

Small and Medium-Size Enterprises: Challenges for Return to Work

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ABSTRACT

Objective: This study aims to describe current practices and contextualize the specific challenges faced by manufacturing small and medium-sized enterprises (SMEs) when implementing best practices for sustainable return to work (RTW).

Methods: A qualitative descriptive study was conducted in Québec, Canada. Data were collected through eight interviews with disability managers and two focus groups with 16 external stakeholders involved in rehabilitation and RTW (rehabilitation professionals, insurers, mutual insurance companies). Thematic and content analyses were performed.

Results: Disability management was predominantly framed as medico-administrative absence management, with minimal formalization of RTW procedures. Key challenges include a lack of structural and human resources, limited job diversity for temporary assignments, informal communication and decision-making, limited access to collaborative structures, and relational proximity that may create vulnerability.

Conclusion: Implementing RTW best practices in SMEs requires contextualized adaptations. Formalizing procedures and strengthening internal–external collaborative structures are essential avenues for action. Sustainable RTW depends on structured collaboration, explicit attention to functional limitations, and pragmatic, right-sized guidance to support each stage of the RTW process.

Keywords: Return to work, Disability management, Small and medium-sized enterprises, Manufacturing sector

INTRODUCTION

Musculoskeletal disorders (MSDs) constitute a major public and occupational health issue worldwide and remain one of the leading causes of work disability (Cieza et al., 2021; Murray et al., 2020). In Québec, MSDs represent approximately one-third of occupational injuries compensated by the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST), generating millions of lost workdays annually and resulting in substantial human and economic costs. (CNESST, 2023).

Small Small and medium-sized enterprises (SMEs), defined as businesses with fewer than 500 employees, represent more than 99% of Canadian

companies and employ most of the private sector workforce (Innovation, Science and Economic Development Canada, 2023). Despite their economic significance, SMEs face unique occupational health and safety (OHS) and disability-management challenges due to limited specialized human resources, highly versatile roles, and informal organizational structures (Hasle et al., 2012; Legg et al., 2015). Supporting the reintegration of workers after prolonged absence requires careful navigation between managing OHS risks, supporting worker rehabilitation, and maintaining operational continuity (European Agency for Safety and Health at Work, 2018).

Although RTW best practices have been well documented in large organizations (Franche et al., 2005; Durand et al., 2014; Loisel et al., 2015), their application in SMEs remains insufficiently explored. This article describes and contextualizes the specific challenges faced by manufacturing SMEs when implementing best practices for sustainable RTW.

METHODS

A qualitative descriptive approach was used. Through convenience sampling, perspectives from stakeholders involved in disability management and RTW in SMEs were explored. Data were collected from two sources: (i) eight interviews with executives or managers responsible for disability management in manufacturing SMEs (20–300 employees), and (ii) two focus groups ($n = 16$) with representatives from mutual insurance companies, insurers, and rehabilitation professionals (ergonomists, occupational therapists).

Interview guides were informed by study objectives and previous research. All interviews and focus groups were audio-recorded and transcribed verbatim. NVivo software supported coding and organization of qualitative data. Two professionals independently coded transcripts and resolved discrepancies through consensus.

Content analyses were performed on all material. Initial analyses described key elements of RTW practices and influencing factors, categorized across three RTW phases: absence, temporary assignment and gradual return-to-work and sustainable return to the pre-injury position. Themes were analysed to identify convergence, divergence, and complementarity across internal and external stakeholders. Subsequent analyses examined contextual factors shaping practices and identified major challenges SMEs face in applying RTW best practices.

RESULTS AND DISCUSSION

In participating SMEs, disability management and return-to-work (RTW) processes—whether for occupational or non-occupational injuries—were generally overseen by the employer or by a designated representative responsible for managing employee absences. Occasionally, other actors such as directors, immediate supervisors, colleagues, and organizational structures (e.g., occupational health and safety committees, management committees) contributed by supporting certain decisions or providing consultation.

Unions or union representatives were typically involved only when managers required clarification regarding specific clauses of the collective agreement.

The SMEs included in the study operated in various segments of the manufacturing sector and ranged from 20 to 300 employees. Half of them employed fewer than 100 employees, while the remainder ranged between 100 and 300. Their activities varied widely, including the production of metal and wood products. Seven SMEs had a health and safety committee; three were unionized; and one was in the process of obtaining certification. All SMEs worked with different mutual prevention organizations. Only a few had written or formalized RTW procedures. Many participants noted a need for clearer, appropriately scaled guidance—such as checklists, templates, and clarified roles—to support consistent RTW planning, documentation, and follow-up. In practice, disability management often depended on a single individual—frequently a human resources generalist—assuming both the administrative and interpersonal responsibilities associated with RTW.

Medical and Administrative Disability Management, Lack of RTW Procedures

Interviews revealed that disability management was largely conceptualized in medico-administrative terms, focusing on administrative tasks (forms, insurer communications, compliance) rather than a proactive, staged, or coordinated RTW process. Most managers indicated that their organizations lacked internal policies specifically addressing disability management and RTW. Formalization of RTW processes—through protocols, tools, or role descriptions—was generally minimal.

Some managers mentioned using internally produced documents describing the compensation process, expected absence period, and future reintegration steps. These documents were sometimes provided to workers and supervisors at the onset of an absence. However, formalizing disability management practices is known to facilitate effective RTW (Durand et al., 2014; Main et al., 2016; Shaw et al., 2016). Clear and accessible policies also support legal compliance and equitable case management (Cusimano-Reaston and Carney, 2011). While many stakeholders referenced documentation provided by insurers, such materials were perceived as generic and not sufficiently tailored to SMEs' operational realities.

Temporary Work Assignments: Central But Limited

Two main types of temporary work assignments were identified: clerical or administrative assignments, often unrelated to the worker's original role, and modified versions of the pre-injury position. Managers frequently highlighted the challenge of identifying tasks that aligned with both the worker's functional capacities and their skills or interests. Concerns around reduced productivity were also recurrent. Maintaining appropriate temporary work assignments over time was considered difficult, particularly in contexts where production demands were rigid or physically homogenous, limiting the availability of varied tasks.

In most SMEs, temporary assignments represented the primary feasible avenue for facilitating RTW. However, without structured task analyses or graded progression plans, these assignments risked poor fit, reduced effectiveness, or symptom aggravation. The role of the immediate supervisor emerges as a determining factor, confirming the results of previous studies highlighting their key role in supporting accommodations and sustainable retention in the workplace (Kristman et al., 2017; Nastasia et al., 2021).

Very few SMEs involved external specialists in designing temporary assignments. Rehabilitation professionals consistently emphasized the need to strengthen stakeholders' understanding of sustainable RTW—not merely “being back at work”—and to ensure strict adherence to functional limitations in the planning and monitoring of temporary assignments.

Limited Access to Collaborative Structures

Collaboration involving managers, supervisors, workers, and external stakeholders during identification, implementation, and follow up of RTW solutions was repeatedly cited as a key factor supporting RTW. Communication between supervisors and absent workers often occurred informally, whereas communication led by disability managers tended to be more formalized as they are focused on updates regarding the worker's health status.

For most managers, the contribution of rehabilitation specialists to the RTW process was perceived as limited primarily to clinical rehabilitation rather than RTW planning. Although several managers mention collaborating with external professionals in the context of preventive measures, the systematic involvement of this type of professional to assess the suitability of the position for the worker's functional limitations during a temporary assignment seems to be the exception rather than the norm. However, according to best practices of RTW, involving a rehabilitation specialist in the RTW process has several benefits. First, when the temporary assignment is put in place, the presence of a specialist ensures that the worker and their immediate supervisor fully understand the functional limitations indicated by the doctor and the consequences of these limitations for the worker in their job. To external stakeholders, the absence of a specialist when planning temporary assignment tasks could put the worker at risk of aggravating their injury if the tasks requested exceed their capabilities. Rehabilitation professionals and proactive prevention mutuals have a potential value by accelerating procedures and contributing with their technical expertise (task analysis, translation of restrictions, graded progression, and support for complex cases with persistent pain or psychosocial factors). Yet rehabilitation professional emphasized that they should complement internal relationships rather than substitute for them.

Relational Proximity and Vulnerability

Several managers emphasised the importance of maintaining the employment relationship with the absent worker but also expressed uncertainty about the limits that should not be exceeded to avoid being perceived as intrusive. The

close relationships promote flexibility and rapid action, but do not compensate for the lack of structured procedures. SMEs benefit from proximity and agility, but practices can be person dependent and inconsistent without light touch structures. Service agreements with prevention mutuals and insurers that specify who does what, when, while keeping the line supervisor–worker relationship central could be part of such structures.

External stakeholders noted that SMEs with <100 employees typically lack in house human resources or OHS specialists and have reduced access to external support structures, constraining their ability to implement evidence informed practices. At the same time, relational proximity enables rapid decision making and close interactions. In male dominated environments, stereotypes about disability and fear of stigma were seen to deter early help seeking and to complicate team dynamics during RTW. In Quebec's manufacturing sector—where MSDs represent a large share of compensated injuries and SMEs employ a substantial proportion of the workforce—right sized RTW infrastructure is a strategic necessity.

POTENTIAL AREAS FOR ACTION

From analysing the challenges mentioned above, a spontaneous association emerges between certain strategic and contextual elements and potential areas for action to improve RTW in SMEs. Two main areas of action emerged: 1) raising awareness in the workplace about the importance of respecting functional limitations when applying specific measures to facilitate RTW (temporary assignment and gradual return) and 2) establishing enhanced and effective collaborative structures, internally between managers, immediate supervisors and workers, and externally with mutual prevention organisations by expanding their role so that they can effectively assist SMEs in WDR, and with rehabilitation professionals by increasing their involvement with SMEs.

Awareness-raising activities would be aimed primarily at managers and immediate supervisors, who are best placed to influence practices within their organisations. These activities would promote a better understanding of the RTW issues, the immediate and long-term consequences of measures designed to help a return to work. In addition, awareness-raising activities would help to increase the involvement of managers and immediate supervisors in the RTW process to establish a culture that promotes worker health and disability management in SMEs (Legg et al., 2014). This could be integrated through mutual insurance companies. SMEs appreciate the support of mutual insurance companies, but this support appears to vary from one mutual insurance company to another. Formalising a support role for SMEs using good RTW practices would be an interesting avenue to explore in terms of feasibility. However, a strategy that would enable penetration of SMEs would need to be identified. Several studies have examined the role of intermediaries in disseminating OSH knowledge to SMEs (Cunningham and Sinclair, 2015; Hasle, Peter and Refslund, 2018). We could therefore imagine a similar situation where intermediaries, who may already be involved in

the RTW process or who are currently outside it, could be trained to raise awareness of absence management and RTW among SMEs.

The establishment of internal collaboration structures could consist of developing and formalising general RTW procedures for SMEs. These should be clear yet flexible so that they can be adapted to individual cases and the specific characteristics of SMEs (lack of financial and human resources, absence of collaboration structures with external stakeholders, informal communication). Such a more personalised approach to SMT, considering the characteristics and context of the organisation, could be envisaged with the support of mutual prevention organisations and the assistance of rehabilitation professionals for this purpose. Although such an approach may appear more costly in terms of resources, it could prove effective in overcoming the challenges faced by SMEs in adopting good OSH practices (Masi and Cagno, 2015). The question is at what level this type of approach could be implemented. An approach based on sector of activity could be one possible solution, as it would consider certain characteristics of SMEs without being as costly as a personalised approach. Although, in Quebec, joint sectoral associations currently deal exclusively with prevention issues, they could play an important role in implementing this type of approach if their role were expanded.

The involvement of rehabilitation professionals to SMEs could be seen as more restrictive, especially in financial terms. However, more active interventions involving intermediaries have been considered promising approaches to injury prevention, particularly for small employers (Nastasia and Rives, 2023; Olsen and Hasle, 2015). An interesting avenue would be to allow mutual insurance companies to manage simple cases to centralise knowledge relating to RTW. This would circumvent an inherent limitation of SMEs, namely that they have fewer absences in absolute terms. However, in more complex cases, a cost study could be conducted to assess the reduction in income replacement benefits paid by implementing a recognized intervention to promote a healthy and sustainable RTW. Indeed, it seems important to balance the economic considerations of companies with their legal, ethical and social responsibility aspects (Seing et al., 2014). As mentioned by some authors, SMEs clearly represent a context in which occupational health services (OHS) are underutilised (Audet et al., 2022; Harrison and Wicks, 2013; Hasle, P. et al., 2012). Support for SMEs by rehabilitation professionals (occupational therapists, ergonomists), particularly for assessing the suitability of the worker's functional limitations and the requirements of the job when returning to work, would help to ensure that all actions and decisions are guided by the objective of promoting the worker's health and rehabilitation. Considering that a minority of work-related injuries account for many costs, there should be criteria to guide decision-making on the use of this type of service.

Strengths and Limitations of the Study

The findings are based on a limited sample, with recruitment difficulties on the SME side (risk of bias towards already sensitised environments).

Nevertheless, triangulation with internal (SMEs' managers) and external stakeholders (mutual insurance companies, insurers, rehabilitation providers) and the diversity of profiles reinforce credibility and open avenues for transferability to other sectors with similar constraints (logistics, light construction, agri-food).

CONCLUSION

The results of the study show that collaboration, communication and coordination between internal and external stakeholders could play a decisive role in the success of sustainable RTW. Clear division of roles, early and respectful contact with the worker, active involvement of the immediate superior, and the joint development of appropriate work arrangements, supported by mutual insurance companies and rehabilitation professionals, appear to be essential for reducing the duration of absences, preventing recurrence, and promoting sustainable job retention in the context of SMEs. Manufacturing SMEs operate at the intersection of relational agility and organisational vulnerability. A sustainable RTW requires more than a temporary assignment placement: it requires structured collaboration, fidelity to functional limitations, and pragmatic guidance that operationalises each stage of the RTW process. Integrated, collaborative, and SME adapted approaches—co-designed with external partners but anchored in the supervisor–worker relationship—offer a promising route to reduce prolonged work disability and improve RTW durability in SME.

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REFERENCES

- Audet, J., Lecours, A. et Nastasia, I. (2023). Experiences in the return-to-work process of workers having suffered occupational injuries in small and medium size enterprises. *Work*, 74(1), 265–281.
- Cieza, A., Causey, K., Kamenov, K., Hanson, S. W., Chatterji, S. et Vos, T. (2021). Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: a systematic analysis for the Global Burden of Disease Study 2019. *Lancet*, 396(10267), 2006–2017.
- Commission des normes, de la santé et de la sécurité du travail (2023). Statistics on lesions attributable to musculoskeletal disorders (TMS) in the surrounding area Labor 2019-2022). CNESST.
- Cunningham, T. R. et Sinclair, R. (2015). Application of a model for delivering occupational safety and health to smaller businesses: Case studies from the US. *Saf Sci*, 71(100), 213–225.
- Cusimano-Reaston, M. et Carney, B. (2011). Legal changes necessitate proactive management of Musculoskeletal Disorders: the role of electrodiagnostic functional assessment Soft Tissue Management program. *Annu Int Conf IEEE Eng Med Biol Soc*, 2011, 7570–7573.

- Durand, M.-J., Coutu, M.-F., Nastasia, I. (2016). Return-to-work practices in large companies in Quebec. *Archives of Occupational Diseases and the Environment*, 77(3), 369–369.
- Durand, M.-J., Nastasia I., Coutu, M.-F., Bernier, M. (2017). Practices of return-to-work coordinators working in large organizations. *Journal of Occupational Rehabilitation*, 1–11.
- Durand, M.-J., Corbière, M., Coutu, M.-F., Reinharz, D., & Albert, V. (2014). A review of best work-absence management and return-to-work practices for workers with musculoskeletal or common mental disorders. *Work*, 48(4), 579–589.
- Dworsky, M. et Broten, N. (2018). How Can Workers' Compensation Systems Promote Occupational Safety and Health? Stakeholder Views on Policy and Research Priorities. RAND Corporation.
- Franche, R. L., Baril, R., Shaw, W., Nicholas, M. et Loisel, P. (2005). Workplace-based return-to-work interventions: optimizing the role of stakeholders in implementation and research. *J Occup Rehabil*, 15(4), 525–542.
- EU--OSHA (2018b). Safety and health in micro and small enterprises in the EU: the view from the workplace).
- Harrison, J. S. et Wicks, A. C. (2013). Stakeholder Theory, Value, and Firm Performance. *Business Ethics Quarterly*, 23(1).
- Hasle, P., Kvorning, L. V., Rasmussen, C. D., Smith, L. H. et Flyvholm, M. A. (2012). A model for design of tailored working environment intervention programmes for small enterprises. *Saf Health Work*, 3(3), 181–191.
- Hasle, P. et Refslund, B. (2018). Intermediaries Supporting Occupational Health and Safety Improvements in Small Businesses: Development of Typology and Discussion of Consequences for Preventive Strategies. *Annals of Work Exposures and Health*, 62(Supplement_1), S65–S71.
- Innovation, Science and Economic Development Canada. (2023). Key Small Business Statistics). ISED-ISDE. <https://ised-isde.canada.ca/site/sme-research-statistics/en/key-small-business-statistics/key-small-business-statistics-2023>
- Institute for Work & Health. (2007). Seven 'principles' for successful return to work). IWH. <https://www.iwh.on.ca/tools-and-guides/seven-principles-for-successful-return-to-work>
- Kristman, V. L., et al. (2017). Supervisor and organizational factors associated with supervisor support of job accommodations for low back injured workers. *Journal of Occupational Rehabilitation*, 27(1), 115–127.
- Legg, S., Laird, I., Olsen, K. et Hasle, P. (2014). Creating healthy work in small enterprises - from understanding to action: Summary of current knowledge. *Small Enterprise Research: The Journal of SEAANZ*, 21(2), 139–147.
- Loisel, P. et Côté, P. (2013). The work disability paradigm and its public health implications. Dans P. Loisel et J. R. Anema (édit.), *Handbook of work disability: Prevention and management* (pp. 59–67). Springer.
- Main, C. J., Shaw, W. et Mitchell, J. (2016). Towards an approach to return to work interventions in musculoskeletal disorders. Dans I. Z. Schultz et R. J. Gatchel (édit.), *Handbook of return to work* (pp. 439–457). Springer.
- Masi, D. et Cagno, E. (2015). Barriers to OHS interventions in Small and Medium-sized Enterprises. *Safety Science*, 71, 226–241.
- Murray, C. J. L., Abbafati, C., Abbas, K. M., Abbasi, M., Abbasi-Kangevari, M., Abd-Allah, F., . . . Lim, S. S. (2020). Five insights from the Global Burden of Disease Study 2019. *The Lancet*, 396(10258), 1135–1159.

- Nastasia, I., Coutu M-F, Rives, R., Dubé, J., Gaspard, S., Quilicot, A. (2021) Role and Responsibilities of Supervisors in the Sustainable Return to Work of Workers Following a Work-Related Musculoskeletal Disorder. *J Occup Rehabil* 31(1), 107–118.
- Nastasia, I., Rives, R. Successful Strategies for Occupational Health and Safety in Small and Medium Enterprises: Insights for a Sustainable Return to Work. *J Occup Rehabil* 35, 767–782 (2025).
- Nastasia, I., Coutu, M. F., Lederer, V., Lecours, A., Rives, R., & Labrecque, M. É. (2025). Return to and sustainable retention in the workplace in the context of small and medium-sized enterprises (R-1213). IRSST.
- Seing, I., MacEachen, E., Ståhl, C. et Ekberg, K. (2014). Early-Return-to-Work in the Context of an Intensification of Working Life and Changing Employment Relationships. *Journal of Occupational Rehabilitation*, 25. 10.
- Shaw, W., Hong, Q. N., Pransky, G. et Loisel, P. (2008). A literature review describing the role of return-to-work coordinators in trial programs and interventions designed to prevent workplace disability. *J Occup Rehabil*, 18(1), 2–15.