



Accommodation Myths and Biases

The success an employer has in supporting an employee who is returning to work depends on many factors. Our culture of the 4 Cs, our Code of Conduct and Employee Promise set standards for expected behaviours within our organization, however, a subtle but equally strong influence is the managers' and leaders' beliefs about how and when an employee should return to work.

Accommodations are sometimes based on misinformation, negative stereotypes, biases, unfounded fears and personal inconvenience. Many individuals returning after a health leave report being treated differently – even stigmatized. These beliefs directly influence our workplace practices as an employer and ultimately impacts the employee's experience.

Return-to-work beliefs can be based on half-truths, overgeneralizations or inaccurate information. While some myths can be easily changed with better understanding, others are extremely resistant and can become chronic problems in an organization.

Top 5 Return-to-Work Myths and the Realities behind Them

MYTH: The 100% or nothing: The belief that employees must be able to do 100% of their job duties before returning to work.

Reality: Not necessarily. Employees can regain their ability to work by transitioning back into the workplace gradually. In most cases, job duties can be modified for short periods of time without reducing the overall productivity of the organization.

What Can You Do?

As a leader:

Examine ways that employees can resume job activities in a safe manner. You may wish to do some or all of the following:

- Talk to your employee before they come back to find out what support they need.
- Explore temporary work options such as reduced hours or limited responsibilities.
- Explore modified or alternate work and work with your RTW Coordinator and/or Vocational Rehabilitation Consultant.
- Speak with your team and let them know about any potential temporary changes to how work gets done and how they can support the returning employee.



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As an employee returning to work:

- Communicate to your leader, RTW Coordinator and/or Vocational Rehabilitation Consultant what you can and can't do based on your medical fitness for work.
- Provide updates if your medical restrictions change to your leader or RTW Coordinator and/or Vocational Rehabilitation Consultant so they can be reviewed.
- Ask for support from your leader or co-worker if you need additional help to complete job duties or if there are concerns.

As a co-worker:

- Ask accommodated employee if you can provide support with the job duties they are unable to do.
- Be flexible and open-minded to potential temporary changes to day to day activities.
- Make a conscious effort to include them in meetings.

MYTH: Most injured workers are fakers: The perception that people who are off work must be faking it.

Reality: This really applies to a small number of people. Like you, the majority of employees want to come back to work, be productive and contribute as soon as possible.

What Can You Do?

As a leader:

- Support your employee and find out what they need to get back to work as early and safely as possible.
- Check your assumptions. If you are suspicious, discuss your concerns with the [RTW Coordinator and /or Vocational Rehabilitation Consultant](#), or [HR Business Partner](#) to determine if the request is legitimate or not.

As an employee returning to work:

- Be curious and aware of your unconscious biases and how you show up during your accommodation can impact the team.
- Have a conversation with your leader, or your team members and let them know what help you need.
- Ask for support from you leader if you experience any bias.

As a co-worker:

- Be aware of your unconscious bias and change your behaviour if notice it is affecting how you treat this person.



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- If you are suspicious of an accommodation request, discuss your concerns with your leader.
- Have discussions with coworkers about unconscious biases and the impact on the team environment.

MYTH: "It's not my job": The belief that as a leader, employee or co-worker you don't have anything to do with returning to work or accommodation. It's commonly believed that its the disability insurance provider's exclusive responsibility to bring the employee back to work in a safe and timely manner.

Reality: The primary role of the benefit provider is to provide income protection while an employee is unable to work. The role of returning employees to work is the result of a partnership between the benefit provider, employee, employer, physician, and at times the union. The provider can assist in developing a return-to-work plan, defining the expected length of time for recovery with the attending physician and defining a reasonable accommodation. We are collectively accountable to create a supportive and welcoming atmosphere for employees returning to work.

What Can You Do?

As a leader:

- Create clear and consistent return-to-work expectations link to leader orientation checklist
- Prepare your team for the return to work of the employee by providing information on the accommodation and answering team questions. For more details see the accommodation link FAQ on what you can share with other employees.
- Check in regularly with the team and the employee returning to work.

As an employee returning to work:

- Follow recommendations of physicians and health professionals to improve your recovery
- Participate in the development of the return to work plan to ensure an early productive and safe return to work.
- Cooperate in the accommodation process

As a co-worker:

- Set up a team lunch, give a welcome back card, or invite them for coffee
- Help your co-worker return to work by creating a supportive and welcoming work environment.
- Ask how they are doing and provide support when required.



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MYTH: “I can’t do anything for my employee”: The belief that it is very difficult to accommodate an employee with a mental illness.

Reality: Leaders and co-workers are in a powerful position to help and reduce the stigma that often accompanies mental illness. Accommodation is specific to an individual and their job. Employees with mental health concerns may not have functional limitations. Someone with depression or an anxiety disorder might find that accommodation helps them to work much more productively.

What Can You Do?

The workplace can be an important influence to help someone get the treatment and services they need to support their recovery. The leader and co-worker can help by:

- Reaching out and letting them know you are available to help.
- Helping them access mental health resources.
- Treating them with respect, just as you would anyone else.
- Refusing to define them by their diagnosis or using labels such as "crazy."
- Create a supportive, safe and inclusive environment – it is critical for individuals with mental health conditions to work with colleagues and leadership who are positive, open, and welcoming.
- Adjusting your approach to supervising – it could be as simple as scheduling recurring one-on-one meetings to see how things are going. Check-ins may also help people manage problems before they become stressful and overwhelming,
- Work with your Return to Work Coordinator, or Vocational Rehabilitation Consultant to see if you need to offer flexible schedules – flexible start/stop times also allow individuals to perform duties when they can be most productive. Flexible or extended breaks may also help them manage stress or attend healthcare appointments.
- Work with your Return to Work Coordinator or Vocational Rehabilitation Consultant to discuss whether telework might support your employee – telework may remove the exposure to the stressors of commuting and eliminating that time on the road, making it easier to be productive when beginning the workday. Working from home may also provide a substantially more comfortable environment for the employee, which may significantly reduce stress and anxiety.



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Finding the Right Words to Say

What Not to Say	Instead Try
"How's your health?"	"How can we help you do your job?"
"You seem depressed."	"You're not your usual self."
"Snap out of it."	"Do you want to talk about it?"
"Think positive."	"It's always okay to ask for help."
"I know exactly what are going through."	"It's hard for me to understand exactly what you're you going through, but I can see that it's distressing for you."

MYTH: The Lazy Worker: The belief that injured workers are lazy and have a sense of entitlement. They just want to sit at home and get paid.

Reality: Injured employees don't want to be off work, they want to recover from their injury or illness and get back to work where they can earn their full wages and interact with friends and colleagues. Sometimes this takes a while. And for some employees, a return to full-duties isn't possible.

What Can You Do?

As a leader:

- Be patient, in most straightforward cases, the employee will resume their full duties in under 4 weeks.
- Acknowledge and be understanding that your employee has sustained an injury or illness at work or in their personal life and there could be an adjustment period before they are ready to return to work.
- Encourage conversation with your employee and ask how you can support them through the accommodation and return to work process. Conversations should be a norm rather than an exception.
- Discuss this myth with your team to uncover any biases, as awareness will lead to changes in behaviour.

As an employee returning to work:

- Be ready to show up at work and work within the guidelines of your return to work plan.
- Have an open mind to try working differently and do not be afraid to ask for help.
- Communicate your work progress with your leader and if necessary with coworkers for tasks that require teamwork.
- Notify your leader or the [Return to Work Coordinator \(or VRC\)](#) if the assigned work is impacting your recovery.

As a co-worker:

- Be patient and understand that the employee returning to work has sustained an injury and illness and needs time to recover.



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- Act from the perspective that most employees recovering from an illness want to return to work and be productive.
- Contribute to a safe and inclusive environment.

How can you help in general:

Beliefs and unconscious biases influence our perspective of and behaviour towards others. We all have biases, and are often not even aware of them and how they impact us. Evaluate and examine your own values, attitudes and behaviour towards injured or ill employees by doing a quick [pulse check of your unconscious biases](#).

- Educate people who demonstrate stigmatizing attitudes and behaviours towards others.
- Have a simple conversation with affected employees and find out what will work for them.
- Act when you witness behaviour that's not in line with The City's expectations. Challenge the not so obvious, remember that not all injuries are visible. Just because someone isn't using an assistive device doesn't mean they're not injured.

Debunking return-to-work myths is the first step in reducing the negative impact of stigma towards accommodation and creating a culture that aligns with our 4 Cs and supports diversity, inclusion.

