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Stages Of Employment Readiness and Propensity to Return To Work

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Abstract

The Return to Work (RTW) Program has been in place since 2007 by the Social Security Organisation (SOCSO) Malaysia in response to an increase in the number of commuting accident cases, invalidity claims, the financial instability of social security funds, and the length of time that are disabled. In order to reintegrate injured workers back into society, the programme provides resources for physical and occupational rehabilitation. Thus, assessing their suitability for formal employment is crucial before assisting them in returning to work. This research aimed to see if there was a link between employment readiness and the likelihood of RTW among participants in SOCSO's Malaysia RTW programme. The study used a descriptive quantitative research design. From January to December 2017, all data for 705 participants recommended for the RTW Program was collected from SOCSO personal electronic files. The Lam Assessment on Stages of Employment Readiness (LASER) was used to measure employment readiness of Action, Contemplation, and Pre-Contemplation stages. Data on sociodemographics, employment readiness stages, and the time it took to return to work were analysed. T-Test and ANOVA were used to assess the difference between demographic characteristics and employment preparedness with the pace to RTW. A total of 407 people were able to return to work, with more than half of them doing so in less than 90 days. More than half of respondents (60%) in the Pre-Contemplation and Action stage and 63% of the contemplation stage participants returned to work. According to the findings, there is no statistically significant difference in group means, which contradicts earlier research. The correlation between readiness and RTW duration was also analysed, but no significant association was discovered. Recognising the RTW scenario in Malaysia, more research is needed to examine the assessment management and other RTW predictive factors. The attitudes and behaviours of RTW were also not adequately explored in this study, which should be addressed in future research.

Keywords: Employment readiness, return to work, social security.

INTRODUCTION

In response to the escalating number of reported industrial and commuting accidents cases, invalidity claims, the financial instability of social security funds, and prolonged impairment, The Social Security Organization (SOCSO) Malaysia introduced the Return to Work (RTW) Programme in 2007 (Awang et al., 2015; Merican, 2010). The RTW Programme provides physical and vocational rehabilitation resources to reintegrate injured employees into society by facilitating their return to formal employment and improving their general welfare (Awang & Mansor, 2018; Olivier et al., 2012; Social Security Organization Malaysia, 2012). The programme aims to reduce the turnover rates of employees in an organisation; encourage employees to return to work as soon as feasible in the safest way; and ensure that injured employees can maintain their benefits and compensations (Tan et al., 2015).

Work is an integral part of human functioning within society, for work gives meaning to people's lives. A worker can contribute meaningfully to society's development (Tan et al., 2012). Furthermore, one who can work also contributes to the family income and supports organisational growth. After a prolonged absence from work due to injuries and illnesses suffered directly or indirectly in relation to work, employees may be demotivated to return to the workforce (Mohd & Lean, 2015; Tan et al., 2015). Hence, injured workers must be prepared to return to work to contribute to their families and society. Work has long been thought to have therapeutic effects on injured workers, according to researchers. As a result, increasing job prospects for injured workers will provide them with a sense of worth, security, and independence. These feelings would help foster better social well-being and quality of life for these individuals.

Previous studies revealed that the social demographic, disease and treatment-related, psychological, personal, work and rehabilitation factors are significant in defining the success rate of RTW. These factors illustrated the employment readiness among the participants. Previous studies have examined the elements that contribute to effective return-to-work (RTW) for injured workers. Most injured workers who successfully returned to work after participating in the RTW programme, for example, had shorter intervention periods of three to six months. (Awang et al., 2015, Awang et al., 2016). Approximately 80% of the injured employees returned to their former employers and received a similar salary scale. As the need to allow speedy work transitions and be accountable for results intensifies, there is a growing need to appropriately quantify employment preparedness. Thus, it is fundamental to measure their employment readiness before facilitating their return to formal employment.

There has yet to be published in Malaysia research studying the stages of work preparedness utilising LASER. Nonetheless, studies involving RTW and its results have been published in recent years using a database provided by SOCSO to study the Malaysian population. With the current administration of helping injured employees to return to work by SOCSO, it is appealing to examine the effectiveness of the assessment used to measure readiness among the participants in SOCSO's Malaysia RTW programme. Thus, this study aimed to understand the association between stages of employment readiness and the tendency to RTW and the duration taken to RTW among recipients. The variations between measured preparedness and actual recruitment among SOCSO's Malaysia RTW programme participants will be investigated for this purpose.

Understanding the different stages of employment readiness allowed people to be assessed at different stages in order to go from one to the next and eventually return to formal employment.

LITERATURE REVIEW

Employment Injuries and barriers return to work

According to Malaysia's Social Security Organization, a total of 69,980 accident cases

were reported in 2017, reflecting a 5% increase from 3,362 cases in comparison to 66,618 cases reported in 2016 (Social Security Organization Malaysia, 2018). Of the 69,980 total accident cases reported in 2017, 52% comprised work-related industrial accidents while the remaining 48% comprised work-related-related commuting accidents. There is an increase in the number of both reported industrial and commuting accidents reported in 2017 compared to accidents reported in 2016. Industrial accidents increased by 4% or 1,357 additional accident cases, from 35,304 cases occurring in 2016 to 36,661 cases occurring in 2017. Besides, the commuting accidents also increased by 6% or 2,005 additional accident cases, from 31,314 cases occurring in 2016 to 33,319 cases occurring in 2017.

Injuries suffered by employees due to getting involved in accidents include temporary or permanent physical impairments and economic, social, and psychological difficulties. These impairments affect the employee's capabilities to perform sufficiently at work (Awang, Shahabudin, & Mansor, 2016; Awang & Tan, 2018). Additionally, employment-related injuries of the employees impact their employers, families, and all relevant stakeholders.

Moreover, injured workers face various barriers to reintegration into society and employment. For instance, the injured worker would feel frustrated when he returns to work and confronts the role changes with his limited capabilities (Eggert, 2010). Besides dealing with frustration over their role changes, many workers also experience stress, anxiety, and loss of control over their work situations. Injured workers may even experience poor social support. For instance, injured workers who attempt to return to employment may receive hostile treatment and contract terminations by their employers. Consequently, employee discrimination and perception of having poor health status are found to contribute to lower competence at work (Lavasani et al., 2015).

From the social perspective, employees that suffer from work-related injuries may further affect their employers, families, and other relevant stakeholders. Therefore, improving job opportunities for injured workers will help them regain their sense of worth and independence, consequently fostering better social well-being and quality of life. However, injured workers must also recognise the importance of recommitting themselves to work instead of purely relying on the generosity of welfare aid.

In previous studies, the process of RTW was theorised according to a series of phases. Young et al. (2005) introduced four phases of RTW: (i) off-work; (ii) re-entry; (iii) maintenance; and (iv) advancement. The off-work phase describes a person who is incapable of returning to work at any rate. In contrast, the re-entry phase sees the injured worker just resuming employment, thereby still having limited functional capabilities to do his job. The maintenance phase sees the worker performing satisfactorily at his job, even possibly returning to his full capabilities for

work. The advancement stage signifies long-term progress into his career development and adaptation since his injury or illness.

Meanwhile, Lam, Wiley, Siu, and Emmett (2010) posited three stages of RTW: (i) pre-contemplation, (i) contemplation, and (iii) action. At the pre-contemplation phase, the injured worker does not intend to return to work because he does not see unemployment as a problem. As he moves towards contemplation, he becomes more aware of the problem of not working and considers the idea of going back to work. Finally, the injured worker reaches the action phase where he actually decides to proactively look for jobs.

Another study modified Lam et al.'s (2010) three phases of RTW, dividing the individuals into the Not Working group and the Working group and categorising RTW into four phases: (i) pre-contemplation, (ii) contemplation, (iii) prepared for action, and (iv) maintenance [8]. Under the Not Working group, the first two phases—Pre-contemplation and Contemplation—correspond to those of Lam et al. (2010). Following the Pre-contemplation and

Contemplation phases, the Prepared for Action phase indicates that the workers are actively making concrete plans to RTW and are open to help from external sources [8].

The Prepared for Action phase is further divided into (a) self-evaluative and (b) behavioural sub-categories. At the self-evaluative sub-category, the individual seeks information about RTW and makes concrete plans for RTW. At the behavioural sub-category, the individual puts these concrete plans into action [9]. Under the Working group, the maintenance phase is broken down into uncertain maintenance and proactive maintenance sub-categories. An individual who is at the uncertain maintenance sub-category has actually returned to work but struggles to maintain being at work, while the individual who is at the proactive maintenance sub-category has identified good strategies for remaining at work.

SOCSO's Return to Work Programme

In Malaysia, a body that assists workers to RTW was established in January 1971 under the Ministry of Human Resources called the Social Security Organisation (SOCSO). SOCSO aims to help insured employees by providing them with benefits, compensation, and rehabilitation (Awang et al., 2016) associated with the losses they have incurred as a result of their injuries or illnesses per the Employee Social Security Act (ESSA) 1969 (Awang & Mansor, 2018; Awang, Tan, Mansor, Tongkumchum, & Eso, 2017; Merican, 2010). In addition, medical, funeral, and cash benefits, artificial aids such as prosthetics, periodic payments in the event of death or incapacitation, physical and vocational rehabilitation necessary to manage the employee's suffering and protect the employee's family are all included in the aid provided after ESSA 1969. (Merican, 2010; Olivier, Govindjee, Cheong, & Mohammed, 2012).

Since its inception on 15 January 2007 to 31 December 2017, the RTW Program boasts a total of 18,137 participants who have successfully been rehabilitated and returned to work. In recent statistics released, 2,658 insured persons who participated in the RTW program were reported to have returned to work in 2017 compared to 2,498 insured persons in 2016. Previous studies have statistically investigated and affirmed that the RTW Programme has successfully helped facilitate injured employees back into gainful employment. It is reported that 6,451 (65%) injured workers out of a total of 9,850 injured workers who participated in the

RTW Programme
from 2010 to 2013 returned to their jobs, either with their former or new employers (Awang et al., 2017). Another study asserted that 4,842 (67%) out of 7,197 employees were said to have successfully returned to employment in 2012 (Social Security Organization Malaysia, 2012). Finally, one more study has also found that out of 10,049 injured workers who participated in the RTW programme that ran from 2010 to 2014, 6,567 (65.3%) of these workers had successfully returned to employment (Awang & Mansor, 2018). Recent statistics also revealed an increasing trend of RTW that a total of 2,658 insured persons participating in the 2017 programme had been successfully rehabilitated and returned to the working force. Previously, 2,498 persons were returned to work in 2016 (Social Security Organization Malaysia, 2018).

A significant effort that has boosted the morale of the injured employees so that they would want to participate in the RTW program is a daily allowance of 20 Malaysian Ringgit dispensed to those who are undergoing physical and vocational rehabilitation and are not eligible for cash compensation under SOCSO's Invalidity Pension or Employment Injury Insurance schemes. The RTW Program is a positive initiative that is driven to return injured employees to work in a timely and safe manner.

Factors to return to work

The worker's gender (Awang et al., 2016; Awang et al., 2017; Ramakrishnan, et al., 2011), age (Htwe et al., 2015; Ramakrishnan, Chung, et al., 2011; Ramakrishnan, Mazlan, et al., 2011), ethnicity, duration of education acquired (Su, TT et al., 2018; Ramakrishnan, Chung, et al., 2011), and employment status (Veeramuthu et al., 2014) are among the social demographic factors

associated with RTW. The disease and treatment-related factors include the time between the onset of disease and the commencement of employment, the early diagnosis, the duration of living with the disease, health, pain, comorbid medical conditions, physical functioning, the presence of deficits, the severity of the injury, the type of injury, related symptoms, and medical leave (Ramakrishnan et al., 2011).

Furthermore, psychological well-being, which includes mental health and emotional condition, has influenced RTW processes. Improvements assisted RTW in psychological well-being, such as decreased sadness, anxiety, and stress (Awang et al., 2018), but RTW was prevented by poorer psychological health (Chow et al., 2015; Tan et al., 2012). Personal self-efficacy (Tan et al., 2012), self-esteem, self-confidence (Awang & Tan, 2018; Yeong et al., 2018), motivation (Awang et al., 2016; Awang & Tan, 2018; Yeong et al., 2018), independence, determination, and success-driven were the personal factors found to contribute to RTW that have been highlighted in previous studies. Nonetheless, a contrast in the findings was observed whereby Perceived Behavioural Control did not influence RTW outcomes (Tan FL et al., 2012). A plausible explanation may be that injured workers undergoing treatment and recovering from their illnesses did not see the need to RTW, as they perceived that they were not yet fit enough to RTW. Spiritual and religious factors also led to better RTW outcomes (Chow et al., 2015; Tan et al., 2012).

The work-related factors also were associated with RTW outcomes include the type of employer, the nature of the work, the ability to drive a modified vehicle, the type of workplace injury, the employers' interest, assistance at work, employer and colleague support, the type of employment, and wage (Awang & Mansor, 2018; Awang & Tan, 2018; Ramakrishnan, Mazlan,

et al., 2011). Finally, the duration of intervention, the nature of the rehabilitation program, the awareness of rehabilitation programs, and the compensation provided are some of the work rehabilitation factors that injured employees face when deciding whether or not to RTW. All of these factors explained the stages of employment readiness.

Employment readiness measurement

Employment readiness to RTW is the process by which individuals who experience work injuries and related disabilities (or incapacities resulting from their injuries) move from unemployment to formal employment, though not necessarily back to their former workability (Chan et al., 2006). The Stages of Change Model and the Readiness for Change Model are used to define employment readiness. The five stages of change in employment readiness, according to Prochaska and DiClemente's Stage-of-Change Model (Velicer, Rossi, Prochaska, & DiClemente, 1996), are: (a) Pre-Contemplation, (b) Contemplation, (c) Preparation, (d) Action, and (e) Maintenance. Lam et al. (2010) expanded on Prochaska and DiClemente's (1996) Stage-of-Change Model, proposing that only three stages—Pre-Contemplation, Contemplation, and Action—should be used to assess work readiness when returning injured workers to formal employment.

The Readiness for Change Model, like the Stages-of-Change Model, identifies psychosocial elements that influence an individual's initiative and maintenance of RTW behaviours as they progress from one stage to the next (Franche, Corbie`re, Lee, Breslin, & Hepburn, 2007; Franche

& Krause, 2002). An individual's self-efficacy or confidence in managing his RTW will help him maintain his RTW status. Following the clarification of employment readiness constructs and their relevance to RTW, previous researchers developed instruments to capture the meaning of employment readiness and RTW, with the goal of determining whether or not an injured employee's readiness level will lead to better RTW outcomes.

The SOCSO Malaysia employs the Lam Assessment on Stages of Employment Readiness (LASER) introduced by Lam, Wiley, Siu, &

Emmett (2010) as an instrument to examine the employment readiness among the injured employees. LASER is a self-report instrument developed to measure injured workers' readiness to return to work (RTW). According to the past literature, the LASER is a reliable instrument validated in a few studies thus far. LASER was first translated into the Chinese language and tested for its psychometric properties, namely its test-retest reliability, construct validity, and predictive validity among 90 Chinese workers enrolled in an RTW programme at the Hong Kong Workers' Health Centre (Chan et al., 2006).

A second study validated the LASER's psychometric properties three factorial structure among 149 African American, Hispanic/Latino, and Caucasian welfare recipients from a work training programme at an agency in the Midwestern United States (Lam et al., 2010). The LASER's capacity to recognise and repeat the three components (Pre-Contemplation, Contemplation, and Action) in the process of returning to work is one of its most impressive features. This procedure is based on Prochaska and DiClemente's behaviour modification theory.

Furthermore, a cluster analysis grouped 149 welfare recipients enrolled in a work training programme into these three stages (Lam et al., 2010). Folloing that, a six-month follow-up revealed that 25% of the sample who were in the Pre-Contemplation stage had the worst

employment prospects. They have no intention of returning to work because they are unaware of the difficulties that come with being unemployed. Moreover, about 40% of the participants in the Contemplation stage had moderate to higher job outcomes. They become more aware of their unemployment predicament and consider returning to work. Also, approximately 60% of those in the Action stage had the best chances of getting back to work since they decided to actively hunt for work. However, because individuals may travel between more than three stages, the conclusions may be straightforward. Other circumstances may also influence preparedness to return to work, perhaps resulting in changes to the three stages of job readiness.

There appears to be no apparent differentiation between two pairs of items in the Contemplation and Action stages, which is a restriction based on past findings. The error terms between items 1 and 2 as well as 5 and 6 suggested that the Contemplation and Action components were not independent. Items 1 and 6, for example, which are part of the Contemplation component, could also be part of the Action stage (Lam et al., 2010). The more explicit language of items needs to be revised in order to grasp what the item means - considering looking for work or taking actions to find jobs.

METHODOLOGY

Research Design

This study employed descriptive and inferential research study designs by describing the secondary data set and examining associations and relationships of the variables. Secondary data was gathered from the personal electronic files of SOCSO's injured cases collection. The secondary data were collected from records using a data mining methodology. After that, the information was used to expand, duplicate, or answer new research questions (Greenhoot & Dowsett, 2012). Furthermore, descriptive data mining entails identifying patterns of data in the available data (Kantardzic, 2011).

Participants

The participants in this study were insured people who had been referred to SOCSO's RTW Program. The secondary data for the analysis was retrieved from 705 individuals between January and December 2017. The researchers established inclusion and exclusion criteria for participants of any race (Malay, Chinese, Indian, and Others) living in any location of East Malaysia or West Malaysia at the time of the study to determine the study's final sample size. They had also completed all components of the Lam Assessment of Stages of Employment Readiness (LASER) assessment and followed

the processes in the RTW Program under SOCSO. Twenty-eight (28) people were removed from the study because they did not meet the criteria. As a result, there are 677 sample individuals in this study.

Instrument

The LASER comprises a 14-item self-report measure that includes the three stages of job readiness: (1) Pre-Contemplation, (2) Contemplation, and (3) Action. The results of a confirmatory component analysis indicated three factors: Pre-Contemplation (6 items), Contemplation (4 items), and Action 3 (4 items). Each question was assessed on a 5-point Likert scale, with 1 indicating strong disagreement and 5 indicating strong agreement. Here is an

example: "I am not able to work. I do not see why I have to be here." The internal consistency of the LASER is strong, with Cronbach's alpha values of 0.77 for the Pre-Contemplation and Contemplation scales and 0.82 for the Action scale (Lam et al., 2010).

The LASER scores on each of the three subscales (Pre-Contemplation, Contemplation, and Action) are converted to standardised T-scores for stages comparison (Lam et al., 2010). The *Mean* of the T-score is 50, and the *Standard Deviation* is 10. The stage each of the participants are at is being determined by looking at their standardised T-scores. The Pre-Contemplation score and the Action score should be negatively correlated. Hence, participants who fall under the Pre-Contemplation should have T-scores between 60-70 (1 or more *Standard Deviation* above the *Mean*). Consequently, participants who fall under the Contemplation stage should have T-scores around 45-55, nothing above or under 1 *Standard Deviation*. Finally, participants who fall under the Action stage should have T-scores between 30-40 (1 or more *Standard Deviation* below the *Mean*). E.g., suppose a participant scored 65 on the standardised T-score. In that case, he falls under the Pre-Contemplation stage (1.5 *Standard Deviation* above the *Mean)*.

Analysis

The secondary data from SOCSO was analysed using IBM SPSS Statistics 22. Data on sociodemographics, employment readiness stages, and the time it took to return to work were analysed. T-Test and ANOVA were used to assess the difference between demographic characteristics and employment preparedness with the pace to RTW.

RESULTS AND DISCUSSION

Demographic Profile

There were 677 participants who registered, with 533 men (79%) and 140 women (21%). More than 80 per cent of the respondents were between the ages of 25 and 54, which is prime working age. The responses ranged from 18 to 64 years old, with a median age of 37 years. The majority of the respondents (140, 21%) were from Selangor, which ranks seventh in the country regarding overall serious occupational accidents (Department of Occupational Safety and Health, 2018). The Malay (62%) and Indian (17%) races account for the majority of the participants. When it refers to marital status, 58 per cent of respondents are married, 34 per cent are single, and 8 per cent are widowed or divorced. More than half of the respondents (51.0%) had one to three dependents, with 21.6 per cent having more than three, and only 12.7 per cent having no dependents.

As for the education level, most of the participants have completed high school, followed by middle school and pre-university education. The majority of RTW participants have completed up to SPM level of education (67%). As a result, respondents with SPM/SPM(V) make up the largest category, accounting for 39% of the total. Furthermore, about 70 per cent of respondents are from the B40 category, with an average monthly wage of less than RM3,860.00 (in Malaysian Ringgit). Just 5 per cent of the M40 group, whose wages varied from RM3,860.00 to RM8,319.00, and only 0.5 per cent of the T20 group, whose earnings exceeded RM8,319.00, were listed.

Demographic Profile and Return to Work.
The findings found that 407 out of a total of 677 individuals, or 60% of the study's participants,

were able to return to work effectively. In comparison, 270 individuals (or 40%) did not complete the RTW. Furthermore, there is a hierarchy in the case of the 407 who have completed RTW (see **Table 1**). It was shown that half of the respondents (55%) went back to work for a new employer. Furthermore, 80 respondents (22%) began their businesses and became self-employed. The rest went back to work for the same job and employer (19), a similar position with a different employer (24), and a new position with the same company (10). Employers who show an interest in employing or rehiring injured workers make it easier to return to work and reintegrate into the workplace. Even if they cannot work to their full potential, the employer's acceptance may improve their motivation to work (Awang et al., 2016).

Table 1 Hierarchy Case of RTW

Hierarchy Case	Frequencies	Valid Percent
Self-employed	80	22
Same job, same employer	19	5
Same job, different employer	31	9
Similar job, different employer Different job, same employer Different job, different employer	24 10 201	7 3 55
Total	365	100

**N: 407, Missing: 42*

Further research was done on the 407 participants who returned to work to see if there were any differences in the time it took them to RTW. The majority of respondents returned to work within six months or 180 days, with more than half (235, 58%) returning in less than 90 days and 104 (26%) returning between 91 and 180. An independent sample T-test and ANOVA were conducted to compare the differences between demographic variables (gender, age, ethnicity, marital status, education level, number of dependents and income group) in RTW and RTW duration.

According to previous studies, male workers returned to work more successfully than female workers (Awang et al., 2016; Awang et al., 2017; Ramakrishnan et al., 2011). Males are regarded to have higher energy levels, which allows them to cope better with their injuries and facilitate a faster RTW (Htwe et al., 2015). However, this study has found that gender was not substantial for RTW outcomes since the propensity to RTW is 60% for both males and females. The data demonstrate no significant differences in propensity to RTW ($t(671)=-.355$, $p=.723$) or duration to RTW ($t(401)=.19$, $p=.985$) across genders.

Furthermore, findings showed that younger people are more likely to RTW than older people. The differences were found to be significant, $F(2,654)$, 3.006, $p=0.05$*. This conclusion is consistent with previous research suggesting that advanced age is a barrier to RTW (Awang et al., 2017; Htwe et al., 2015). Younger age (Htwe and al., 2015; Ramakrishnan, Chung, et al., 2011; Ramakrishnan, Mazlan, et al., 2011) was substantially linked with higher rates of RTW (Htwe et al., 2015; Ramakrishnan, Chung, et al., 2011; Ramakrishnan, Mazlan, et al., 2011). The duration of RTW, however, does not differ much amongst the age categories. While, in terms of

ethnicity, it has been found that the inclination to RTW is equal among ethnics, which is consistent with previous studies (Ramakrishnan, Loh, et al., 2011). The likelihood of RTW and the length of time spent RTW are unrelated to ethnicity.

Previous research has not identified marital status, the number of dependents, or income group as demographic variables of interest. Similarly, this study demonstrated that marital status does not influence RTW outcomes. It reveals that 66 per cent of single individuals returned to work, while 57 per cent of married and widowed/divorcees did. Participants who are single, widowed, or divorced may need to work to support themselves. Married participants, on the other hand, may feel compelled to contribute financially to support their families after recovering from their injuries.

However, the analysis revealed that for the three circumstances, there was a significant difference in RTW length with marital status at the p.05 level [F(2, 400) = 3.620, p = 0.028*]. A LSD post hoc test revealed that the duration to RTW was statistically significantly higher for married (M=107.9, SD=101.1 days, p = 0.022) and widowed/divorced (M=132.1 SD=125.7 days, p = 0.022) compared to single (M=87.3, SD=82.0). There was no statistically significant difference between married and widowed/divorced groups (p = 0.205).

Social factors, such as family pressure to return to formal employment, are important motivators for welfare beneficiaries to RTW. As a result, the number of dependents indicates that injured workers have a more substantial need to achieve financial independence (Tan et al., 2012; Tan, Johari, & Sukery, 2015). Despite this, there were no statistically significant variations in the number of dependents in the tendency to RTW and the time taken to RTW. Surprisingly, 73 per cent of widowed/divorced females successfully returned to work, compared to only 13 out of 30 male, widowed/divorcees (43%). Further analysis revealed that 80 per cent of these 16 respondents have dependents, compared to only around half of the males who returned to work, or 14 men.

Furthermore, injured workers' employability is presumed to be affected by their lack of education and economic status. Those with a higher level of education have been shown to have a better chance of returning to full-time employment (Awang et al., 2016; Lavasani et al., 2015). However, according to the findings, there was no significant difference in the tendency to RTW and the duration of RTW between education levels and economic groups. Previous studies have shown that having positive social support in the form of relationships with significant others such as family and friends can help an injured employee's psychosocial well-being and thus aid in reinforcing better RTW outcomes (Awang, Tan, Mansor, Tongkumchum, & Eso, 2017; Eggert, 2010; Social Security Organization Malaysia, 2012).

Stages of Employment Readiness

The RTW participants' employment readiness was assessed using LASER. Lam et al. (2010) calculated employment preparedness by utilising standardised scores to assign each participant to his or her appropriate stage. The weight of each subscale is then compared, taking into consideration the varied amount of items for all three subscales. According to the findings, nearly half of the individuals (334 or 49%) were in the Pre-Contemplation stage. While 88 (13% of participants) were in the Contemplation stage, 255 (38% of participants) were in the Action

stage. Lam's scoring benefited workers in the Contemplation and Action stages of job readiness.

Stages of Readiness and Return to Work

A one-way analysis of variance was performed to compare the propensity to RTW among three different stages of readiness groups. The results revealed that the differences were not significant, *F*(2, 674), .124, *p*= .883. Further analysis in terms of the duration to RTW (see **Table 2)** showed that an average of 60% of individuals in different stages of readiness returning to work and found competitive employment within a similar time frame. There was no statistically significant difference between group means as determined by one-way ANOVA, *F*(2, 404) = 0.266, *p* = 0.766.

Table 2 Stages of Employment Readiness and Duration to Return to Work

Variables	N	Mean	SD	*F*	sig-*F*
Stages of Employment Readiness				.266	**.766**
Pre-Contemplation	211	1.65	.941		
Contemplation	59	1.76	1.194		
Action	164	1.63	1.051		

The correlation between stages of readiness and RTW duration was also examined, and no significant relationship was discovered (r=.04, p=.771). These findings contradict previous researches, which show the associations between employment readiness and RTW.

According to a previous study, 108 participants were contacted for a successful employment outcome after returning to the workforce and receiving their salaries for at least three months (Lam et al., 2010). In contrast to the findings of this study, only 25 per cent of individuals who had an indifferent attitude towards returning to work completed the work programme and found competitive employment. Meanwhile, a slight increase of 38 per cent from individuals who had an ambivalent attitude about returning to work completed the work programme and found competitive employment. In contrast, 56 per cent of the ready and actively seeking to return to work completed the programme and found competitive employment. Individuals in the Action group tended to have the best employment outcomes measured as having returned to formal employment for at least three months. Besides, the Pre-Contemplation group had the worst employment outcomes, and the Contemplation group was in the middle.

Many participants in the Pre-Contemplation stage may be motivated by other external factors (i.e., job availability) which drove them to regain employment. Since participants may shift between more than three stages, the findings may be straightforward. Other circumstances may also influence preparedness to return to work, perhaps resulting in changes to the three stages of job readiness. Other external considerations (such as job availability) may have prompted many individuals in the Pre-Contemplation stage to return to work.

CONCLUSION

There are three significant limitations to this study that should be highlighted. First, the average loss of earnings and average expenditure was not included in this analysis. As a result, future research should address lost wages as a possible factor affecting injured workers returning to formal employment. Second, the attitudes and behaviours that underpin RTW were not adequately investigated in this study. Future research should look into attitudes and behaviours in relation to RTW.

Work readiness refers to a variety of behaviours and attitudes related to job search or lack thereof. A future course study should look into the behaviours and attitudes that underpin motives for employment. Finally, many missing values in the secondary data acquired from SOCSO welfare recipients in 2017 hamper the study's accuracy, particularly in terms of the respondents' socio-demographic profile. To maintain the accuracy of the findings, future studies should account for missing values in the data as much as possible.

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CONFLICT OF INTEREST:

None.

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