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## The “hurt versus harm” approach in return to work: a social reconceptualisation using injured worker experience

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## The “hurt versus harm” concept

- A sensible, unproblematic concept.....
- ... that has grown into a discourse, with material effects on workers
- A discourse is....a way of understanding, speaking about and acting on a subject
  - E.g. Hesbollah in Lebanon
    - Freedom fighters OR terrorists
    - Bombed OR financially supported



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## Overview of talk

- Describe 4 key elements of “hurt vs harm” discourse
- Turn to data from qualitative injured worker study on workers with unexpectedly prolonged claims
- Suggest how a reconceptualisation of “hurt vs harm” using injured worker experience can shift ideas & practice related to how injured workers with prolonged claims are understood and responded to.
- Talk based on Ontario policy & data, but general concepts relating to return to work (RTW) relevant to jurisdictions in many advanced economies.

## The discourse

- **Element 1: Back pain research advises activity**
- Report of the International Paris Task Force on Back Pain (2000)
  - Bed rest is not recommended
  - Patients should progressively resume activities
- Foundation of the Early & Safe Return To Work (E&S RTW) Model

## The discourse

- **Element 2: Research shows that....the longer a worker is off work, the less likely they are to return and the more likely they are to experience mental health problems.**
- Broadening of ESRTW to psychosocial benefit
- Reverse logic:
  - **If** a long time away is unhealthy, **then** a short time away is health promoting.

## The discourse

- **Element 3: Theoretical model of “occupational bonding.”**
- Donald Shrey (1995) on “the new paradigm of injured worker rehabilitation”:
- “Workers, despite their impairments, must continue to perceive themselves as valued employees who remain attached to the workplace. Otherwise the workers disability will manifest itself in *extended lost time* and *more severe occupational disability*....The **occupational bond** between the worker with a disability and the work environment is...an important underlying factor related to “early return to work”.” (p. 251)

## The discourse: Three elements combined

Back pain studies (activity is therapeutic)

+

Reverse logic (*if* mental health deteriorates with extended absence *then* it is enhanced by early return)

+

Psychological theory about “occupational bonding”

=

Particular discourse on “hurt versus harm” which affects how workers are considered during the RTW process

## The discourse

- **Add a final element: the fiscal argument**
- WSIB materials suggest that, with this approach both employers & workers gain....
- .....employers keep their employees and workers don't miss work.

## The discourse in policy: WSIB on E&S RTW



### Why early and safe return to work?

Most people who have a workplace injury or illness are able to return to some type of work even while they are still recovering, provided the work is medically suited to the injury or illness.

Returning to daily work and life activities can actually help an injured worker's recovery and reduce the chance of long- term disability. In fact, worldwide research shows that the longer you are off work due to injury or illness, the less likely it is that you will return to work.

Both you and your employer benefit in cooperating in your early and safe return to work. You benefit by restoring your source of income and staying active and productive, which are important to the healing/recovery process. Your employer benefits by minimizing the financial and human costs of your injury or illness.



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## Other documents reinforce the broad discourse: WSIB Best Practices



### BEST APPROACHES

A Guide to Continuous Improvement in Adjudication

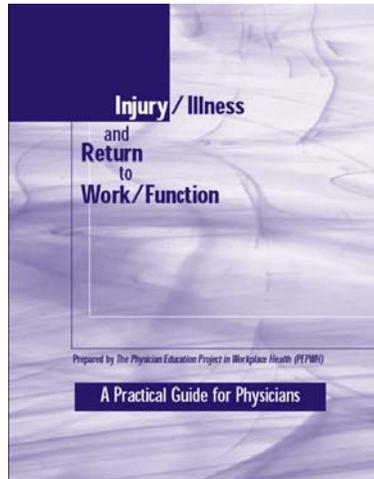
#### Recognizing Time to Heal – Assessing Timely and Safe Return to Work

- *“Research has demonstrated that the best recovery occurs in the workplace. Other positive benefits are no interruptions in salary or employment benefits and minimal life disruption”.*
- Policy of Early RTW is supported by
  - *“medical rehabilitation strategy of the early 1990’s”,*  
and;
  - *“ a shift away from rest as an acceptable treatment for soft tissue injuries.”*



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## Other documents reinforce the broad discourse: Injury/Illness and return to Work/Function



- "...the therapeutic importance of the patient being as active as possible as early as possible."

## Caveats

- **Injury/Illness and return to Work/Function Guide:**
- Statements are tempered by.....good relationships with employers, good workplace support, satisfying job, control over job, family social support, belonging to a union, etc...
- So approach recommended when conditions are *IDEAL*
- *Realistic?*

## Caveats

- Report of the International Paris Task Force on Back Pain (2000)
- Task force specifies that they "*authorize*" rather than "*recommend*" return to work for patients with back pain
- Task Force notes:
  - "*the significant effect of nonphysical factors such as the nature of insurance regimens, worker's compensation legislation and labour relations on return to work **should not be ignored.***"

## In sum, the discourse

- Ideas drawn together from studies, theories & logic
- Each reinforce therapeutic importance of early RTW, and based on notion: hurt does not mean harm.
- Caveats exist.....but are marginalised within a dominant hurt vs harm discourse.

## Discourse in Practice: The Complex Claims Study

- Draw on data from qualitative study of injured workers and service providers
- Study examines understandings and experience related to why some workers fail to RTW as expected
- In-depth interviews with:
  - 49 injured workers
  - 12 service providers
  - Across Ontario
  - Data gathered 2004 & 2006
- Our caveat: Sample of *minority* of workers with difficult experience, goal is to understand what goes wrong (vs best practices).



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## Hurts & harms as experienced by workers

- Workers experience a litany of hurts which become harms & render RTW difficult or impossible.
- Hurts appear as annoying, inconvenient, administrative in nature
- E.g.:
  - Having to see many doctors before a conclusion is reached about disability
  - long waiting times for entitlement decisions to be made
  - lack of face-to-face contact with adjudicators
  - improper reporting by employers



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## Hurts & harms as experienced by workers

- Apparently mundane problems linked to harms which impede RTW
- E.g.
  - Illness chronicity
  - Poverty
  - Addiction to pain killers
  - Mental health problems

## Hurts & harms as experienced by workers

- We saw mental health and failure to RTW problems resulting from prolonged absence
- Suggestion:
  - *It is not the absence from work itself that is the problem BUT the process creating the absence.*
- This damaging process is submerged under a broad hurt vs harm discourse
- Describe 5 such processes.....

## Process 1: The 'hurt' of Pain

- Process where *pain* is *annoying* but generally not a barrier to early RTW.
- There are no objective measures of back pain, it is difficult to measure the *extent* of pain.
- Workers note a relatively flat understanding of pain, it is treated as a *hurt* but not a *harm*.
- **However, hurt becomes harm:** Workers with severe pain:
  - attempt compliance with RTW plans
  - use excessive pain medication/get addicted
  - Become re-injured



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## Pain: hurts & harms

- I've seen a lot of guys that...went back to work... just, **popping pills like a son of a gun to keep to going**, and all they're doing is killing themselves. (Hal, injured worker)
- I had to work on the line with fellas half my age. Because I couldn't use any of that time I had on management as accrued seniority. So it was like a double whammy, and how did I handle that? More narcotics. So, lookin' back at it now, you know, a lot of it seems like a blur ... because I was medicating so heavily, just so that I wouldn't have to lose my job or feel the pain. ....**I became addicted**. (Eddie, injured worker peer helper)



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## Pain: hurts & harms

- [His problem is] low back injury....**He has gone back to work, at eight Percocets a day....** He works in a...pizza place and makes dough, which requires lifting of 150 pounds, but [sarcastic tone] that's OK, 'cause, he can go back to work, because he's taking eight Percs a day, so, he doesn't notice the pain, I guess....He is addicted to Percocets.... So now he's come to me, because he's been cut off again. He can't go to work, his back is worse, and this is about the third re-occurrence.... [He is cut off] because they're saying that the employer has...light modified work.... He goes back to [work]...Boss comes in and says, "Make dough." Worker says, "I can't, I'm not supposed to. Employer leaves and says, "Do it." **Then he re-injured himself--...** I asked for an ergonomic assessment on this worker. **She [adjudicator] denied me [because]...the employer has agreed to modified work.** (Edith, peer helper)



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## Process 2: The 'hurt' of waiting for complex diagnoses

- Process which leaves workers waiting while complex or contentious diagnoses are worked out to satisfaction of decision-makers may appear simply annoying.
- **However, hurt becomes harm:**
  - Waiting links to:
    - Poverty
    - Continuing deterioration of condition being diagnosed



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## Waiting for diagnoses decision: hurts & harms

- **If anything, they enhance the disease process by prolonging diagnosis investigations**, ...Especially with working with occupational diseases, there's such a delay for Compensation to accept the claim. And uh, a lot of the cases...**the whole idea is you want them to be accommodated away from the exposure as quickly as possible**. But if it takes you, you know, a year, couple years to get the claim accepted, it's really an ethical issue whether or not you allow that worker to keep working. ....What is the level of burden of proof that you have to have? So it becomes **very frustrating**, as a specialist where you're always questioned....Also it becomes very frustrating for the workers.... We see that a lot...with dermatitis claims that often they're seen by many, many specialists, all are saying it's work related, but Compensation needs a few MORE assessments to finally accept it, and **by that time, you know, the dermatitis is chronic and the person can't return to the workplace environment**. (Dana, occupational physician)



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## Process 3: The 'hurt' of the wait for claims processing

- Waiting for claims and decisions to be processed appears inconvenient (but not harmful)
- **However, hurt becomes harm:**
  - Waiting creates mental health problems for workers already under strain, e.g. no income, not being believed, owing \$, hurting.



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## Waiting for claims processing: hurts & harms

- “Well, the challenge is it’s a very bureaucratic system ... any claims that have any kind of problems then get thrown into an appeal situation and then you’re talking about **months** and sometimes **years** and **people just fall apart. They have no economic support . . . they’re generally sick in one way or another and things just get worse and worse.** So it’s, you know, for the injured workers that are forced to appeal it’s a very, very critical and **devastating process.** (John, injured worker peer helper)



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## Process 4: The ‘hurt’ of a lack of full communication with compensation decision-makers

- Workers do not have direct face-to-face contact with adjudicators who have control over their claims.
- **However, hurt becomes harm:** Decisions about issues like entitlement & compliance are made without full communication with the worker---and are potentially flawed decisions.



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## Lack of full communication: hurts & harms

- **I've never even met the woman that cuts my claim off.** I've talked to her on the phone, that's it. Nothing personable about it... it's the same as phoning up Bell Telephone. (Brian, injured worker)
- I think one challenge is communication. So they [workers] don't really understand the process, they can't seem to actually link up to a **real voice** at the other end of the phone to talk to. You know, occasionally workers come to us literally with the letter the Board has sent them and they don't have a clue what it means. **The language is totally inscrutable to them.** (Lori, occupational physician)



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## Process 5: The 'hurt' of improper employer reporting

- Employer improper reporting, E.g.
  - employer not reporting the injury properly, or at the right time
  - Employer fighting a claim for reasons that are more financial than anything
- **However, the hurt becomes harm:** workers pay the price---delayed claim, financial strain, strained workplace relations. These can lead to physical and mental health problems.



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## Improper employer reporting: hurts & harms

- **I reported it to my boss...** And I continued working because I was used to aches and pains so you just work through them... **There was never a report filled out by my boss**, my shoulder continued getting worse... The doctor filled out a report.... That's when it was reported to WSIB. ... So here I am on pain killers and trying to deal with it-- the lady at WSIB... turned down my claim stating... why did I go to work if I was injured? And another thing was that **my boss had mentioned that I was kayaking**. Now, I got injured in April... it was the June before [when I kayaked] and it was casual, on the lake, no strain... **I didn't get approved until... about a year later**. I think one of the reasons **my boss didn't help me with my claim** was because I went to the defence of another co-worker who was treated very badly... and I wrote a letter on her behalf. (Teresa, injured worker)



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## To conclude:

### Social reconceptualisation of "hurt vs harm"

- The discourse of "hurt vs harm" is formed from a particular grouping of research findings, logic and theory
- A reconceptualisation based on injured worker experience shows how seemingly benign 'hurts' can lead to harms
- Issues are marginalised when they don't fit the dominant discourse
- A reconsideration of "hurts" and "harms" from a social point of reference allows us to:
  - question the discourse
  - begin to see illness/injury as not worsened by work absence itself but rather by problematic processes & "hurts" which lead to "harms" and failed RTW.



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## References

- Abenhaim et al (2000). The role of activity in therapeutic management of back pain: report of the international Paris task force on back pain. *Spine* 25(4), 1S-31S.
- Shrey D. Worksite disability management and industrial rehabilitation. In: Shrey D and Lacerts M. (eds) *Principle and Practices of Disability Management in Industry*. Winter Park. FL: GR Press. 1995.
- Friedman, P.J. (1997). Predictors of work disability in work-related upper-extremity disorders. *Journal of Occupational and Environmental Medicine* 39 (4), 339-343.
- WSIB Website documents (Oct 20/06):
- <http://www.wsib.on.ca/wsib/wsibsite.nsf/Public/ReturnToWork>
- [http://www.wsib.on.ca/wsib/wsibsite.nsf/LookupFiles/DownloadableFilePhysiciansRTWGuide/\\$File/RTWGP.pdf](http://www.wsib.on.ca/wsib/wsibsite.nsf/LookupFiles/DownloadableFilePhysiciansRTWGuide/$File/RTWGP.pdf)
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