

Behavioral Interventions to Help Workers Keep Their Jobs After an Injury or Illness

Behavioral science draws on insights from psychology and other social sciences to study how cognitive, social, and emotional factors contribute to individual decision making.

For many individuals whose health problems threaten their ability to work, the decision to leave their jobs—either permanently or temporarily—is often made without fully understanding the short- and long-term consequences of joblessness on their health and well-being. It can also be particularly challenging to make such an important decision during a time of hardship and stress. As a result, many of these individuals leave the workforce before they have fully explored the possibility of staying employed, which is often the better option for their long-term financial and psychological well-being.

KEY STAKEHOLDERS, EVENTS, AND INTERACTIONS THAT INFLUENCE DECISIONS ABOUT WORK

Workers with significant medical conditions will often seek information and advice from friends, co-workers, physicians, insurers, and online sources. These interactions play a

crucial role in the worker's decision to leave or remain in the workforce. Job retention may be realistic and desirable for a given worker, but the people with the most potential to influence the worker's decision may not have the knowledge to provide sound advice. Physicians and employers, for example, may not be aware of available supports that can help workers stay in their jobs, or of the likely cost of providing accommodations. More broadly, key influencers include:

Workers



The stakeholder most directly affected by the decision about remaining at work, and the one with the most to gain from the outcome, is the worker himself.

Employers



Employers are well positioned to enact policies that enable workers with a new or deteriorating medical condition to remain in their jobs. However, for employers to act, the benefits of those policies must outweigh their costs.

Insurers



The entities responsible for financially supporting people who cannot work for a period of time have a major stake in keeping those people on the job.

Physicians



Physicians are authoritative advisors but have limited time to focus on work-related issues. They need timely information on evidence-based guidelines and available support services

BEHAVIORAL BOTTLENECKS

In addition to facing complex and often conflicting incentives to take either the work or the benefits path, workers and other stakeholders may be subject to behavioral limitations or “bottlenecks” that impede their ability to act in ways that promote job retention.

- **Workers** may have a hard time making decisions in their best interest due to stress, the decision’s complexity, and financial or physical hardship. This is particularly true of decisions that involve tradeoffs between present and future rewards. They may also incorrectly believe that current limitations will necessarily apply in the future, discounting the possibility of improvement or adaptation, or may otherwise have mistaken beliefs about likely economic, health, and psychological outcomes associated with work vs. benefits.
- **Physicians** may have limited time and attention to devote to issues outside the patient’s immediate medical concern. If they do focus on issues related to work, they may not have evidence-based reference points for appropriate amounts of time off work or referral to specialists.
- **Employers** may underestimate the benefits of job retention or overestimate the costs of providing accommodations.

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 Contreary, Kara, and Irma Perez-Johnson. “Behavioral Interventions to Promote Job Retention after Injury or Illness.” Washington, DC: Mathematica Policy Research, September 2016.

PRIORITIES FOR PILOT TESTING

Behavioral interventions that explicitly address the psychology behind poor decision making can help individuals avoid common pitfalls. Such interventions are often an effective and inexpensive way to induce behavior change and improve outcomes. Before any new intervention is widely adopted, it is important to test it on a small scale (a “proof-of-concept” test). If shown effective, the pilot-test results can be used to “tweak” promising interventions before scaling them up or adapting them to different contexts. To determine if a proof-of-concept test makes sense, the intervention should:

- Have strong potential to influence job retention outcomes
- Be feasible to implement on a small scale, particularly if budget constraints are an issue
- Have potential to be scaled up

A range of strategies that could potentially change behavior and improve job retention are listed in the full paper. The table below includes three especially promising interventions that could be piloted and refined through small-scale testing.

For more information about the Stay-at-Work/Return-to-Work Policy Collaborative please contact R2WPolicy@mathematica-mpr.com.

Table 1. Promising Behavioral Interventions

Intervention and stakeholder	Description	Funder or administrator
<i>Worker:</i> Provide work coach and financial counseling	Provide sessions with a coach or advocate whose goal is to procure the best outcome for the worker. Provide advice on likely financial outcomes if the worker stays on the job instead of going on long-term disability.	Potential federal funding, with referral to services through employee assistance programs or employer resource networks; all involved should believe the coach has the worker’s best interests in mind Websites on disability could host financial counseling, or advice could be delivered as part of coaching sessions.
<i>Multiple stakeholders:</i> Hold multi-party dialogues	Bring disability benefits representative, worker, medical proxy, and employer together to discuss the worker’s ability to remain in the job.	Short-term disability insurer; could be piloted in a state with statewide short-term disability insurance.
<i>Physicians:</i> Use electronic health record (EHR)-based interventions	EHR-based guidelines for time off work are displayed when a physician enters specific diagnosis codes.	Could be funded by state or federal government, or insurer, and implemented by a large hospital system.

