

Resource recommendations for injured workers exiting a workers' compensation claim: an e-Delphi study

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Abstract

Purpose: Transitioning out of a workers' compensation claim can be an uncertain time for workers, negatively affecting their wellbeing. Limited resources exist to facilitate transition from the claim environment to life after the claim. The purpose of this study was to reach consensus on the nature, content and method of delivery of resources to support injured workers finalising a claim.

Methods: A three-round e-Delphi study was conducted with panellists including injured workers and workers' compensation stakeholders, including medical practitioners, allied health practitioners, workplace rehabilitation providers, the workers' compensation scheme regulator and claims management professionals, both insurer based and employer based.

Results: Fifty-three panellists provided recommendations related to resource development in Round 1, before providing feedback on the resultant themes in Round 2 and examples of pathways for implementation of these recommendations in Round 3. Twenty-four recommendations were developed, with eight items reaching consensus (Structured Exit Framework, De-medicalisation Focus, Actionable vs. Informational, Literacy & Accessibility, Stigma & Disclosure Management, Regulator Stewardship, Exit Care Package, Pre-Settlement Education), with support shown for proposed implementation pathways.

Conclusion: This study presents expert consensus related to resources that should be made available to injured workers finalising a compensation claim. Future research should consider consumer-informed co-development of resources and post-implementation evaluation.

INTRODUCTION

Workers' compensation systems may negatively affect injured workers' wellbeing

Workers' compensation systems in Australia currently provide structured compensation payments for time lost, medical and rehabilitation expenses and, since the 1990s, have been designed to facilitate safe and sustainable return to work. For some injured workers, engagement with a sometimes complex and time-consuming workers' compensation claim can result in a range of negative effects on wellbeing (a state that is experienced when an individual is engaged in pursuing meaningful goals and has an opportunity to realise their potential [1]) for themselves and those around them. These negative effects may include, but are not limited to, lack of recovery from the work-related medical condition, injury and related disability, loss of control, financial losses, worklessness, iatrogenesis and medicalisation [2, 3]. As a result of these negative influences, an injured worker's wellbeing may also be adversely affected. Wellbeing has become an important contemporary metric in policy making and economic modelling [4] and is a measure that has been recently utilised in a survey of injured workers who have finalised workers' compensation claims in Western Australia [5]. Findings from an international scoping review, as well as surveys and interviews of injured workers in Western Australia, indicate that the negative influences of a workers' compensation claim on the wellbeing can continue beyond the finalisation of the claim for the injured worker, their community and the broader economy [5-7]. Further, a significant proportion of injured workers do not return to paid employment after their workplace injury and require ongoing medical treatment for their injuries, leading to cost shifting to public and private resources [8-11].

Injured workers report limited knowledge and access to resources both during and after the claim

Injured workers report that it can be difficult to understand workers' compensation system obligations and processes [12]. They also report that resources to navigate the workers' compensation system are not readily accessible to assist them [12]. Similar experiences with these problems have been reported by injured workers finalising their claims and transitioning to life following the claim [7]. The injured workers who had finalised their claims, reported a lack of information, or a lack of accessibility to information at the finalisation point of their claim. Further to this, some injured workers reported that when they felt adequately informed regarding the process of claim finalisation, and what to expect following the finalisation of their claim, they felt better prepared to move forward from their claim [7].

Our team recently conducted research into resources that are available for injured workers in Australia who are finalising a claim. It was found that very few resources are available and, where resources are available, they are of variable quality and are not always easy to find (Weir et al., unpublished data 2026). In that research, a community advisory group, including injured workers and workplace rehabilitation professionals in the Western Australian scheme, indicated the available resources within Australia were of variable readability and usefulness.

Significance and purpose

We understand now from previous research, that injured workers experience ongoing negative effects beyond the finalisation of the claim and a lack of information and supporting resources contributes to this experience. Therefore, the purpose of this study was to reach consensus on the nature, content and method of delivery of resources required to support an injured worker at the time of claim finalisation as they transition from being actively engaged in a workers' compensation claim to life after the claim. Further, to use the information reached by consensus to create a framework for development and delivery of resources and education to help injured workers at this critical stage of their claim journey.

METHODS

Design

A three-round e-Delphi study was conducted. The Delphi method is a consensus development technique which aims to garner consensus from a group of panellists using a series of surveys interspersed with controlled feedback [13]. An e-Delphi consensus is preferential to a face to face consensus strategy due to the nature of the anonymity of the panellists [14] and the convenience of online participation [15]. The study was reported in accordance with the Conducting and Reporting Delphi Studies (CREDES) recommendations for transparency [16] (Supplementary Material). The survey for each round was distributed on Qualtrics® software. Ethics approval for this project was granted through the XXXX University Human Research Ethics Committee (authorisation number HRE2025-0559).

Setting

The Western Australian workers' compensation scheme is a statutory, risk-based, no fault compensation system that has oversight from the Western Australian Government and is regulated by WorkCover WA. In Western Australia, six approved private sector insurers, 23 self-insurers, and the Insurance Commission of Western Australia operate in the scheme to administer claims made by injured workers. These insurers fund medical and rehabilitation expenses, and compensation payments in the form of weekly payments and lump sums based on a statutory formula currently set out in the recently enacted *Workers Compensation and Injury Management Act 2023*. An injured worker who has had an accepted claim may exit the system in multiple ways including; (1) an individual is deemed to have met the criteria for a successful medical recovery and returned to pre-injury employment or alternative employment, (2) an agreement is reached between an individual and an insurer to exit the claim environment, and an appropriate negotiation for ongoing support (if applicable) outside the claim is undertaken, (3) an approved medical specialist assesses and deems that an individual has reached Maximum Medical Improvement, which may be at a level less than full medical recovery, resulting in determination of a permanent impairment which may attract a prescribed or statutory amount of financial compensation, (4) a claim is finalised via legal avenues with the support of a lawyer, or (5) compensation entitlements are exhausted.

Steering Committee

The steering committee consisted of one PhD student (JW) who is a Musculoskeletal Physiotherapist with 19 years of clinical experience working with work related pain and complex musculoskeletal pain conditions, two senior researchers (DB, a male Specialist Musculoskeletal Physiotherapist and Senior Research Fellow with extensive clinical and research experience in work related pain and workers' compensation and RF, an experienced female Musculoskeletal Physiotherapist with extensive research and education experience), and JM, an industry representative. The steering committee was primarily responsible for the development of the research question, methodological design, selection of the panellists, design of the survey rounds and review of the outcomes from each e-Delphi round. Additional support was provided to the steering committee by the broader research team (TM, VJ, MW and RG) who have experience in conducting Delphi studies and/or content expertise in workers' compensation.

Panellists

No standardised definitions exist for the selection, number or retention of e-Delphi panellists [17]. Most commonly, Delphi panellist numbers tend to be within the range of 8 to 20 panellists [18, 19]. However, larger panel sizes may control for the individual expert influence on the study, and this can lead to more stable results [19]. We aimed for a representative cohort that included: injured workers who had finalised a workers' compensation claim in Western Australia at least 3 months prior to the study, WorkCover WA representatives, medical specialists, general practitioners, specialist physiotherapists, non-specialist physiotherapists, exercise physiologists, clinical psychologists, chiropractors, insurance brokers, legal practitioners, workplace rehabilitation providers, insurance case managers and injury management advisors from private and government insurers, and injury management representatives from within employer organisations, private health insurer representatives, union representatives and public health department representatives. These stakeholders were selected for their claim experience or their knowledge and experience working within, or in relation to, the workers' compensation scheme in Western Australia. We utilised a purposive recruitment process.

Panellist recruitment

Potential panellists were approached from a professional database of service providers and representatives in Western Australia via telephone or email. The database was taken from XXX XXX, a XXX XXX clinic in Perth, Western Australia where 3 of the authors (XX,XX and XX) work. There were no financial or business incentives offered for panellists. Injured workers were recruited from a database of injured workers, using a contact list of previous involvement with this research team in a cross-sectional survey [5] and a qualitative research project [7] who gave consent to be contacted for future studies. Potential panellists were provided with a participant information form outlining the project and were asked to provide consent prior to commencing involvement in the e-Delphi rounds. Injured worker panellists were provided with a \$100 AUD voucher as a token of appreciation for their time and input, following completion of the three e-Delphi rounds. Panellist recruitment commenced on the 1st of November 2025 and Round 1 was distributed on the 10th of November 2025.

Pilot Round

Prior to commencement of Round 1, a small panel including an injured worker who had finalised a Western Australian workers' compensation claim more than 3 months prior, and other stakeholders (n=7) were asked to respond to four open ended questions: (1) What resources do you think should be made available to injured workers who are exiting the claim environment in Western Australia? (2) What information/content should these resources provide? (3) What method of delivery do you think these resources should be delivered in? and (4) Is there anything else you would like to recommend? These questions were asked as a pilot, to ensure comprehension and that we were eliciting the range and type of information we were seeking, whilst

minimising bias in responses [20]. Following this pilot process, modifications were made to the questions, resulting in the final Round 1 questions being asked: (1) What resources do you think should be made available to injured workers who are exiting the claim environment in Western Australia? The more detail you can provide here the better, (2) Please explain why you think this, (3) What information/content should these resources provide? Feel free to leave as much detail as you would like, (4) Who do you think should be responsible for making the information available?, (5) What method of delivery do you think these resources should be delivered in?, (6) When do you think would be an optimal time for an injured worker to become aware of the workers' compensation settlement process in Western Australia?, and (7) Is there anything else you would like to share with us about this topic? The e-Delphi process is represented in Figure 1 and the survey rounds are available in Supplementary Material.

Round 1

All panellists provided basic demographic information, including age, gender, level of education, industry, and job title. The service provider panellists also provided their years of service provision in the Western Australian workers' compensation scheme as well as filling a free text box to describe their role in the Western Australian workers' compensation scheme. Additionally, the injured workers were asked about the number of claims they had been involved in within the Western Australian workers' compensation scheme, the length of their most recent claim and the time since finalisation of their most recent claim. They then responded to the refined questions from the Pilot Round.

Round 1 Analysis

Descriptive statistics were reported for demographic characteristics. Inductive content analysis [21] was utilised to transfer responses into categories. Responses were recorded on a spreadsheet by JW. JW then coded the data from each question and developed content themes for each element of the research question; (1) the nature of the resources, (2) the content of the resources and from the combined data set responses, (3) who should be responsible for maintaining the resources, (4) the methods of delivery of the content and (5) the time point at which injured workers should be provided with information related to claim finalisation.

Concurrently and independently, DB utilised a human-centric, artificial intelligence (AI)-assisted paradigm to leverage efficiencies in the analytic process as the second reviewer [22, 23]. A corporate version of Microsoft Co-Pilot Artificial Intelligence was used in deep thinking mode. Initially DB familiarised himself with the data. Initially responses to each individual open-ended question were provided to Co-Pilot to assist further with data familiarisation and prompt refinement. For the primary synthesis we used the entire data set with prompting around the five questionnaire elements described above. Using the whole data set allows for content drift by panellists across the individual questions [24]. The final AI prompt is provided in Appendix 1 (along with the AI outputs for this part of the analysis). DB then assessed the AI generated output in preparation for the next stage of the synthesis of this data.

JW and DB held a consensus meeting to create the questions for the second round of the e-Delphi. The themes from the two independent analyses were combined privileging human generated synthesis, before being inputted into Google Notebook LM to progressively develop a schedule of questions for Round 2. This progressive process included referencing a previous scoping review, quantitative research and qualitative research from this team which included recommendations made by injured workers post finalisation of their compensation claims who had participated in previous qualitative research [5-7], followed by addition of unpublished data from a resource evaluation research project by this team (Weir et al., unpublished data 2026), followed by additional relevant references related to workers' compensation [2, 25-27]. JW and DB then scrutinised and combined the 3 outputs to develop a draft Round 2 question schedule (Appendix 2). A draft question schedule was provided to the other members of the steering committee prior to finalisation of the schedule for Round 2.

Round 2

Panellists were presented with a list of 24 recommendations about the nature, content, and responsibility for and method and timing of delivery of resources derived from Round 1 analysis (Table 1). Panellists were asked to rate the importance of each recommendation on a 10 point Likert scale from 0-3 (not important), 4-6 (important) 7-9 (very important) [28]. Additionally, free text responses were offered to the panellists at the end of the survey; "(1) Are there any other specific items you think should be included at this stage?", and "(2) Is there anything else you would like to share with us about this topic?".

In order to maximise responses from the panellists, a modified Dillman approach was utilised [29]. This included up to three personalised reminders with clear due dates for responses sent to the panellists if the survey had not been completed.

Round 2 Analysis

Descriptive statistics were reported for panellist response rates. A priori, items rated in the very important range by $\geq 70\%$ of panellists were deemed to reach consensus on the recommendations [30]. Qualitative responses to open ended questions were recorded and analysed by JW utilising an inductive content analysis approach. In addition, these qualitative data were evaluated with Microsoft Co-Pilot, and the results of both processes were reviewed by the steering committee to finalise the analysis. Next, these consensus items were inputted into Notebook LM, with prompting applied to develop infographics and a process for a web resource development plan (Appendix 3). These items included an infographic outlining the steps required to develop appropriate resources for injured workers finalising a claim an infographic designed to provide injured workers with guidance related to seeking resources and a step-by-step process for developing digital resources for injured workers (Appendix 4). These items were drafted by JW, before being reviewed by the steering committee, who provided feedback, before a final a consensus meeting with JW and DB.

Round 3

Panellists were presented with the results from Round 2. Based on the analysis of results from Rounds 1 and 2, panellists were also presented with three items, 1) an example infographic entitled *“From Claimant to Community: An 8-Step Framework for Digital Exit Care Packages”*, 2) an example infographic for injured workers entitled *“Life After The Claim: Your Roadmap to a New Normal”*, and 3) a step by step process outlining development of a web-based resource. (Appendix 4). Panellists were asked to rate the appropriateness of the three items on a 10 point Likert scale from 0 (not at all appropriate), to 9 (very appropriate). For each item, the panellists were also provided with a free text response option; “Please provide any specific feedback you would like, related to this infographic/process”. Finally, free text responses were again offered to the panellists at the end of the survey; “(1) Are there any other specific items you think should be included at this stage?”, and “(2) Is there anything else you would like to share with us about this topic?”. A draft question schedule was provided to the other members of the steering committee and the broader research team prior to finalisation of the schedule for Round 3. As per the previous round, in order to maximise responses from the panellists, a modified Dillman approach was utilised [29].

Round 3 Analysis

Descriptive statistics were reported for panellist response rates and withdrawals. Descriptive statistics were also reported for the infographics and step-by-step process evaluated by the panel, and recorded on a spreadsheet for analysis. In addition, qualitative responses to open ended questions were recorded and analysed by JW utilising an inductive content analysis approach, before the qualitative data were evaluated with Microsoft Co-Pilot. The results of both processes were reviewed by the steering committee to finalise the analysis.

AI ethical considerations

We considered the ethical use of AI in this project a priori consistent with described processes for doing so [31]. The use of Microsoft Co-Pilot and Google Notebook LM was in accordance with the XXXX University Policy of appropriate use of GenAI. A XXXX University Privacy Impact Assessment was completed and approved by XXXX University. Ethical approval for the study included the AI assisted analysis as described and panellists were fully informed. Data presented to Co-Pilot and Notebook LM were in corporate editions where data is not used to train AI. No information allowing personal identification of the panellists was uploaded to Co-Pilot or Notebook LM.

RESULTS

Panellist demographics

Round 1 was completed by 53 panellists between the 10th of November 2025 and the 5th of December 2025, Round 2 was completed by 49/53 (92%) of panellists between the 8th of February 2026 and the 6th of March 2026, and Round 3 completed by 46/49 (94%) of panellists between the 17th of April 2026 and the 13th of May 2026. Of the target stakeholder groups, we received responses from the following groups: workers who had previously finalised a compensation claim (n=3); WorkCover WA (n=1); medical specialists including hand and plastics surgeons (n=1), orthopaedic surgeons (n=3), occupational medicine physicians (n=4) and pain medicine physicians (n=2); general practitioners (n=2); specialist physiotherapists (n=3); non-specialist physiotherapists (n=4); exercise physiologists (n=4), clinical psychologists (n=1), chiropractors (n=1), insurance brokers (n=1), legal practitioners (n=4), workplace rehabilitation providers (n=5), insurance case managers and injury management advisors from private (n=5) and government insurers (n=2); and injury management representatives from within employer organisations (n=7). We were unable to recruit union representatives, private health insurer representatives or public health department representatives. Individual panellists’ demographics are presented in Table 2.

Round 1 Content Themes

Content themes are presented in Table 1. Eight were identified for the nature of the resources, five for the content of the resources, four for who should be responsible for maintaining the resources, four for the methods of delivery of the content and three for the time point at which injured workers should be provided with information related to claim finalisation.

Round 2 responses

Of the 24 content themes across the five areas of resource recommendations, eight items reached consensus at the completion of the Round 2 survey. These items included “Structured Exit Framework: Resources should form a formal “exit process” providing a handover pack to bridge the gap between insurer-funded care and self-management”, “Regulator Stewardship: The Regulator should be responsible for authoring and maintaining content to ensure neutrality”, and “Stigma & Disclosure Management: Provide specific guidance and scripts on how to disclose injury history to future employers without jeopardising prospects.” (Table 2). Round 2 open ended question responses reinforced existing themes from the panellist responses in Round 1. No new themes were presented by the panellists in Round 2.

Round 3 responses

The three items (Appendix 4) presented to the panellists were scored for appropriateness with a median of 8/9 (range 2 to 9) for item 1, an example infographic entitled *“From Claimant to Community: An 8-Step Framework for Digital Exit Care Packages”* 8/9 (range 1 to 9) for item 2, an example

infographic for injured workers entitled *"Life After The Claim: Your Roadmap to a New Normal"* and 8/9 (range 1 to 9) for item 3, a step by step process outlining development of a web-based resource. Round 3 open ended question responses reinforced existing themes from the panellist responses in Round 1. No new themes were presented by the panellists in Round 3.

DISCUSSION

Statement of Main Findings

This study presents the opinion and consensus agreement of Western Australian injured workers and insurance scheme stakeholders, in relation to the nature, content and method of delivery of resources required to support an injured worker at the time of claim finalisation as they transition from being actively engaged in a workers' compensation claim to life after the claim. A dearth of resources reported in our previous work for this population (Weir et al., unpublished data 2026), combined with recommendations to provide appropriate resources [7], is now strengthened by expert consensus on what these resources should include. Endorsements were compiled for eight items related to the provision of information to workers exiting a workers' compensation claim; having a structured exit framework, having a focus on de-medicalisation, educational material being actionable versus informational, consideration of literacy levels and accessibility, managing stigma and disclosure, the need for regulator stewardship, and provision of an "Exit Care Package" provided as pre-settlement education. This information, reached by consensus, serves to facilitate the creation of a framework for development and delivery of resources and education to help injured workers at this critical stage of their claim journey.

Strengths and Limitations

This e-Delphi study was developed based upon a series of research projects undertaken by this research team evaluating outcomes for injured workers finalising compensation claims, in combination with the broader literature, which provided a robust grounding for the e-Delphi process. The research team includes a range of highly qualified researchers, academics and clinical experts with significant experience in the area of workers' compensation research. The e-Delphi panellists also covered a broad scope of workers' compensation stakeholder experience and expertise, including injured workers with lived experience. The very low panellist dropout rate between rounds, was significantly less than commonly accepted dropout rates of 20 to 30% per round [32].

This research has been conducted in the context of the Western Australian jurisdiction. Therefore, despite the potentially limited translation to other jurisdictions, it is acknowledged that some other Australian states share similar finalisation pathway processes to Western Australia, hence, these results may form a platform for other Australian and possibly international jurisdictions with similar processes. The evaluation of appropriateness by the panellists for the Round 3 items is not based upon a specific validated measure. We were unable to recruit panellists from unions, private health insurers or the public health department.

Panellist Responses

Workers' compensation environments are characterised by a wide range of stakeholders who may be directly or indirectly involved in an injured worker's claim experience. Varying perspectives, experience, professional purpose and agendas of these stakeholders are some of the elements that can contribute to confusion for injured workers. In addition, limited communication between these various stakeholders has been indicated to be a barrier to positive outcomes for injured workers [33]. It has also been demonstrated that these stakeholders themselves report difficulty in communicating with one another, which can negatively affect the outcomes of injured workers [34]. Hence, this research provides valuable insight into the common and shared beliefs of these stakeholders, and this may assist with improving wellbeing outcomes for injured workers exiting a claim environment.

The panellists in our e-Delphi surveys indicated that resources should be provided from a neutral position, to reduce the perception of biased information. In this circumstance, the neutral position is represented by the scheme regulator, WorkCover WA. This position reflects some of the problems inherent when information is provided by a potentially biased source. In a recent qualitative study, including 13 injured workers and 26 clinicians in Australia, a theme presented by the injured workers was that interacting with insurers could be a stressful experience [35]. This perspective was supported by the clinicians in the study [35]. The authors of a qualitative research study in New Zealand reported that trust between an injured worker and their employer may serve as a positive shield for positive outcomes [36]. However, there are factors which may compromise the trust in this relationship. For example, in a cross-sectional survey of 8088 injured workers across nine jurisdictions in Australia, it was reported that employers may not meet legislative requirements in support of their injured workers [37]. Further to this, 36 injured workers, considered to be in precarious employment circumstances, were interviewed in Ontario, Canada. The workers described being taken advantage of or coerced by their employers because of their relative lack of knowledge of the workers' compensation system [38]. Hence, provision of resources from a party separate to insurer and employer stakeholders appears to be a reasonable strategy. WorkCover WA define their role as leading *"a contemporary, sustainable and integrated workers compensation scheme that is fair, accessible and cost effective for all participants."* [39]. What is not yet understood, is the capacity of WorkCover WA to host or provide such resources as those proposed in this study.

Accessibility was indicated by the panellists in this project to be an important component of any resources for injured workers finalising a workers' compensation claim that may be developed in the future. Difficulty in sourcing and accessing information for injured workers in general has been identified as a significant problem both within the claim [12] and at the time of finalising the claim [7]. The authors of a recent Australian based scoping review identified that sources of information for injured workers were varied and that knowledge and understanding of the workers' compensation systems were low [40]. This scoping review reinforces the need for better delivery of information for injured workers and supports the need for greater

consideration of health literacy and platforms of delivery of this information. Government policy and a global call for health resources to be universally accessible for differing levels of literacy, language and visual impairments further reinforces this [41-43]. Therefore, this consensus item is bolstered as a critical consideration in future resource development for injured workers finalising a workers' compensation claim.

Wellbeing may be negatively affected for some injured workers interacting with a workers' compensation claim, with a loss of control being a key component of this impact for some [2]. Consequently, empowering injured workers is a core principle of the Clinical Framework for Delivery of Health Care Services [44]. The panellists in this e-Delphi project reached consensus on items that promote empowering the injured worker through the delivery of actionable, timely and appropriate core knowledge. The panellists in this e-Delphi project also reached consensus on factors that promote independence and a transition away from the persona of an 'injured worker', towards that of a 'valued community member'. These elements are consistent with the goals of appropriate care delivery for injured workers and more broadly for musculoskeletal healthcare [45], and support the concept of the wellbeing economy [4]. Therefore, improving the knowledge of injured workers with resource development that focuses on empowering the individual, may ultimately facilitate positive wellbeing outcomes for this vulnerable population.

Future Directions

To further strengthen the recommendations developed by this e-Delphi panel, further end-stage consumer review of these recommendations is suggested. This will facilitate further development of resources in a meaningful and user focused manner. Digital resources have been utilised with good effect in musculoskeletal health and are likely to be at the centre of future resource development for injured workers [46]. Delivery should be co-designed with consumers to ensure appropriate application is achieved. Future research should also focus on evaluation of the efficacy of any resources that are developed following implementation.

CONCLUSION

This study presents expert consensus related to resources that should be made available to injured workers finalising a compensation claim. This study also provides consensus on a framework from which to develop appropriate resources for this population at an important time point in their claim journey. Further research should consider consumer informed co-development of resources and post-implementation evaluation of resources.

Declarations

Sources of Support

The primary author James Weir is undertaking a PhD program at Curtin University which is supported by a Commonwealth Government Higher Degree by Research scholarship.

Competing Interests

The authors declare no conflicts of interest.

Author Contributions

All authors contributed to a significant degree to the study planning and design. Survey design, data collection and analysis were performed by James Weir, Jean Mangharam, Darren Beales and Robyn Fary. The first draft of the manuscript was written by James Weir and all other authors commented on previous versions of the manuscript.

Ethics Approval

Ethics approval for this project was granted through the Curtin University Human Research Ethics Committee (authorisation number HRE2025-0559).

Consent to Participate

Informed consent was obtained from all individual participants included in the study.

Consent to Publish

Survey data was stored on a password protected Qualtrics® account and result data was stored on password protected computers to avoid unauthorised dissemination of survey details. There is no identifying personal data (i.e. individuals' details, images or videos) shared within this study which would require consent.

Data Availability

The data that support the findings of this study are available from the authors upon reasonable request and with the permission of Curtin University.

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Tables

Table 1: Round 2 Items and panellist responses

Content Theme	Selected in the very important range (%)	Consensus reached?*
Literacy & Accessibility: Resources must be designed for varying education levels and include multiple formats (e.g., plain language, audio, braille).	85.7	Yes
Structured Exit Framework: Resources should form a formal "exit process" providing a handover pack to bridge the gap between insurer-funded care and self-management.	77.6	Yes
Pre-Settlement Education: Financial and health education must be provided before settlement is finalised.	77.5	Yes
De-Medicalisation Focus: Resources must explicitly aim to shift the worker's mindset from "patient" (passive) to "person" (active self-manager).	75.5	Yes
Regulator Stewardship: The Regulator should be responsible for authoring and maintaining content to ensure neutrality.	75.5	Yes
"Exit Care Package": A tangible package (guides, contacts, summaries) provided at settlement to symbolise a supported end.	75.5	Yes
Actionable vs. Informational: Resources must provide practical "how-to" strategies for managing flare-ups and daily life rather than just legislative descriptions.	73.5	Yes
Stigma & Disclosure Management: Provide specific guidance and scripts on how to disclose injury history to future employers without jeopardising prospects.	73.5	Yes
Contemporary Pain Knowledge: Content must facilitate an injured worker's understanding of their problem and help to make sense of their pain experience.	69.4	No
Regulator-Anchored "Source of Truth": Resources should be centralised on a neutral, regulator-managed (WorkCover WA) web hub to ensure consistency.	63.3	No
Navigating Welfare Safety Nets: Provide step-by-step information on accessing public systems (e.g., Centrelink, Medicare, EPC plans).	63.3	No
Insurer Facilitation: Insurers should be responsible for funding and distributing resources as a standard part of claim closure.	63.3	No
Human-Centred Delivery: High-value information should be delivered via a compassionate human interaction (e.g., exit interview).	63.3	No
Personalised Scaffolding: Resources must include tailored content (e.g., specific discharge summaries, home exercise plans) relevant to the individual's injury.	63.2	No
Clinician Handover: Treating clinicians must translate "medical" concepts into "functional" life plans before the claim ends.	61.2	No
Lived Experience Stories: Include vignettes or videos from workers who have successfully transitioned to normalise uncertainty.	57.1	No

Online resource access: An online hub that provides relevant information and contact information for appropriate service providers.	57.1	No
Milestone-Triggered: Resources should be provided when clinical milestones (e.g., plateau in improvement) are met, not just at administrative closure.	56.3	No
Early Orientation: Information regarding the exit process should be introduced early (at claim lodgement) to prevent "disabled worker" identity.	54.2	No
Financial Reality Testing: Provide neutral guidance on settlement budgeting and the long-term reality of lump sums versus weekly payments.	53.1	No
Structured Exit Framework: Resources should form a formal "exit process" with a booked GP review to bridge the gap between insurer-funded care and self-management.	51.0	No
Structured Exit Framework: Resources should form a formal exit process; with tapered coaching to bridge the gap between insurer-funded care and self-management.	38.8	No
Employer Facilitation: Employers should be responsible for distributing resources as a standard part of the claim process.	38.8	No
Booster Check-ins: Utilise automated or scheduled follow-ups (SMS/Email) post-closure to reinforce self-management.	38.8	No

* Items rated in the very important range by $\geq 70\%$ of panellists were deemed to reach consensus.

Table 2 Round 1 Panellist Demographics

Panellist code	Age (years)	Gender	Education level	Job role title	Industry	Years in profession	Role description as provided by panellist.
1	39	Male	University Degree	Health and Well-being Specialist	Injury Management (Employer Based)	17	Employer representative (injury management and well-being) for an energy company.
2	34	Male	Post-Graduate Degree	Principal Consultant	Workplace Rehabilitation Provision	12	Assist injured workers and their employers with the development and monitoring of graded return to work programs.
3	55	Male	Post-Graduate Degree	Pain Specialist	Medical (Pain Medicine)	17	Treatment.
4	46	Male	University Degree	Injury Management Advisor	Injury Management (Government Workers' Compensation Insurer)	17	I provide advice and training to WA public sector agencies about best practice injury management and return to work.
5	34	Female	Post-Graduate Degree	Principal Consultant and Senior Accredited Exercise Physiologist	Exercise Physiology	11	Providing exercise-based programs to injured workers to assist in their recovery from a range of physical and psychological injuries sustained at work.
6	32	Male	Post-Graduate Degree	Occupational Physician Registrar	Medical (Occupational Medicine)	3	Assess, investigate and manage workers within the Western Australian workers' compensation scheme.
7	25	Female	University Degree	Paralegal	Legal	3	Representing claimants and assisting a lawyer in managing the file and liaising with the claimant.
8	47	Female	University Degree	Surgeon	Medical (Plastics/Hands)	10	Surgeon.

9	31	Male	Post-Graduate Degree	Exercise Physiologist	Exercise Physiology	7	I have been involved in the rehabilitation of injured workers under the Western Australian workers' compensation scheme for around 7 years. It has made up around 20% of my usual case load.
10	43	Male	Post-Graduate Degree	Musculoskeletal Physiotherapist	Physiotherapy	16	Treating physiotherapist, providing second opinions or senior reviews of cases.
11	41	Male	University Degree	Director & Exercise Physiologist	Exercise Physiology	18	I own and manage an exercise physiology business that specialises in providing exercise-based programs for injured workers under the Western Australian Workers' Compensation system.
12	25	Male	Post-Graduate Degree	Chiropractor	Chiropractic	2	Management of patients seeking care through a Workers' Compensation scheme.
13	32	Female	High School	Paralegal	Legal	12	My role consists of the day-to-day management of claims, arranging Independent Medical Examinations, preparing documents for WorkCover WA such as applications for conciliation, submissions, court documents (common law claims), briefs to counsel and special damages.
14	42	Male	University Degree	Orthopaedic Surgeon	Medical (Orthopaedics)	15	Orthopaedic Surgeon - Treat patients. Also

do independent medical examinations.

15	34	Female	Post-Graduate Degree	Injury Management Consultant	Injury Management (Public Health Based)	9	Injury Management Consultant for a Public Health Service. Responsible for case management of internal Workers' Compensation claims for employees across 5 public hospitals in the metropolitan area.
16	38	Female	Post-Graduate Degree	Senior Exercise Physiologist	Exercise Physiology	15	Provide clinical exercise rehabilitation services to injured workers.
17	32	Female	University Degree	Injury Management Advisor	Injury Management (Employer Based)	6	Support injured workers lodge workers' compensation claims to our insurer. Develop return to work programs for leaders. Liaise with General Practitioners, specialist and allied health professionals to support a return to work in a timely manner.
18	40	Female	University Degree	Return to Work Manager	Injury Management (Employer Based)	5	I support injury management and return to work practices in hospitality businesses in Western Australia.
19	44	Male	Post-Graduate Degree	Specialist Physiotherapist	Physiotherapy	20	Predominantly clinical review and management of injured workers - more biased to cases that area more complex and delayed in recovery.
20	48	Male	University Degree	Occupational Physician	Medical (Occupational Medicine)	16	Injury management and independent medical evaluations.

21	54	Female	University Degree	Injury Management Consultant	Workplace Rehabilitation Provision	28	Assist injured workers to achieve a safe, sustainable return to work.
22	32	Male	University Degree	Senior Physiotherapist	Physiotherapy	10	Clinician.
23	36	Female	Post-Graduate Degree	Musculoskeletal Physiotherapist	Physiotherapy	13	Private practice physiotherapist.
24	31	Female	Post-Graduate Degree	Injury Management Specialist	Injury Management (Private Workers' Compensation Insurer)	4	Working in an injury management claims team in Western Australia, responsible for the team's performance, innovation and partnerships to drive positive Return To Work outcomes.
25	43	Male	Post-Graduate Degree	Director Principal Consultant	Workplace Rehabilitation Provision	9	Workplace Rehabilitation Provider.
26	28	Female	University Degree	Branch Manager Occupational Therapist	Workplace Rehabilitation Provision	8	I work as an Injury Management Consultant for a Rehabilitation provider, providing workers support with their injury, return to work and navigating the system. I also provide Insurers and Employers support with management of these claims.
27	35	Female	University Degree	Injury Management Advisor	Injury Management (Government Workers' Compensation Insurer)	10	To facilitate coordination of injury management and rehabilitation for workers' compensation claims.
28	46	Female	University Degree	Injury Management Advisor	Injury Management (Private Workers' Compensation Insurer)	15	Providing support and education for Case managers with injuries, injury management / treatment and return to work.

							Collaboration with medical / treatment providers.
29	54	Male	Post-Graduate Degree	Manager Policy and Legislation	Regulator (Workcover WA)	25	Policy and legislative reviews across all elements of the Western Australian workers' compensation scheme.
30	56	Male	Post-Graduate Degree	Orthopaedic surgeon	Medical (Orthopaedics)	24	I am an orthopaedic surgeon that manages and treats, hand, injuries, upper limb, injuries, and the major nerve injuries, including brachial plexus and spinal cord injuries.
31	51	Male	University Degree	Technical Services Officer	Case Management (Private Workers' Compensation Insurer)	10	Supporting and coaching Claim Specialists to manage injured workers and also giving them the knowledge base of the workers' compensation legislation.
32	51	Male	University Degree	Workplace Rehabilitation Consultant	Workplace Rehabilitation Provision	29	Working as an accredited workplace rehabilitation provider delivering workplace rehabilitation services to injured workers to assist with their return to work and function.
33	43	Male	Post-Graduate Degree	Physiotherapist	Physiotherapy	19	Treating physiotherapist.
34	43	Male	Post-Graduate Degree	Occupational Physician	Medical (Occupational Medicine)	10	Provide independent medical examinations for clients on all sides, including insurers, employers, defendant and plaintiff lawyers.

35	42	Male	Post-Graduate Degree	General Practitioner	Medical (General Practice)	8	As a General Practitioner I will intermittently see patients who present with workers' compensation matters.
36	41	Female	University Degree	Senior Physiotherapist	Physiotherapy	17	Physiotherapist providing treatment for symptom relief, education regarding pathology and management strategies. Exercise based rehabilitation working on building tissue and work capacity to assist with building a successful return to work.
37	40	Male	Post-Graduate Degree	Injury Management Advisor	Injury Management (Private Workers' Compensation Insurer)	2	I provide strategic medical management on workers' compensation claims, staff training, initiative (product) building and customer relationship management.
38	42	Female	University Degree	Senior Lawyer / Director	Legal	17	Plaintiff (worker) lawyer.
39	41	Female	University Degree	Legal Practitioner Director	Legal	20	Plaintiff personal injury lawyer.
40	64	Female	Post-Graduate Degree	Specialist Musculoskeletal Physiotherapist	Physiotherapy	20	Private practice Specialist Physiotherapist providing reviews of people referred with work-related pain. Referrals may be from other health professionals (including GP and specialists), or from insurance bodies representing the employers.

41	44	Female	Post-Graduate Degree	Workers Compensation Manager WA	Injury Management (Employer Based)	22	I worked in WA legislation for over 20 years initially working with injured workers and running employer-based injury management from start to end including legal, and WorkCover conciliations, arbitrations. I currently manage minimal WA scheme claims as I work under Comcare Legislation however have worked within WA state legislation the entire time I have worked in injury management.
42	38	Male	Technical College/Trade	Team Leader	Case Management (National Self Insurance)	4	Team Leader of Senior Case Managers, Case Managers and Claims Assistant working in the National Self Insurance (NSI) space.
43	34	Female	University Degree	Injury Management Advisor	Injury Management (Employer Based)	5	Employer.
44	28	Female	University Degree	Injury Management Consultant	Injury Management (Employer Based)	1	Assisting injured workers in returning to work through the development and implementation of gradual return to work programmes.
45	35	Male	Post-Graduate Degree	General Practitioner	Medical (General Practice)	9	General Practitioner managing acute work related injury.

46	39	Female	University Degree	Claims & Injury Management Specialist	Insurance Brokerage	3	Provide strategic claims support to employers with workers' compensation policies placed via our brokerage.		
47	56	Male	Post-Graduate Degree	Orthopaedic Surgeon	Medical (Orthopaedics)	32	Surgeon managing injured patients.		
48	56	Female	Post-Graduate Degree	Clinical Psychologist	Psychology	25	I provide Clinical Psychology services in private practice to injured workers referred to our practice by medical and allied health professionals and insurers.		
49	38	Male	Post-Graduate Degree	Pain Specialist	Medical (Pain Medicine)	5	Direct treatment of patients.		
50	44	Female	Post-Graduate Degree	Occupational Physician	Medical (Occupational Medicine)	11	Chief Medical Officer company policy development, injury management advice and Independent Medical Examination.		
							Number of WA Claims	Length of most recent claim (years, months)	Time since most recent claim end (years, months)
IW1	44	Male	Post-Graduate Degree	not applicable	Education and training	not applicable	1	5,0	4,0
IW2	60	Female	University Degree	not applicable	Public administration and safety	not applicable	3	3,0	2,5
IW3	49	Male	Technical College/Trade	not applicable	Not currently employed	not applicable	3	1,9	5,6
Descriptive Statistics	Median 41	47.2% Female	High School 1.89%				Median 11.5	IQR 7-17	

IQR
34-46

Technical
College/Trade
3.77%

University
Degree
41.51%

Post-
Graduate
Degree
52.83%

*IW=Injured Worker

Figures

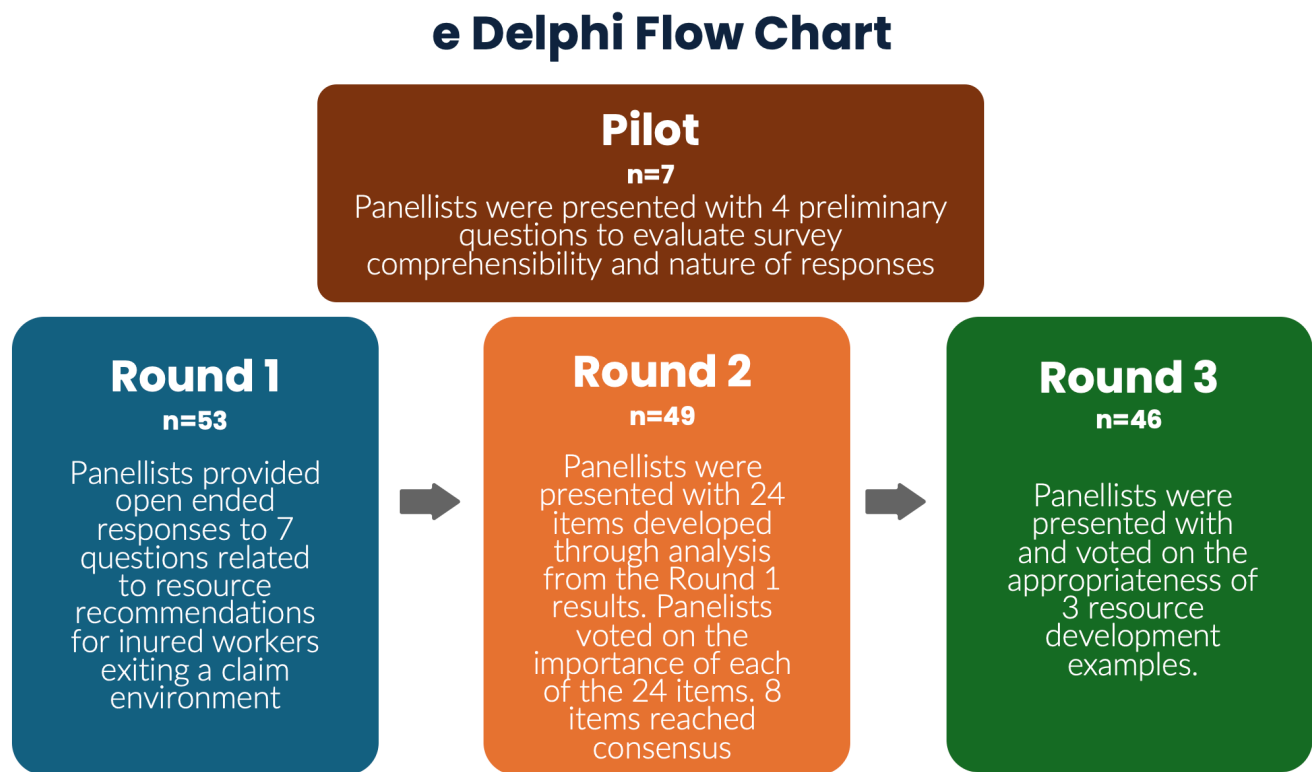


Figure 1

The e-Delphi process

Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- [CREDESChecklist200726.pdf](#)
- [eDelphiQuestionPilot.pdf](#)
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- [eDelphiRound3of3.pdf](#)
- [Appendix2eDelphiStudyRound2QuestionGeneration200726.pdf](#)
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