Athabasca University Master of Arts - Integrated Studies

INJURED WORKERS AND STIGMA: AN INTERDISCIPLINARY ANALYSIS

By

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Abstract

In 2010 approximately 1 in every 68 employed workers in Canada were injured on the job and received workers' compensation benefits as a result (Employment & Social Development Canada, 2014). In North America, workers' compensation systems are among the most substantial disability insurance systems, however they are known to potentially have adverse effects on injured workers (Lippel, 2012). Injured workers are often faced with stigma associated with receiving workers' compensation benefits. Stigma and discrimination can manifest through a multiplicity of manners, such as: unethical practices, mistreatment, and stereotypes. This can produce psychological and social harm, which can hinder an injured worker's rehabilitation. A workplace injury can negatively impact an individual's personal, home and community life. This paper utilizes interdisciplinary research methods to examine the negative effects of stigma on an injured workers recovery. In sum, there are several ways we can all help reduce stigma, including: increasing education and open discussion with injured workers (and their family and friends), employers, and compensation board employees; integrative healing approach (between the worker, medical practitioners, and the compensation system); respecting the dignity of the worker; involving the injured worker in the decision-making process; mediating the initial return to work attempt; and workplace injury prevention.

Introduction

Interdisciplinary study essentially combines two or more academic disciplines to tackle a common complex issue. Further, this type of research method crosses traditional research boundaries and creates something new. Interdisciplinarity can be defined as "the developing practices emerging out of dialogue between people working within and out of different disciplinary structures on topics of mutual interest" (Brydon, 2012, p. 101). There are a few keywords within interdisciplinary studies: mutual interest, connectivity, dialogue, new, and comprehensive, all of which are vital to the research process within interdisciplinary studies.

Interdisciplinary research methods tackle multifaceted and complex issues that require intricate solutions, "full interdisciplinarity represents our best hope for solving complex problems that cut across disciplinary boundaries" (Newell, 2007, p. 1). Researchers, students, and professors within interdisciplinary studies examine all sides of the issue or complex problem, and integrate, contextualize, and synthesize critical thinking (Newell, 2007). One of the distinguishing features of interdisciplinary studies is establishing common ground across multiple disciplines or perspectives on the topic. This ultimately leads to a more comprehensive theory (Repko, 2012). Likewise, outlining the strengths and weaknesses of individual theoretical notions can strengthen the interdisciplinary viewpoint; there is no single discipline that is able to entirely address the complex research topic at hand, nor provide any solutions. The knowledge gained from using an interdisciplinary approach is a distinct perspective that differs from traditional single discipline theories. Repko (2012) notes, "to be interdisciplinary, the understanding must integrate the conflicting theories and thereby produce a cognitive advancement-that

is, an understanding that is new and comprehensive" (p. 154). In the study of workplace injury I will utilize an interdisciplinary approach to examine the impacts of stigma on injured workers. More specifically, this paper will define the terms normal, normalcy, and stigma in order to examine the effects of stigma and ways in which utilizing an integrated approach can help decrease the stigma attached to a workplace injury. Both stigma and its impact on injured workers are more complex than most people believe. Therefore solutions will need to be more complex and interdisciplinary in nature. This paper draws from sociology, social science, disability studies, occupational rehabilitation, and psychology.

Outlining the Complex Problem

Following a workplace injury or incident, Kirsh, Slack, & King (2011) found that individuals can experience high levels of discrimination and stigma associated with receiving compensation benefits. This in turn can cause psychological (including mental health concerns such as depression and anxiety) and social harm, which can adversely affect an injured worker's road to recovery. The results of their research study indicated that the manifestations of stigma included: unethical practices, stereotypes, and mistreatment, which negatively impact the mental health, family life, and general quality of life of an injured worker.

A number of significant (sometimes life altering) changes can take place for an injured worker, including the loss of gainful employment, which challenges the individual's internal sense of well-being (WSIB, 2010; Stone, 2003). Further, "these changes [including new people intruding in their lives (Stone, 2003)] along with the necessity of dealing with health professionals and claims adjudicators-serve to reinforce

the sense of having a new and less socially valued identity to get used to: the identity of being an injured worker" (WSIB, 2010). Injured workers who are unable to return to work can become caught in a rancorous cycle of diminished self-worth, anger, depression, and substance abuse, which can increase marital and financial stress (Gamborg, Elliot, & Curtis, 1992). Oftentimes this vicious cycle can become more debilitating that the actual workplace injury or illness itself (Headley, 1989; Beardwood, Kirsh, & Clark, 2004).

Injured workers frequently have to prove the legitimacy of the injury, and link causation to their workplace (Lippel 1995 & 1999). Additionally, "the compensation process involves multiple medical examinations to prove the legitimacy of a condition, stigmatization, surveillance, suspicion, disputes regarding compensation, and consequent delays in decision, all of which affect the health of claimants negatively" (Beardwood et al., 2004, p. 33). This leads to an injured worker feeling like they are victims twice over. First and foremost, they are victims of the workplace; secondly "they are victims of a system that implies they are fraudulent and that, in their eyes, refuses them support and impedes their rehabilitation" (Beardwood et al., 2004, p. 31).

Examining Key Definitions and Approaches

Defining Stigma

In order for us to fully understand the term 'stigma', we must first define the term 'normal'. The terms 'normal', 'normalcy', and 'abnormal', entered the European languages relatively late in human history; oftentimes the ways in which society views and perceives these terms are dependent upon one's culture (Snyder & Mitchell, 2006).

Normal can be described as: “constituting, conforming to, not deviating or different from, the common type or standard, regular, usual” (Davis, 2006, p. 3). Thus, normal is a configuration, which is part of a notion of progress, industrialization, and ideological consolidation. The term normal permeates our contemporary life, communities, and societies. Throughout history many groups have faced oppression for numerous reasons, including: gender, sexual orientation, values, religious beliefs, and physical differences (such as race or disability). In other words some groups of individuals have faced oppression simply because they are different than what is considered to be “normal.”

The term ‘normalcy’ originated during a particular historical era: during the ideological power of the bourgeoisie, a time in history when progress and industrialization was idealized. During this era, any individual who did not conform to the notion of normality (including: cognitive, mental, or physical aspects) were viewed as different or disabled (Davis, 2006). Further, “The implications of the hegemony of normalcy are profound and extend into the very heart of cultural production. The novel form, that proliferator of ideology, is intricately connected with concepts of the norm. From the typicality of the central character, to the normalizing devices of plot to bring deviant characters back into the norms of society, to the normalizing code of endings the nineteenth and twentieth century novel promulgates and disburses notions of normalcy and by extension makes of physical differences ideological differences” (Davis, 2006, p. 15).

Initially the term ‘stigma’ (derived from the Greeks) was used to identify bodily signs that were different, abnormal, or unnatural from the rest. Essentially they believed that these bodily signs exposed something abnormal of the individual regarding their

moral status. Further, signs indicating that the possessor was a criminal, slave, or traitor, was cut or burnt into their body (Goffman, 2006). Since then the term 'stigma' has evolved and can be "widely used in something like the original literal sense, but is applied more to the disgrace itself than the bodily evidence of it" (Goffman, 2006, p. 131). The various kinds of disgrace that stimulate concern have also progressed (race, class, gender, etc.). In present-day society, rather than physical marking or branding, social marking, which is a cognitive manifestation, has been the basis for the majority of contemporary stigma.

Three different types of stigma exist: abominations of the body (various physical deformities, most visible stigma), blemishes against one's personal character (i.e. weak will, rigid beliefs, dishonesty, unnatural passions; examples include: mental disorders, imprisonment, extreme political behavior, and addictions), and tribal stigma or race, nation, and religion (generally identified and conveyed through lineage) (Goffman, 2006). All three types of stigma have one thing in common: there is an undesired difference present; stigma is what separates an individual from being viewed as normal.

Sometimes we as individuals, groups of people, or communities will judge strangers based on him/her possessing an attribute that makes an individual less desirable (often perceived as weak, bad, or dangerous). Therefore we cognitively reduce this individual from being normal, to tainted or discounted (Goffman, 2006). Goffman asserts, "such an attribute is a stigma, especially when its discrediting effect is very extensive; sometimes it is also called a failing, a shortcoming, a handicap" (2006, pp.131-132). The term stigma can therefore be used to refer to an attribute that can be deeply discrediting, or an attribute that confirms the unusualness of another.

The true effects of stigma can be felt if we move out of a social context where difference is desired, to a social context where difference is undesired (Coleman, 2006). There are three main characteristics of stigma, which may forecast its future: fear (primary affective component), stereotyping (primary cognitive component), and social control (primary behavioral component). Coleman (2006) provided a definition of stigmatization which combines the original meaning of stigma with contemporary connotations: "it appears that stigmatization occurs only when the social control component is imposed, or when the undesired differentness leads to some restriction in physical and social mobility and access to opportunities that allow an individual to develop his or her potential" (p. 149). Stigma inherently creates superior/inferior relationships between the non-stigmatized and stigmatized (Coleman, 2006). Many stigmatized people are not encouraged to develop, grow, or be successful.

Defining a Workplace Injury

A workplace injury can be defined as the injury of a worker that resulted from an incident or exposure, which has been accepted by a Workers' Compensation Board (WCB) for compensation. There are four different types of workplace injuries: traumatic injuries, injuries caused by repeated activities, occupational diseases, and re-injury (WCB Alberta, 2012). Each workplace injury can be a life-altering accident, which one did not ask for or choose for themselves or their families; these effects are multiplied when one looses a loved one due to a workplace accident. The aftermath of a workplace injury, severe illness/injury, or death can hold long term emotional, societal, and financial consequences including: family stresses, suicide, marital breakdowns, substance abuse,

physical health problems related to stress, and loss of productivity (Threads of Life, 2012).

Examining the Stigma Impacting Workplace Injuries

Stigma is manifested through numerous behaviors and attitudes, including: negative stereotypes, unethical treatment, and insensitivity towards injured workers. Examples of negative stereotypes include the belief that injured workers are lazy and irresponsible, or 'playing the system'. These attitudes and beliefs can worsen if the injury is not physical in nature, "the lack of visibility of an injury influences the likelihood of stereotyping and can lead to distrust and doubt. Many injured workers portrayed a sense of powerlessness against such ingrained stereotypes, suggesting that enduring the stigma is the only method for dealing with it" (Kirsh et al., 2011, p. 148). Distrust and doubt will ultimately lead to a lack of acceptance of the injury and a lack of respect for the injured workers (Beardwood, et al., 2004). However "unfortunately, their experience is that they are stereotyped and their stories are not accepted, so they feel compelled throughout the process to attempt to prove that these negative assumptions are incorrect" (Beardwood, et al., 2004, p. 45).

Unethical or questionable treatment can often be associated with stereotypes, remarkably manifestations of stigma often emanate from individuals in positions of power (including: managers, employers, and compensation board personnel), rather than personal connections (such as: family members, friends, and co-workers) (Kirsh et al., 2011). Examples of unethical or questionable treatment can include: racial/cultural insensitivity, focusing on monetary value rather than human support, and expressing distrust of injured workers.

Throughout an injured worker's rehabilitation they can face stigma, discrimination, and insensitivity towards them. This maltreatment can stem from varying sources, including: employers, co-workers, the compensation system, and friends (Kirsh et al., 2011). Examples of insensitivity or maltreatment can include: ignorant behavior, failure to accommodate their needs, and a general unwillingness to help. As Beardwood et al. (2004) note, employers often expect workers to continue completing their pre-accident duties, and even harass injured workers who were unable to perform at their previous physical abilities.

There are three key areas where stigma negatively affects an injured worker: work, relationships, and mental health (Kirsh et al., 2011). Stigma and discrimination can detrimentally impact an injured worker's emotional connection to their work. Although modified return to work options are helpful, it is not uncommon that modified work options were only partially met or short lived. Contrary to popular belief, the majority of injured workers want to return to work. Furthermore, for some injured workers, not being able complete their pre-accident duties can result in a lost sense of purpose or identity (Kirsh et al., 2011).

An injured worker's relationship with others in the workplace (co-workers, employers, and/or future employers), those within their families (spouses and/or children), and other relationships (friends and/or community) can be negatively impacted by stigma. Additionally, workplace injuries and its related stigma and discrimination can have a profound impact on their self-esteem and mental health as the stigma directed towards injured workers is often internalized as stress, depression, and shame (Kirsh et al., 2011).

Utilizing an Integrative Approach to Lessen Workplace Injury Stigma

Now that this paper has demonstrated that both stigma and its negative impact on an injured worker's recovery is a complex issue that requires a complex solution, the analysis will shift to determine the ways in which an integrative approach (respecting the dignity of the worker, mediating the initial return to work attempt, integrative healing approach, education and discourse, and workplace injury prevention) can help reduce workplace injury stigma.

First and foremost, we must respect the dignity of injured workers. There are many factors that should be considered in order to ensure fair compensation benefits are provided to injured workers in a way that respects the dignity of those workers (Lippel, 2012). This can include: use of appropriate medical and scientific evidence when determining the compensability of a claim, promoting an appropriate return to work, and use of a no-fault system and confrontational process. The compensation system both in New Zealand and Netherlands is very different than the Workers' Compensation Boards (WCB) in Canada. In New Zealand compensation is available regardless of the cause of accident. In Netherlands, compensation is available regardless of the cause of disability (Lippel, 2012). Lippel (2012) concluded, "systems that succeed in reducing opportunities for adversarial interactions and that provide substantive protection could better promote the dignity of claimants" (p. 519). It seems like the Canadian WCB systems have a lot to learn from both New Zealand and Netherlands.

The substantial life changes following a workplace injury can be mediated by the initial return to work attempt. There are three different paths to reemployment utilized by employers: welcome back (this occurs when the employer wants the worker to return and

provides a flexible work environment), business as usual (the employer does nothing to either help or impede the injured worker's return to work), and you're out (either the employer refuses to hire back or the injured worker is soon terminated following their return to work) (Strunin & Boden, 2000).

The welcome back path is the best possible option for an injured worker. This path provides injured workers with a feeling of being valued by their employer; this remains true even for injured workers who were medically unable to return to work. Furthermore, "when an employer welcomes the injured worker back, that worker maintains continuity of employment and builds on an investment in employer specific skills and seniority" (Strunin & Boden, 2000, p. 382). The other two paths (business as usual and you're out) can leave the worker feeling undervalued, unwanted, and damaged goods. This generates hostility and resentment between employers and injured workers.

More often than not workers with invisible injuries are forced to search for credibility that legitimates their injury. Injured workers deserve medical practitioners who understand their illness/injury and listen to them, compensation system personnel who help them, and employers who are willing to assist and support them in returning to the workplace (Beardwood et al., 2004). Further Beardwood et al. (2004) suggested, "injured workers be granted more respect and that their injuries be accepted as legitimate; and bureaucrats, health professionals, and employers should acknowledge that the compensation, medical, and rehabilitation systems can hinder and deter return to work" (p.46).

Vital to reducing stigma and discrimination towards injured workers is listening to the worker. There are numerous measures surrounding recovery expectations,

(including expected change in condition, perceptions regarding progress, expected time until return to usual activities, and expectations regarding return to regular employment) and other prognostic factors which result in time off work (Cole, Mondloch, & Hogg-Johnson, 2002). Generally, injured workers who judge their recovery better than expected have a faster rate of returning to work in comparison to injured workers who judge their recovery worse than expected (Cole et al., 2002).

Injured workers who believe they would get better or would fully recover soon have faster rates of discontinuing benefits in comparison to those who believe they will never get better. Cole et al. (2002) concluded, "expectations regarding recovery may provide useful information on the complex process of recovering from work-related soft-tissue injuries" (p. 749). In other words, if we listen to injured workers, rather than disregarding their opinion, we can help speed up their recovery. Listening to injured workers and understanding that the majority of these workers want to get better can help decrease the stigma associated with workplace injuries.

A key element in reducing stigma towards injured worker is education. Workers are often unaware of their rights in the workplace or the process of reporting a workplace injury or illness (Walters & Haines, 1998; Smith, 2000). Furthermore, some injured workers do not realize the repercussions of working with an unreported injury. They also lack "information about their rights within the compensation system, and the bases for decisions were not explained to them. This lack of knowledge lays the foundation for passivity and dependence, so that injured workers find it difficult to advocate for themselves" (Beardwood et al., 2004, p. 46). What's needed then is improved access to information and increased support for the worker (within the workplace and

compensation system). More specifically "there are rules around working conditions. Employers are obligated to identify and remediate hazards. Workers have the right to know, participate, and refuse. And injured workers gain more predictable, stable, and immediate compensation" (Barnetson, 2010, p. 46).

There are several other changes that the worker, employer, compensation system, workers family and friends, and communities can do to help decrease stigma (requiring an integrative or collective approach), such as: raising awareness of stigma within compensation system and its employees, changing policies and procedures that reinforce stigma, and removing any stigmatizing language from compensation policies, procedures, publications, and websites (WSIB, 2010). Every individual can help reduce stigma by: valuing and respecting the injured worker, looking beyond typical stereotypes, and educating individuals who demonstrate stigmatizing behaviors and/or attitudes (WSIB, 2010).

Peer support can also play a key role in reducing stigma. MacEachen, Kosny, and Ferrier (2007) identified four dimensions of peer support: "worker experience of being misunderstood by system providers, need for advocates, social support, help with procedural complexities of the workers' compensation, and health care system" (p. 155). Some injured workers are seemingly more interested in turning to other injured workers or peers for support, rather than their families or friends (MacEachen, et al., 2007; Stone, 2003). Peer support groups reveal that sensitivity to social issues has the potential to lead to better return to work outcomes.

Workplace injury prevention is a key factor in decreasing stigma associated with workplace injuries, without the workplace injury, the stigma and discrimination would

not exist. Occupational Health and Safety (OH&S) programs in Canada were designed to both compensate and prevent workplace injuries (Barnetson, 2010). Fundamentally OH&S "laws seek to prevent workplace injuries, in part by raising the cost to employers of organizing work in a dangerous manner" (Barnetson, 2010, p. 3). Inspectors, who are part of the government and compensation systems, govern OH&S laws. However Barnetson (2010) points out that with over half a million workers seriously injured each year, how effective are these OH&S laws?

Barnetson (2010) outlines three main conclusions regarding workplace injury prevention. Firstly the state has ineffective prevention strategies in place, in other words, injuries continue to occur in high numbers despite prevention programs. Furthermore this "appears to represent an intentional strategy by employers to transfer production costs to workers in order to maximize employer profitability" (Barnetson, 2010, p. 103). Secondly, injury prevention systems channel worker energy and workplace conflict into mechanisms, allowing for unsafe working conditions. Thirdly governments prioritize profit over safety issues through creating an appearance that workplaces are in fact safer than they are, cost-benefit arguments, and blaming workers for their injury (Barnetson, 2010).

Conclusion

In a general sense, stigma can be defined as something that negatively describes or sets an individual apart from others; it is viewed as an unwanted difference as defined by society and societal rules (Coleman, 2006). Workers' compensation systems are known to potentially have adverse effects on injured workers; however worker compensation systems are among the most substantial disability insurance systems in

North America (Lippel, 2012). A work injury can impact an individual's personal, home, and community life (MacEachen et al., 2007). More often than not, injured workers can experience various types and combinations of stigma associated with being on workers compensation benefits. The stigma and discrimination faced by injured workers is partially due to ideals. More specifically, the ideal that injured workers should return to work according to when we, as society, believes so, not according to specified medical guidelines or the injured worker. However sometimes we tend to forget that these are ideals and not reality.

Injured workers can be labeled as being lazy or not wanting to work, and essentially abusing the system. Furthermore, employers (including coworkers and management staff), family members, friends, and communities can stigmatize them to the extent that they feel embarrassed of their injury. This can lead to mental health concerns, which can hinder an injured worker's rehabilitation. Prolonged recovery times can also increase the stigma felt by injured workers (Headley, 1989). Moreover, "workers who do not follow predictable patterns of RTW [Return to Work] are caught within a culture that blames them for their lengthy recovery and perceives their attempts at negotiation and control as resistance" (Beardwood et al., 2004, p. 31).

Employing a collective and integrative approach can decrease stigma and discrimination attached to workplace injury. Education and discourse is a key method in reducing stigma. We need more educational resources for workers, employers, compensation system personnel, families, friends, and communities to help reduce stigmatizing behaviors. There are several ways we can all help reduce stigma, including: respecting the dignity of the worker, mediating the initial return to work attempt,

integrative healing approach (between the worker, medical practitioners, and the system), education, and workplace injury prevention. Further, "above all, injured workers should be included in the decision-making process, which affects their lives" (Beardwood et al., 2004, p. 46). However, one single approach will not create enough change to decrease the stigma and discrimination felt by injured workers.

This paper has demonstrated that there is a dire need to address the growing awareness of stigma as it negatively impacts an injured workers rehabilitation, which results in unnecessary and higher costs to the injured worker, employer, and the compensation system. More than likely, this also greatly impacts costs to local, provincial, and national economies and points to the demand for further research. Further if analysis was embedded within a policy framework, "a consideration of social and power relations may broaden the scope of intervention efforts and alert policy makers to structural improvements in return to work practice" (MacEachen et al., 2007, p. 163).

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Appendix

Table 1: *Major Theories Utilized*

Discipline	**Theorist/Theory**
Sociology	Goffman (2006): defining stigma and outlining the three different types of stigma.
Social Science	Coleman (2006): examining social contexts where difference is undesired and defining stigmatization.
Disability Studies	Davis (2006): definition of normal, normalcy, and abnormal/different.

Table 2: *Research Query & Related Disciplines*

	Occupational Rehabilitation	**Sociology**	**Psychology**
Direct impacts of stigma	Work (emotional connections)	Relationships with others within the workplace, families, and friends.	Mental heath (stigma internalized as shame, depression, and stress).
Manifestation of stigma	Insensitive treatment in the workplace	Behaviors and stereotypes (negative attitudes and unethical treatment).	