out areas of particular priority that require to be explored further from their own perspectives and domains of interest. In this regard, the survey can be seen as a first step in ensuring that DM professionals are at the forefront of the post-pandemic recovery and are in a position to play an important role in the design of effective workplace health and return to work strategies to meet the challenges that are likely to arise as a result of the unprecedented nature of the COVID-19 pandemic. The next steps in this process of preparation will need to incorporate three primary strands of action: targeted research, action learning and program development.

There are a wide range of research topics that can be inferred from the survey responses. Given the limitations of the survey design, which were necessitated by the need to capture the views of DM professionals in the early stages of the pandemic, it would be appropriate to develop a more structured and systematic research study that can provide evidence upon which to base firm recommendations to stakeholders and governments. A particularly important area for further research is the impact of telehealth, telerehabilitation and tele-DM on recovery and successful return to work. This research would need to reflect the views of absent workers, employers and unions, workers' compensation boards and insurers, health professionals and treatment providers, and DM professionals. In the absence of such research, it is difficult to envisage how evidence to support good practice can be generated.

In parallel with more formal research, there is an onus on key actors in the field of DM to begin to engage in action learning and collaborative problem solving in order to begin the challenging process of aligning previous assumptions that are implicit in workplace health and DM policies, procedures and practices with the changed context of the post-pandemic period. Such action learning initiatives would be significantly enhanced were they to be based on interdisciplinary collaboration between professionals in the field of human resources, occupational health and safety, disability management, allied health and claims management.

From a program development perspective, a number of continuing education themes were identified as being very relevant to the current context. These could represent a first step in determining the learning needs of stakeholders and DM professionals to prepare them for the challenges to come. Themes of specific relevance were: strategies for providing return to work support for all workers who were absent during the crisis; managing invisible disability and trauma recovery for many workers in the return to work process; responding to increased levels of stress and anxiety in the workforce; and enhanced mental health promotion and psychological health and safety processes.

Appendix: Content Analysis Summary Data

Personal Impacts of the COVID-19 Pandemic

- 1. Restricted social contact and activities (n=30)**
 - a. Restricted social contact (n=10)
 - b. Restricted activities (n=8)
 - c. Adjusting to being at home (n=7)
 - d. General reference to self-isolation (n=5)
- 2. Increased or more complex workload or changed job role (n=29)**
 - a. Increased workload (n=12)
 - b. Changes job roles or responsibilities (n=12)
 - c. Challenges in managing claims or cases virtually (n=5)
- 3. Increased caring responsibilities (n=14)**
 - a. Increased childcare responsibilities (n=12)
 - b. Caring for vulnerable relative (n=2)
- 4. Exposure or vulnerability to COVID-19 (n=6)**
 - a. Vulnerability due to pre-existing health conditions (n=3)
 - b. Exposure to COVID-19 (n=3)
- 5. Working in an essential service (n=5)**
 - a. Frontline in an essential service (n=4)
 - b. Volunteering in an frontline role (n=1)
- 6. Lay offs and job losses by the employer (n=2)**

Professional Impact of the COVID-19 Pandemic

- 1. Working virtually (n=54)**
 - a. Moving from in-person to online meetings (n=13)
 - b. Restrictions associated with virtual working (n=11)
 - c. Challenges in dealing with clients in a virtual world (n=11)
 - d. Maintaining team cohesion in a virtual environment (n=9)
 - e. Technology to support virtual working (n=5)
 - f. General reference to virtual working (n=4)
 - g. Reduction in travel and commuting (n=1)
- 2. Coming to terms with technology (n=41)**
 - a. Challenges in using technology efficiently (n=21)
 - b. Access to essential technology or equipment (n=10)
 - c. Learning how to use new technology effectively (n=7)
 - d. Benefits of technology (n=2)
 - e. Extended duration of technology use (n=1)
- 3. Support to other staff or managers (n=30)**
 - a. Dealing with HR and staff queries and concerns (n=8)
 - b. Responding to COVID-19 concerns (n=7)
 - c. Providing support for home working (n=6)
 - d. Managing staff and teams (n=6)

- e. Impact of social distancing (n=2)
- f. Changed priorities (n=1)
- 4. Access to third parties and treatment providers (n=25)**
 - a. Restricted access to treatment providers (n=21)
 - b. Restricted access to other organizations that are essential to carrying out work (n=4)
- 5. Impact on Accommodations (n=14)**
 - a. Challenges in putting accommodations in place (n=7)
 - b. Restricted access to medical information to inform accommodations (n=3)
 - c. Reduction in opportunities for accommodation (n=2)
 - d. Client attitudes to accommodation (n=2)
- 6. Keeping up to date with frequent policy and procedure changes (n=18)**
 - a. Updating processes and procedure in response to rapidly changing policies (n=11)
 - b. Needing to responding to changes in benefits, absence and other policies (n=7)
- 7. Access to support and resources (n=5)**
 - a. Access to supplies and resources (n=4)
 - b. Access to ergonomic support (n=1)

Combined Personal and Professional Impact of the COVID-19 Pandemic

- 1. Adjusting to working at home (n=133)**
 - a. General reference to working from home (n=43)
 - b. Issues with working from home (n=23)
 - c. Working from home as an organizational decision (n=19)
 - d. Impact on effectiveness or productivity (n=17)
 - e. Adjusting to changed work processes (n=15)
 - f. Reference to not working from home (n=12)
 - g. Positive aspects of working from home (n=7)
 - h. Ergonomic issues (n=7)
- 2. Impact on claims and cases (n=78)**
 - a. Dealing with claims, absences and RTW cases (n=22)
 - b. Moving away from face to face client, colleague and stakeholder interfaces (n=14)
 - c. Complex claims and return to work cases (n=14)
 - d. Impact on return work (n=13)
 - e. Access to essential information or resources (n=9)
 - f. Impact on work demands (n=8)
 - g. Dealing with COVID-19 related cases (n=7)
 - h. Using digital processes to manage claims and cases (n=7)
 - i. Access to assessment and treatment services (n=6)
- 3. Impact on family members (n=34)**
 - a. Increased caring responsibilities (n=11)
 - b. Coming to terms with being at home with family and working (n=8)
 - c. Closure of educational institutions (n=5)
 - d. Family members with underlying health conditions or vulnerable in other ways (n=4)
 - e. Family members working in frontline services (n=2)
 - f. Family members losing employment (n=3)

- g. Family member needing to be repatriated (n=1)
- 4. Uncertainty and stress (n=31)**
 - a. Feelings of uncertainty and stress (n=17)
 - b. Sources of stress (n=8)
 - c. Supporting others who are stressed (n=6)
- 5. Reduced income or work hours (n=21)**
 - a. Job loss or reduce hours (n=17)
 - b. Reduced income (n=4)
- 6. Impact on continuing professional development (n=9)**
 - a. Access to CPD opportunities (n=4)
 - b. Being able to complete professional development activities (n=3)
 - c. Need accommodations in the DM recertification process (n=2)

Post-pandemic Implications for Disability Management

- 1. More complex return to work challenges (n=68)**
 - a. Increased difficulty in getting people back to work (n=25)
 - b. Challenges in finding suitable accommodations and resources (n=11)
 - c. DMPs can update their skills to meet the emerging challenges (n=10)
 - d. Increased workload stress for DMPs (n=8)
 - e. Workers with disabilities experiencing isolation, anger and frustration (n=4)
 - f. Challenges in accessing critical medical information (n=3)
- 2. Changes to professional practice and programs (n=58)**
 - a. DMPs need to develop new competences to cope with the pandemic and remote service delivery (n=28)
 - b. Increase in telehealth and telerehabilitation and DM services (n=20)
 - c. Increased use of digital records and changes in accessing medical information (n=9)
 - d. Changes to medical and rehabilitation assessments and treatments (n=6)
 - e. DMPs being pulled into other roles and responsibilities (n=3)
 - f. Restricted access to treatment (n=1)
 - g. COVID-19 may reduce emphasis on other health conditions (n=1)
- 3. Escalation of mental health or stress cases (n=43)**
 - a. General reference to negative impacts of COVID-19 crisis on mental health (n=12)
 - b. Increased claims for mental health conditions (n=11)
 - c. Cost and absence impact of mental health conditions for employers who are already stretched financially (n=6)
 - d. Impact on DM and RTW case loads (n=6)
 - e. Reference to the multi-factorial sources of stress (n=3)
 - f. Mental health barriers to return to work (n=2)
 - g. Impact on people with existing pre-existing mental health or physical conditions (n=2)
- 4. Increased telecommuting (n=30)**
 - a. General comments of the trend of telecommuting (n=17)
 - b. Remote work as an accommodation can be positive for some workers with disabilities (n=5)
 - c. Employers will increasingly go digital and adopt telework as a norm (n=3)

- d. More demand from employees to work from home (n=2)
 - e. Fewer face to face meetings (n=2)
 - f. Guidelines for working from home are required (n=1)
- 5. Increased demand for DM services (n=19)**
- a. Increased demand for DM services as a consequence of COVID-19 (n=7)
 - b. Need to adapt DM processes to respond to new client groups, new return to work challenges and COVID-19 absences (n=6)
 - c. Support to employers in responding to COVID-19 and RTW (n=2)
 - d. General reference to DM services being required (n=2)
 - e. Potentially less jobs will result in lower number of claims (n=1)
- 6. Negative socioeconomic impact (n=15)**
- a. Negative impact on the demands for certain jobs (n=8)
 - b. Closures of employers (n=3)
 - c. Negative impact on productivity (n=1)
 - d. Societal change (n=1)
 - e. Increase in demand for re-training and education due to lay offs (n=1)
 - f. More resources invested in emergency management (n=1)
- 7. Employer changes and challenges (n=14)**
- a. Increased need for accommodation (n=3)
 - b. Cultural and work process changes required (n=3)
 - c. Impact of economic changes (n=2)
 - d. Need for staff training (n=2)
- 8. Impact on demand for online continuing education (n=12)**
- a. DMPs demand for CE will increase in the face of COVID-19 (n=6)
 - b. Increased personal and professional demands and affordability will impact on time to engage in continuing education (n=5)
 - c. Need for professional development for managers and staff (n=1)
- 9. Increased disability related costs (n=9)**
- a. Increased duration of claims (n=3)
 - b. Higher Duty to Accommodate and claims costs (n=3)
 - c. DM may be viewed as cost that can be curtailed (n=2)
 - d. Increased employer premiums (n=1)
- 10. WCB and insurance challenges (n=10)**
- a. Challenges in obtaining clarity on diagnosis and treatment (n=3)
 - b. Current changes may have long term consequences (n=3)
 - c. Putting in place appropriate COVID-19 policies and processes (n=2)
 - d. Determining whether a COVID-19 case is occupational (n=2)
 - e. Ensuring that appropriate staff and consultants are available (n=1)
 - f. Need to move towards a more digitized record and information system (n=1)