

Empowering Disabled Workers: Analyzing Indonesia's Return to Work Policy for Inclusive Employment

Kanyadibya Cendana Prasetyo¹, Fitrotin Azizah²

{Universitas Brawijaya¹, BPJS Ketenagakerjaan²}

Abstract. Disability rights and inclusion have gained significant attention in recent decades. This study focuses on Indonesia's Return to Work (RTW) policy, initiated in 2015 and managed by BPJS Ketenagakerjaan, aimed at supporting individuals who have experienced workplace-related disabilities and injuries. While previous research has primarily explored the policy's aspects, this paper delves into the experiences of RTW beneficiaries, aiming to inform policymaking and foster a more comprehensive approach. Qualitative research methods, including in-depth interviews with key informants and a comprehensive desk study, were employed to gain a holistic understanding of the Return-to-Work policy's implementation in Indonesia as a means of promoting inclusive employment and economic independence for people with disabilities. Our research reveals that the Return-to-Work policy significantly facilitates the reintegration of beneficiaries into the labor force, despite persisting challenges. Two main themes emerged from the experiences of RTW beneficiaries: the benefits and challenges associated with the program. Beneficiaries are entitled to the Employment Injury Security Program, which includes the Return-to-Work initiative under the BPJS Ketenagakerjaan scheme. However, challenges arise due to employer commitment issues and difficulties in adapting the work environment and finding suitable positions for beneficiaries within companies. This study's findings contribute to the empowerment of individuals with disabilities and the promotion of an inclusive economy. By addressing challenges within the Return-to-Work policy and emphasizing its positive impacts on beneficiaries, this research underscores the importance of a comprehensive approach to disability inclusion and employment support in Indonesia.

Keywords: Disability, Employment, Inclusion, Return to Work, BPJS Ketenagakerjaan

1 Introduction

Globally, around 1.3 billion people or 16% of the world's population has a disability [1]. Around 80% of them are working age [2] and have equal rights as any other person to attain health, employment, and other basic necessities to live with dignity [1]. Their rights are enshrined within the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) adopted in 2006 and later entered into force in 2008. As of 2022, the CRPD has 185 ratifications or accessions by Member States [1]. Indonesia itself has ratified the CRPD in 2011 through Law no.8/2016 on Persons with Disabilities [3].

Notwithstanding the existing national and international regulations, instruments, and legal bodies to safeguard the rights of the persons with disabilities (PWD), the majority of PWD still face stigma, discrimination, and barriers in many aspects of their lives, including decent work. Compared to non-disabled persons, persons with disabilities have lower level of education attainment, lower occupational level, and lesser access to public services [3]. This condition seems worse in developing countries, where 80-90% of persons with disabilities are

unemployed. In Asia Pacific, the unemployment rate is twice higher than non-disabled persons and could reach as high as 80% [4].

In the context of Indonesia, BPS or Statistics Indonesia recorded 17.79 million people with disabilities. Of these, around 44% are included in the workforce. By economic level, about 43% of persons with disabilities are within 40th percentile or lower [5]. It is estimated that 4-11% of Indonesians have at least one disability that limits their ability. Around 16% of disabilities are caused by accidents, only below congenital disorders (17%) and diseases (60%). The data indicates that occupational disability could have been prevented by minimizing work-related accidents and implementing labor laws and regulations accordingly [3]. It must be noted however, that the statistics on persons with disabilities are usually unreliable and the data is not up-to-date. Even if the data is available, it is usually derived from disability-specific surveys, rather than the overall picture of the general population (ILO, 2015). This study only offers a snapshot of the realities surrounding the RTW beneficiaries and does not intend to generalize the complex phenomena.

This study focuses on Indonesia's Return to Work (RTW) program that was initiated in 2015 and managed by the BPJS Ketenagakerjaan. The policy aimed at supporting individuals who have experienced occupational disabilities and injuries that result in absence from work and loss of earning capacity for some period of time. Previous studies have shown Indonesia still faces many challenges and barriers in realizing the rights of the persons with disabilities and implementing policies aimed to address employment for PWD [3], [5], [6]. To fill the gap, the Return to Work program is aimed to promote inclusive employment and decent work for PWD.

Resided within social protection, the RTW is offered as one of the employment injury benefits (*Jaminan Kecelakaan Kerja/JKK*) for employees who have been registered with BPJS Ketenagakerjaan. The arrangement places RTW beneficiaries to receive direct benefits from BPJS Ketenagakerjaan. The program helps employees who experience work-related accidents or occupational diseases to get adequate support for treatment and rehabilitation and to return to work after the rehabilitation phase. However, currently the program could only be accessed by formal workers who have been registered by their companies for employment injury benefits, thus, limiting the access and coverage for informal workers who made up the majority of workers with disabilities in Indonesia [3].

Utilizing a biopsychosocial approach that integrates medical, psychological, and social aspects, we contend that the disabled workers' protection needs to take into account a more holistic and integrative model of disability inclusion [7], [8]. Through this study we explore the mechanism of the RTW program within BPJS Ketenagakerjaan and broader regulations in Indonesia and experiences of RTW beneficiaries. To gain a deeper understanding of the impacts of RTW among those who have sustained work-related accidents, we incorporate an analysis of system-level and individual-level factors within biopsychosocial approach to account for various factors that influence the reintegration of workers with disabilities. First, by using guidelines developed by the International Social Security Association (ISSA), we analyze the mechanism of BPJS Ketenagakerjaan's RTW program at the systemic level [7]. Second, we dissect the RTW program through the lens of the beneficiaries and analyze the impacts of the program.

This article fills the knowledge gap by investigating the experiences of workers who, following work-related accidents, have attempted to reintegrate into the workforce, despite having

disabilities. It presents findings to deepen our knowledge on the social and economic impacts of RTW following a work-related accident and to explore the RTW experiences at the individual level. The study is aimed to contribute to the empowerment of individuals with disabilities and the promotion of an inclusive economy. Our paper is divided into four sections. The first section placates the current research within the larger context; the second section describes our methods; the third will highlight the results and analysis. The last one summarizes our findings and the future direction of the research.

2 Methods

This section describes the research methods used in this qualitative study, which aimed to comprehensively explore the research topic. The methodology combines in-depth interviews with key informants and a desk study to provide a holistic understanding. A qualitative research design was employed to delve deeply into the topic and explore complex phenomena [9], [10]. The data is gathered through in-depth interviews and desk study.

The in-depth interviews were conducted with four RTW beneficiaries as our key informants based on our criteria. At first, we developed criterias to select the informants, namely the one who have been registered with RTW program but not yet return to work, who have returned to work in the same position, have returned to work and work in different position, have returned to work and work at different company or under different arrangement. Then, we contacted the East Java Regional Office of BPJS Ketenagakerjaan to gather the list of RTW beneficiaries in the province and select the four informants that match with our criteria. We scheduled phone interviews with four of them as per informant availability and preference, lasting 20-30 minutes each. Semi-structured interviews were employed to collect detailed, context-specific information while allowing flexibility for interviewers and interviewees. Verbal informed consent was obtained from all key informants, who were assured of the confidentiality and anonymity of their responses.

A comprehensive desk study was conducted to supplement insights gained from key informants. This involved a thorough review of relevant academic literature, reports, and documents pertaining to the research topic. The desk study provided a broader context and theoretical framework for the research. Data from the in-depth interviews were transcribed, coded, and analyzed using thematic analysis. This method enabled us to identify common themes, patterns, and variations in responses. We integrated findings from the desk study into our analysis, contributing to a more comprehensive understanding of the implementation of Return to Work in Indonesia. This methodology facilitated a thorough and multifaceted investigation, resulting in a rich understanding of the subject matter. The subsequent sections will present the findings and discussion based on data collected through these methods.

3 Results & Discussion

3.1 The Concept of Return to Work

The importance of supporting individuals with disabling health conditions who face employment challenges has been recognized by The International Social Security Association (ISSA). It is a diverse global organization consisting of a wide range of social security

institutions from various countries worldwide, spanning both occupational and non-occupational sectors. In 2019, ISSA introduced guidelines on Return to Work and Reintegration to safeguard the health, well-being, and work ability of the workforce. Global evidence indicates that efforts to reintegrate individuals receiving disability benefits back into the labor market are often costly and minimally successful. Therefore, it is essential to develop strategic methods that consider economic, social, and societal factors, as well as individual, organizational, and systemic approaches. According to ISSA, Return to Work (RTW) plays a central role in a series of workplace processes designed to facilitate the reintegration of individuals facing reduced work capacity due to occupational or non-occupational illnesses or injuries [7].

Table 1. ISSA Guidelines on Return to Work and Reintegration

Program	Principles	Guidelines
Basic Return-to-work Conditions, Principles and Guidelines	General Principles	The stakeholders
		Legal and policy basis
		Working within the legal framework
		Understanding and learning from international good practice
		Influencing the system
Specific Return-to-work Principles and Guidelines	Holistic Process	Comprehensive and integrated approach with an emphasis on prevention
		Beginning at the workplace
		Combining medical treatment and vocational rehabilitation
		Adopting a biopsychosocial approach
	Early Intervention	Early identification and intervention
		Proactive reporting
		Beginning during acute medical treatment
		Role of facilitators
	Individualized Approach	Case management
		Individual plan
		Workplace accommodation
		Quality control
	Active Participation of the Person Concerned	Engaging with employees
		Empowering the individual
		Confidence, motivation and self-determination
		Confidentiality
		Communication
		Working with workplace actors

	Collaboration and Dispute Resolution	Working with health-care professionals and service providers
		Working with networks
	Qualification of Experts	Ensuring the high quality of return-to-work professionals
		Education and continuing professional development of return to-work professionals
		Certification of return-to-work professionals
	Monitoring and Evaluation	Policy evaluation
		Programme evaluation
		Individual outcomes
		Formal audit

The ISSA guidelines for Return to Work and Reintegration are divided into two sections: Basic Return-to-work and Specific Return-to-work. The Basic Return-to-work section encompasses five key guidelines including the stakeholders, legal and policy basis, working within the legal framework, understanding and learning from international good practice, and influencing the system. Essentially, these guidelines emphasize the pivotal roles of board and management in establishing a compliant and efficient return-to-work system. The approach advocated here is a "top-down" one which encourages ownership of their inherent values so that they are simultaneously accepted throughout the organization. Additionally, the success of the Return to Work program is contingent upon the individual's accessibility to the rights outlined in the United Nations Convention on the Rights of Persons with Disabilities [7].

Meanwhile, the Specific Return-to-work segment comprises seven fundamental principles, including a holistic process, early intervention, individualized approach, active participation of the individual, collaboration, qualification of experts, and monitoring and evaluation. In contrast to the Basic Return-to-work section, the Specific Return-to-work approach not only emphasizes the pivotal roles of the board and management but also acknowledges the significance of policymakers and return-to-work professionals in establishing and operating an effective return-to-work system [7]. While it is imperative to ensure the proper management of all principles, particular attention needs to be paid to individual aspects. Therefore, this study will primarily concentrate on the principles of the individualized approach and active participation of the individual.

The individual approach is designed to empower the affected individual to reintegrate into the workforce and manage the consequences of their injury, illness, health condition, or disability while at work. This approach utilizes a case management system that facilitates support,

communication, coordination, and collaboration among relevant stakeholders and professional organizations. The subsequent guideline centers on the individual plan, delivering appropriate services to the individual in the most efficient and cost-effective way to achieve high-quality results that align with their needs. Within this framework, a workplace accommodation is also established to connect the individual with qualified professionals and relevant stakeholders. Additionally, a quality control strategy is implemented to systematically, reliably, and effectively address the ongoing needs of the individual [7].

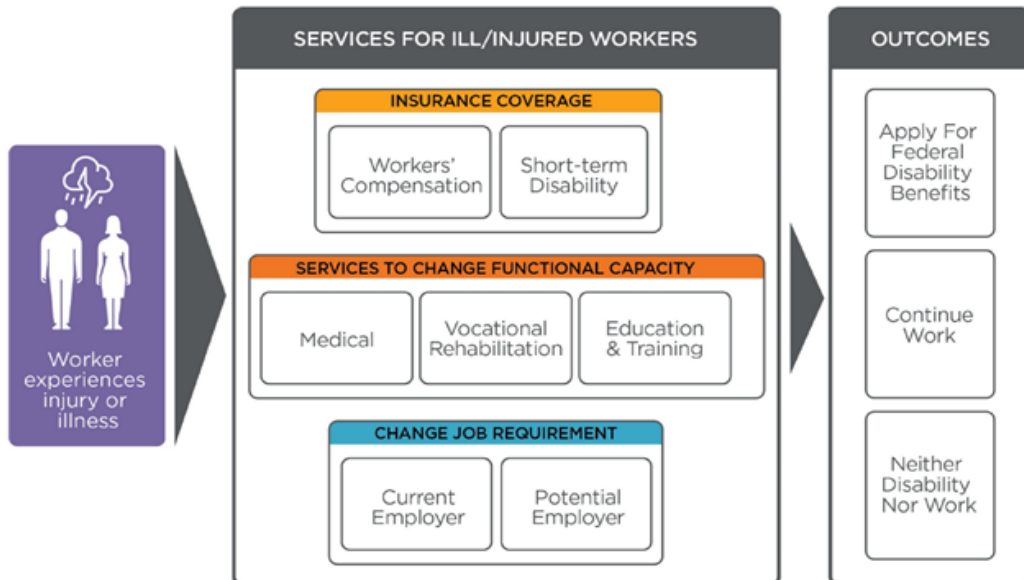
The active participation of the person pertains to facilitating their constructive participation in their return-to-work plans, ensuring their equal engagement with other stakeholders. The initial guideline in this framework involves employee engagement by collaborating with both internal and external partners, including employers to establish a plan to actively involve employees, both within and outside the organization, in their work and the return-to-work program. This is followed by individual empowerment, which helps individuals take control of their lives by addressing issues they consider important. Confidence, motivation, and self-determination of the person concerned play significant roles in the return-to-work program. These aspects can be nurtured by providing timely medical treatment, expertise, rehabilitation services, assistive devices, as well as psychological and social support programs, encouraging them to rejoin the workforce. Lastly, promoting a confidentiality policy is crucial to safeguard personal information gathered throughout the return-to-work process [7].

In general, the guidelines are put in place to aid social security providers in effectively executing return-to-work programs. While the specific application of these guidelines may differ in different cases, the unwavering commitment of all stakeholders remains consistent and is a key factor in determining the success of these return-to-work programs. The next section will examine the implementation of return-to-work programs in the United States to provide the necessary insights for comparison with the Indonesian system.

The Implementation of Return-to-work in the United States: Lessons learnt

The concept of returning to work after illness or injury is a crucial aspect of social security systems in numerous countries, including the United States. In the U.S., this initiative is commonly referred to as the Stay-at-Work/Return-to-Work (SAW/RTW) Program. Its primary aim is to assist workers facing health issues to either continue working or, if they have temporarily left employment, to rejoin the workforce as soon as their medical condition allows. The specifics of how SAW/RTW programs are implemented vary across states, encompassing the entities managing the program, the service providers involved, the program components, and the types of services provided [11]. Nevertheless, the fundamental structure and process of SAW/RTW can be outlined as follows:

Figure 1. The Concept of SAW/RTW in the United States



Based on the figure above, accessing the SAW/RTW program involves a series of four steps. Firstly, the worker can opt for disability benefits provided through workers' compensation, short-term disability insurance, or another provider. The availability of these benefits depends on the nature of the injury or illness and whether it occurred in the workplace. Second, the worker can directly seek services aimed at enhancing their ability to work, such as medical treatment, vocational rehabilitation, or further education and training. The third step is for the worker to request modifications to their work conditions, which might involve accommodations tailored to their disabling condition, enabling them to continue or resume work. Lastly, the worker can participate in a SAW/RTW program or activity [11].

As outlined in the 2020 report submitted to the US Department of Labor (DOL), the examination of 68 SAW/RTW program providers revealed at least two significant findings. Firstly, the majority of worker's compensation agencies running SAW/RTW programs employ an approach that encourages employers to hire or retain workers with disabilities by offering job accommodations or transitional work arrangements. Secondly, SAW/RTW programs frequently collaborate with the attending physicians of workers to secure approval for accommodation plans. However, our review identified only a few initiatives that prioritize ongoing engagement with healthcare providers. These findings suggest potential opportunities for enhancing SAW/RTW outcomes by modifying incentives and shed light on scenarios where otherwise promising policies may be challenging to implement or may not achieve their intended results. For instance, physicians have the chance to influence decisions shortly after an injury or illness occurs, but they lack a strong incentive to do so. Policies that rely on physicians' interest in supporting their patients' employment may face obstacles, whereas those successfully introducing such incentives may hold more promise. An understanding of the motivations of various stakeholders is a crucial foundation for the development of SAW/RTW interventions and the design of evaluation options to build a body of evidence [11].

3.2 The Implementation of Return-to-work in Indonesia

In Indonesia, the return to work program falls under the occupational injury (JKK-RTW) program, which is administered by BPJS Ketenagakerjaan. This program is designed to assist workers who have become disabled due to workplace accidents. It offers support in the form of medical rehabilitation expenses and vocational training to participants disabled by accidents. The aim is to help these workers regain their ability to work.

The implementation of RTW program in Indonesia is regulated under Regulation of the Ministry of Manpower No. 10/2016 concerning the mechanism of return to work program as well as promotional activities and preventive actions to occupational accident and occupational disease. According to the law, any worker suffering from Occupational Accident and/or Occupational Disease shall be entitled to Return to Work Program benefit with the following requirements, such as registered as BPJS Employment Participant in JKK program; employer is paying contribution orderly; suffering from Occupational Accident or Occupational Disease resulting in disability; recommendation by Counsel Doctor that the Worker shall be facilitated in Return to Work Program; and employer and worker are willing to sign agreement letter to participate in Return to Work Program.

In BPJS Ketenagakerjaan, the implementation of the Return-to-Work Program is conducted in the following order:

- a. work environment assessment.
- b. work fitness assessment.
- c. work training; and/or
- d. re-employment.

Return to Work Placement for Participants who get the appropriate Return to Work Program benefits the following order:

- a. same job in the same company;
- b. similar work in the same company;
- c. different jobs in the same company;
- d. same job in different companies;
- e. similar jobs in different companies;
- f. different jobs in different companies; and
- g. work independently.

In organizing Return to Work Program, BPJS Ketenagakerjaan shall cooperate with medical Service facility, rehabilitation service facility, and training facility. Cooperation shall be performed by BPJS Ketenagakerjaan with work training institution run by Government, regional government and/or private, Occupational safety and health institution. The type of work training organized by institution shall be made in accordance with the needs, interest, type and severity of disability of each Participant.

Upon the Participant completing Return to Work Program, the training institution shall issue confirmation letter addressed to directors of company for consideration in reassuming the Participant. BPJS Ketenagakerjaan shall monitor and evaluate the implementation of Return to

Work Program. BPJS Ketenagakerjaan shall conduct evaluation post-placement of Participant at the workplace no more than 3 (three) months in order to monitor the level of success of Return to Work Program.

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3.3 Experiences of the Beneficiaries

The four key informants provide rich insights of Return to Work beneficiaries and the mechanism of the program. The key informants, identified as Informant A, B, C, and D, have been registered with the BPJS Ketenagakerjaan for at least three years and received the RTW program for at least a year. They vary in their age, gender, working experiences, positions, and severity of the disability. All of them, except Informant D, have been working in manufacturing, although the industry varies. Two cases (Informant B & C) have amputated arms and hands, while the other two cases (Informant A & D) have amputated legs. Based on the experiences of the beneficiaries, the degree of severity of their disability affects the length of absence from work, ranging from 1 to 3 years. Three of them (Informant A, B and D) have work-related traffic accidents, while one of them (Informant C) has work-related injury at the factory.

3.4 Benefits of the Return to Work (RTW)

All informants reported multiple benefits that they have received from the RTW program, namely the inpatient and outpatient treatments and rehabilitation, transportation and mobility, access to prosthetics, salary and income supplement, and workplace accommodation. The RTW program almost immediately kicked in once the company reported their accidents and the cases were taken care of by the local branches of BPJS Ketenagakerjaan.

1. Inpatient and outpatient treatments and rehabilitation

The informants all received inpatient and outpatient treatments and rehabilitations. Their rehabilitation phase ranges from 1 to 3 years. All of them reported that their surgeries and associated medical treatments are taken care of by BPJS so they do not need to pay for them. Even their outpatient appointments are also taken care of by BPJS. However, some of them do pay for additional medicines out of their pockets. Informant A recalled that there were some medicines that she paid for themselves. Informant B also paid for traditional herbal medicines that were not prescribed, but for

her own consumption and for sale as additional income. Informant B also reported she got psychological care and was diagnosed with depression. The depression stems from insecurities due to recent disability so she cannot fully return to work. However, it seems that the psychological care is only available when the physician includes the care to assess the mental health of the beneficiaries because other informants do not seem aware of psychological care included in the RTW. Other than Informant B, only Informant D openly advocates for psychological care.

2. Transportation and mobility

BPJS Ketenagakerjaan and their respective companies provided transportation and mobility support, especially for outpatient appointments and work schedules. Informant A noticed that her company provided a car with driver included to help her go to the hospital for outpatient treatment and rehabilitation. Informant B, C, and D shared similar stories in the context of transportation and mobility support. In the case of Informant B, she also gets support from her company and work colleagues to go to work and return to home within a fairly near distance.

3. Access to prosthetics

All informants have access to and have used prosthetics in their everyday lives even though to different degrees. As Informant A is still undergoing rehabilitation phase, she still uses the prosthetics legs for walking exercise and has not yet been assigned a role in her company. Informant C already uses prosthetics arms to work daily, but he does not use them all the time as he feels it is too heavy.

4. Salary and income supplement

All of them, except Informant A, have received salaries in accordance with the laws and companies' policies. In addition, they also have income supplement from other sources, such as pooled money from their colleagues and supplement from the SPSI labor union. In Indonesia, it is a common practice to pool a small sum of money when visiting sick friends. Informant A did not receive salary as she is only a temporary worker, not a contract employee. However, she got a small amount of money whenever the HR came visiting her as a token of goodwill.

5. Workplace accommodation

Informant B, C, and D were accommodated in new roles as soon as they returned to work. Informant B was used to be in production but she was moved to a supervision role for a relatively easier load of work. However, she pointed out that she has not fully adjusted to work yet because of her circumstances. The work hours of the factory are from 7 am until 3 pm, but she rarely could work full time and instead only work half day or several hours per day or even taking days off. Fortunately, the company and work colleagues understand her situation and allow her to work with a flexible schedule. Informant B is offered to work at the office for an administration role but she refuses saying she cannot use a computer. Informant C is also moved to a supervision role after working as an operator. Informant D originally worked as a Key User for

operational, but then changed to Facturist to deal with administrative and purchasing matters.

3.5 Challenges of the Return to Work (RTW)

The beneficiaries also noted a number of challenges, though some dismissed them as only inconveniences. The challenges are mostly associated with the treatment and prosthetics they received. Informant A pointed out that at Petrokimia Gresik Hospital, there is no designated place for walking exercise, unlike in Waru Hospital, so, sometimes she feels out of place and uncomfortable. Informant B deals with a lot of mental health issues such as depression and insecurities. Accordingly, a mental health dimension should be added for the RTW program for a more holistic approach. Interviews with Informant C and Informant D revealed that the wait time for prosthetics is up to two months so that it hinders their activities. As Turner et al., [12] mentions, users could wait up to several months to get the prosthetics, especially in public health settings. Accordingly, this issue should be resolved to speed up the reintegration into the workforce.

4 Conclusion

Historically, persons with disabilities were treated with stigma and discrimination in every aspect of their lives, including work. This leads to lower levels of employment, low paying jobs, and even unemployment for the majority of them, which further marginalizes them from society. Although the CRPD and national laws and regulations act as safeguards to protect the rights of persons with disabilities, the challenges to protect them persist.

In Indonesia about 16% of disabilities are caused by accidents, in which a subset of them are caused by work-related injuries. The Return to Work program is designed to help the reintegration process of injured workers through treatment, rehabilitation, and workplace accommodation. Employing a system-level and individual-level approach, we combine empirical data with desk study to offer a more holistic approach.

In addition, from the perspectives of the beneficiaries, the RTW program is seen as beneficial and mostly positive. All informants reported satisfaction with the program and 7% of them successfully returned to their companies. Even if this study only accounts for a very small account of beneficiaries, their varied backgrounds and experiences offers a snapshot of RTW beneficiaries in Indonesia. We hope that the research findings could be useful to fuel further research on disability and inclusion in Indonesia.

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