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# The experiences of injured workers in workers' compensation systems: A systematic review of international literature

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## Main questions of this systematic review

- What is the nature of interactions between injured workers, health care provider and insurance personnel (case managers) in workers' compensation systems
- What beliefs and impressions do IWs develop as a result of these interactions?
- Are there particular interactions that are helpful or detrimental to recovery?

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## Systematic Review Process



# Quality assessment

Used a modified version of the “Framework for Assessing Qualitative Research” (developed 2003 by Spencer et al. National Centre for Social Research, UK.)

2 reviewers evaluated each article based on a series of questions about study design, data collection, analysis, significance of findings

Those articles that were rated moderate to high quality (n=13) were retained for data extraction

The data extraction form used was adapted from one that Ellen MacEachen used in her 2006 review of qualitative RTW literature

## Data extraction and synthesis of studies

- Details that were extracted included research question, theoretical orientation, study methods, sample characteristics and sampling strategy, location and timing of research, analysis methods, reflexivity, and relevance of study content to the review questions .
- Data was synthesized using an interpretive, meta-ethnographic approach as developed by Noblit and Hare in 1998.
  - identification of key concepts within and across studies
  - the construction of overarching themes - involved comparing and contrasting findings across studies
- SR findings are more than a collation of concepts in each article – synthesis involves building upon the messages in the reviewed articles
- Review findings are based on 13 studies - 3 from Australia, 7 from Canada , 1 from New Zealand, 1 from Sweden and 1 from US



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## Studies included in the review

- Beardwood B et al 2005, Cacciaccarro L and B Kirsh 2006, Cromie J et al 2003, Hubertsson J et al 2011, Jaye C and R Fitzgerald 2010, Lippel K 2007, Kosny A et al 2011, MacEachen E et al 2007, MacEachen E et al 2010, Murray M 2007, Reid J et al 1991, Robert-Yates C 2003, Strunin L and L Boden 2004.
- Interviews and focus groups : 845 injured workers, peer support workers, healthcare providers, community advocates, legal and union representatives and workers compensation staff
- Variety of occupations
- Vast majority had physical injury claims, only 11 primary mental health claims



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- Findings were structured around three main topics:
- Injured workers and Insurer interactions
  - We identified 5 main themes key to interactions between IWs and insurers
- Kilgour E, Kosny A, McKenzie D, Collie A. Interactions between injured workers and insurers in workers' compensation systems: A systematic review of qualitative research literature. *Journal of Occupational Rehabilitation*. 2014. doi: 10.1007/s10926-014-9513-x.
- Injured workers and healthcare provider interactions
- Healthcare provider and insurer interactions



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- System disorganisation
  - professional expertise - lack of knowledge about the system or entitlements; lack of knowledge about injuries and medical issues  
discourteous behaviour
  - administration deficits - absent or incorrect information  
late/incorrect payments  
cost containment approach to service approval  
lack of individualised service
  - communication deficits - claims managers hard to contact  
limited and impersonal contact  
unclear written communication



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- System disorganisation

*My case manager didn't tell me anything or help me with the process..... I knew nothing about travel claims, rehabilitation, work training or physiotherapy ..... they just send out the same letters to everyone ..... letters sent by case managers were threatening - the pressure was unnecessary and I would have healed quicker without it – the boundaries of the return to work process need to be explained – the lack of information is very stressful.*

Roberts – Yates 2003 p902

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- Counterproductive actions and attitudes
- Legitimacy issues were inextricably linked with adversarial relations
- Unhelpful interactions were characterised by
  - stereotyping and suspicious attitudes,
  - not being believed and not being listened to,
  - denial of claims,
  - surveillance and monitoring,
  - multiple medical assessments

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- Counterproductive actions

*You can't believe what it's like to be under surveillance if it's never happened to you. It destroys a person like you can't imagine! Because.....it's a lack of respect! It.....gets inside of us.....it's as if... the person under surveillance is a liar, is a cheat, the lowest of the low in our society. That's what you are if you're under surveillance...that pushed me almost to suicide, all of that stuff ”...*

Lippel 2007 p434



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- Claims manipulation
- Injured workers feel pressured to comply because of dependence on the system
- Painful medical assessments or unhelpful treatments, early return to work, lack of approval for surgery or treatments
- File rotation between claims managers
- Delayed payments



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- The Contrast - Co-operative relations

*Everything just fell into place. . .If I had a question I called her, she gave me the answer. If she couldn't give me the answer she'd call me back in a short period of time and answer my question. . . . . The girl I worked with at Workers' Comp. She was excellent. She explained everything to me. She made sure everything was done on time, that my check came, the doctor got their checks. . . . . I had no complaints. I can only say what great crew they were and what a great organization that is.*

*Strunin and Boden 2004 p 341*

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- Psychosocial consequences
- Mental health consequences
  - fear and insecurity
  - anger, frustration, stress
  - anxiety, depression and shame
  - low self esteem
  - suicidal ideation
- Social and vocational consequences
  - financial stress and poverty
  - social withdrawal and isolation
  - poor employment history

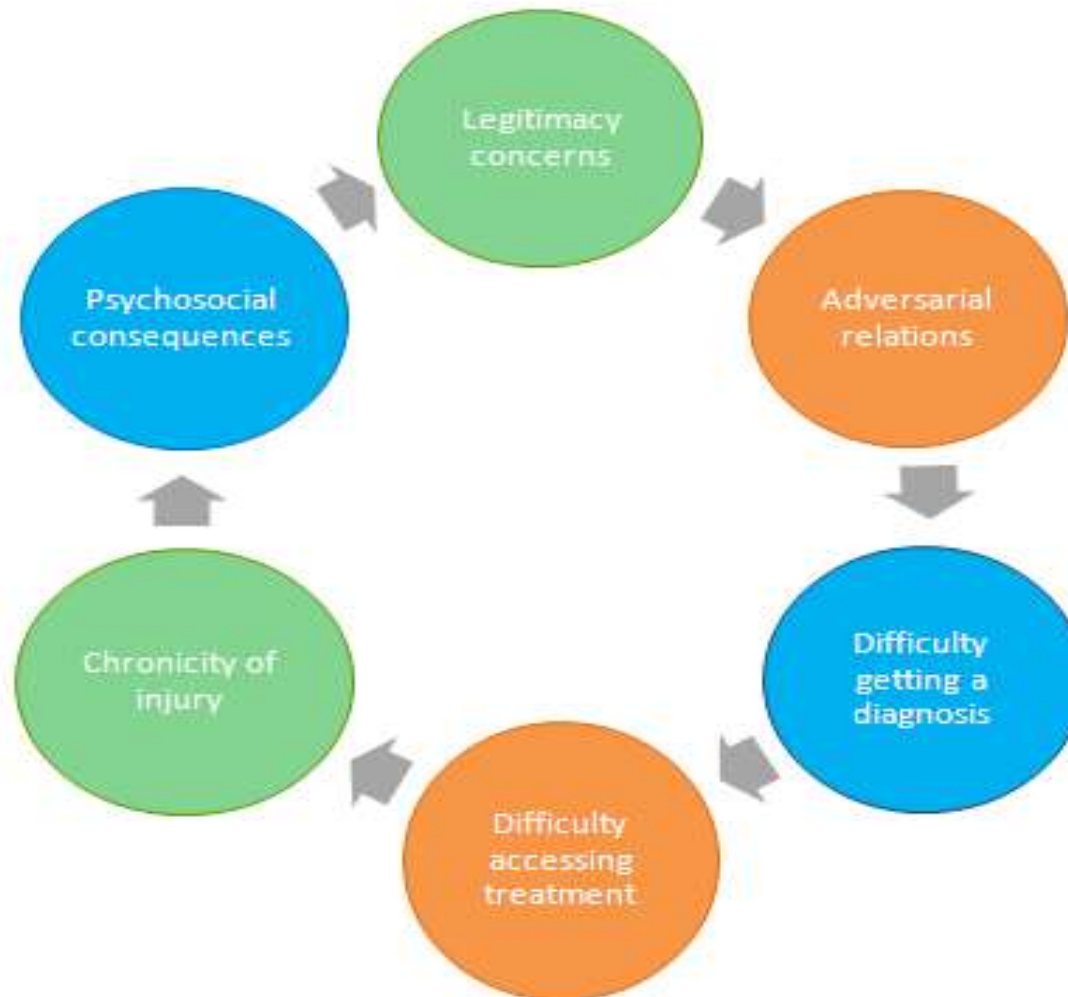
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- Psychosocial consequences

*“Hurting yourself at work has a stigma and I felt I was to blame.... No-one told me anything.....There was no plan...the insurer and the case manager was inexperienced, ignorant and arrogant. I was totally stressed and my mental state was far worse than the injury at the end of the claim.....My pay was mixed up for weeks and receipts were lost. It all made me feel fearful and the fact that nobody listened to me had the biggest impact..... I was very worried about how I would feed the family .....and I felt very depressed but received no help or counselling..... I had problems with the mortgage and I began to mistrust everyone connected to my case. The process almost drowned me.”*

*Robert-Yates 2003, p899*

- An example of the cyclical and pathogenic nature of the interactions between injured workers and insurers





# CONCLUSION

Significant mental health, social and vocational consequences arise as a result of the interactions between injured workers and insurers in workers' compensation systems.

Psychosocial consequences complicates recovery for injured workers.

Further possible research

- experiences of shorter term claimants
- experiences of insurance personnel

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**Thank you**