# making the system better



Injured workers speak out

on compensation and return to work issues in Ontario

THE INJURED WORKER PARTICIPATORY RESEARCH PROJECT

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Introduction

# making the system better

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### THE INJURED WORKER PARTICIPATORY RESEARCH PROJECT

### Telling it like it is

This study explores the experiences of more than 300 injured workers living in southern Ontario. The workers — men and woman, in a variety of occupations — were canvassed through mail-in surveys and in-depth interviews. Based on their reports, this study makes recommendations for changes to the workers' compensation system in the province.

Most of the people who conducted this study are themselves injured workers. These workers, along with a handful of university academics and representatives of worker organizations, identified the key issues to be explored, developed the survey and interview questions and related their findings to other relevant research on injured workers.

The key findings of this study:

The compensation system and return-to-work process is perceived as problematic and unsatisfactory by approximately 1/4 to 1/3 of a sample of injured workers, whose claims for the most part were accepted and who returned to work promptly. The levels of dissatisfaction were found to be much higher in a sample of injured workers who had encountered problems in getting their claims accepted and sought assistance from an occupational health clinic.

### THE INJURED WORKER PARTICIPATORY RESEARCH PROJECT

There's good reason to believe that these findings apply more widely to the larger population of workers in Ontario. That means that tens of thousands of injured Ontario workers are experiencing hardship within the system.

What sort of hardship? Often, their pain and other physical complaints are questioned, and an atmosphere of distrust develops between workers, the Workplace Safety and Insurance Board (WSIB, formerly the Workers' Compensation Board), and doctors and other health care practitioners. Injured workers may have claims refused and be forced to live off savings or be supported by other family members as they wait for an appeal. Some have no choice but to go on social assistance. Injured workers may have difficulty accessing the right treatment, because of long waiting times, approval processes and medical uncertainty about their condition. Employers may not always provide appropriate modified work, when it is required for workers returning to work. The job retraining and vocational rehabilitation that is made available may not be suitable for the worker. Those who do not follow predictable patterns of 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.

### • A study by "insiders"

This is the first piece of participatory research (PR) on the experiences of injured workers in Ontario. PR, a variation of what is known as action research, involves a collective approach to social and economic problems by "insiders" – people who are directly affected by the problem under study. Issues are collectively identified and analyzed and an action plan is created. This kind of process emphasizes alternative, non-dominant systems of producing research and knowledge.

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## Making the System Better report highlights

### WHAT IT'S LIKE APPLY FOR WORKERS' COMPENSATION.

One of the key findings from this study is that workers have very mixed experiences in seeking compensation. About 50 % of injured workers with relatively straightforward cases seemed to be satisfied with the current practices of the Workplace Safety and Insurance Board (WSIB), and their experience in general. However, one quarter to one third of injured workers were unhappy with the claims process. And close to 70% of those injured workers with more complicated cases were dissatisfied with their interactions with the WSIB.

The survey and interviews point to two key areas of concern:

- The adversarial nature of the compensation system in which injured workers are distrusted rather than respected and understood.
- The slow, bureaucratic and closed practices of the WSIB, and the characteristic institutionalized skepticism of bureaucrats in large compensation boards.

Some observers suggest that the adoption of experience-rated employer premiums over the last two decades is making the adversarial nature of the system worse. In an experience-rated system, employer premiums are based on the number of employee claims. While this can create an incentive to improve injury/illness prevention, it can also create an incentive for employers to challenge worker claims. About one quarter to one third of the injured workers surveved were dissatisfied with their interactions with the WSIB, as well as with the outcomes of their case. One-third felt that the WSIB did not respond to their needs and was not committed to dealing with their case, and about the same proportion felt that the level of compensation received was not fair or adequate.



"They feel that you go in there to get money. Free money. You don't want to work. But I can tell you that one thing from my heart. Honestly, I don't want free money. Everything in my house here I work for . . . . my religion teaches me that."

- from an injured worker interview.

### TREATMENT AND RECOVERY

There are three main findings from the survey and interviews.

- A range of treatments seems to be helpful for injured workers, and injured workers want prompt and sufficient access to these treatments to get better and to return to work.
- A number of barriers including lack of information and money, transportation problems, waiting times for appointments and for WSIB approval for treatment prevent injured workers from getting the treatment that they need and want.
- Injured workers want more input into the choice and provision of treatment.

"I said all I would like to do is to get to one doctor that could tell me what the hell is wrong with me."

- from an injured worker interview.

### **RETURN TO WORK**

Our research findings suggest that for a significant number of injured workers there are problems such as premature return to work, inappropriateness of modified work and lack of worker input into the rehabilitation and return to work process.

". . . Their idea of light duties was having a helper come with me in the truck. Sometimes the helper would show up, and sometimes the helper wouldn't."

- from an injured worker interview.

### **DAY-TO-DAY LIFE FOR INJURED WORKERS**

This study shows that a workplace injury or illness affects a worker's finances, physical and emotional health, functioning and activity levels, and social and family relations. Injured workers frequently suffer from financial difficulties, pain, depression and social isolation. They may face a loss of colleagues and friends, strained marital or parental relationships and discrimination. All these kinds of impacts are related. For example, loss of income affects self-esteem, marital relations and standard of living.

"Life is not the same – the injury changes you and affects everything in your life."

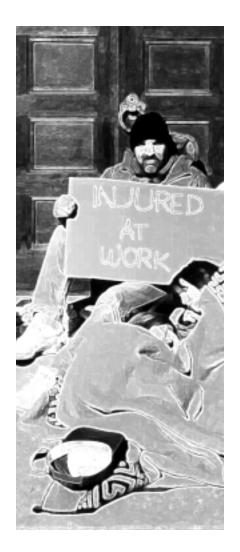
- from an injured worker interview.

### **IMPACT OF GOVERNMENT POLICIES**

The 1998 Workplace Safety and Insurance Act introduced fundamental change to the workers' compensation system in Ontario. For workers, it has created several new restrictions, such as new limits on the types of injuries and illness for which workers can receive compensation. Workers suffering from chronic stress, for example, are not eligible for compensation. There are also new limits on the duration of compensation, the amount of compensation (it was reduced to 85% from 90% of pre-injury net earnings and pensions of the permanently disabled were de-indexed) and time limits on filing claims and appeals. Too many workers, denied compensation, end up on social assistance in Ontario.

In 1995, injured worker representation was eliminated from the board of directors of the Workers' Compensation Board. Since then, several independent or semi-independent bodies have been weakened (Workers Health and Safety Centre), suspended (Royal Commission on the Workers' Compensation Board), or closed (Occupational Disease Panel, Workplace Health and Safety Agency).

With cuts to health and safety inspectors, and other policy changes, there has been a reduction in pressure on employers to maintain safe workplaces. Employees, especially in small, non-unionized workplaces, are at a higher risk of injury.



"I'm raising my kids on my own [now] with a lot of help from my parents . . . on less than I would get on welfare."

- from an injured worker interview.

### Making the System Better injured worker survey

The survey was designed to

- Gain a broad view of the needs and experiences of injured workers
- Determine critical issues identified and faced by injured workers
- Understand factors influencing return to work

It was developed from issues that were identified and described by injured workers at an orientation conference held in March 2000. The voluntary survey was mailed to a random sample of two sets of injured workers. It was mailed to 1,500 WSIB lost time claimants in the greater Toronto area and to 627 worker clients (also WSIB claimants) of the Toronto location of the Occupational Health Clinics for Ontario Workers (OHCOW).

Originally, the survey was only going to be mailed to the WSIB sample, but the response rate was so low that the decision was made to enlarge the sample size. OHCOW was chosen as it offered the potential for contact with a large number of injured workers. There are some possible differences between these two groups. The OHCOW clients were more likely to be members of unions and were more likely to have contacted OHCOW for assistance with a medical diagnosis. Some of those contacted through the WSIB may have had a very short period of injury and involvement with the WSIB. Workers who filled in the surveys did not identify themselves. Only 11% [165 surveys returned] from the WSIB sample responded, and 22% [125 surveys returned] from the OHCOW sample. There was a high rate of incorrect addresses but we believe another key reason for the low response rate was the lack of trust between potential respondents and the WSIB. (The surveys were mailed out with a covering letter under WSIB letterhead.)

### **CHARACTERISTICS OF SURVEY RESPONDENTS**

### Demographic characteristics

- About <sup>2</sup>/<sub>3</sub> were male
- Most were between 36 and 55 years old
- In each group, slightly more than 50% identified their country of birth as Canada.
- About 12% of the WSIB respondents and 15% of the OHCOW respondents had completed elementary school as their highest level of education, about 30% had completed high school and approximately 12% of each group had some university education.

The two groups of survey respondents, those who received the survey directly from the Workplace Safety and Insurance Board (WSIB) and those who received it from the Toronto clinic of the Occupational Health Clinics for Ontario Workers (OHCOW), had similar demographics.

### WORKPLACE CHARACTERISTICS

- Most workers were from larger workplaces (37% of the WSIB sample and 45% of the OHCOW sample were from workplaces with more than 100 workers, with 36% and 24% respectively from workplaces with 21 to 100 workers).
- In each group, the largest single group of workers was from the manufacturing sector
- 70% of the OHCOW sample and 43% of the WSIB sample were unionized
- 13% of WSIB workers, and 16% of OHCOW workers, reported that there was a joint return-to-work committee at their workplace
- 38% of WSIB respondents did not know if there was a joint return-to-work committee at their workplace, and only 13% of OHCOW respondents didn't know

Survey respondents tended to be from larger workplaces, with manufacturing being the dominant sector. While 70% of the OHCOW sample were unionized, only 43% of the WSIB sample were unionized.

### **INJURIES AND CLAIMS**

- About <sup>1</sup>/<sub>3</sub> of the claims in each group were for sprain/strain injuries
- 78% of WSIB respondents, compared to only 37% of OHCOW respondents, had their claims accepted when they first applied
- Of the 12% of WSIB respondents who didn't have their claims initially allowed, 33% supported themselves through savings, 20% borrowed money, 13% relied on other family income and 33% reported other sources of income
- Of the 41% of OHCOW respondents whose claims were not initially allowed, 48% supported themselves through savings, 13% borrowed money and 23% used other family money, and 16 per cent reported other sources of income

Many more workers in the WSIB sample had their compensation claims accepted when they first applied (78%) compared to the OHCOW sample (37%). Those workers whose claims were not initially accepted suffered significant financial hardship.

### PERCEPTIONS OF THE CLAIMS PROCESS

Respondents agreed, or strongly agreed, with these statements as indicated	WSIB RESPONDENTS	OHCOW RESPONDENTS
Overall I was satisfied with the claims process	49%	14%
The WSIB provided me with the information I needed to proceed with my claim	48%	22%
I had to fight for my rights	37%	74%
The amount of compensation I received was fair and adequate	50%	16%

### PERCEPTIONS OF THE CLAIMS PROCESS

Respondents agreed, or strongly agreed, with these statements as indicated	WSIB RESPONDENTS	OHCOW RESPONDENTS
The length of time that I received compensation benefits was fair and adequate	52%	19%
My benefits were adequate for me and my family to meet our needs	32%	19%
While receiving compensation benefits, I was afraid to do regular daily activities in case I might lose my benefits	21%	22%
My health and well being were negatively affected by the claims process	34%	55%
The health and well being of my family was negatively affected by the claims process	29%	55%
I felt stressed out by the claims process	45%	70%

### **RETURN TO WORK: WHAT HAPPENED**

• 86% of the WSIB sample returned to work, compared to only 65% of the OHCOW sample

Of those who returned to work:

- Most returned to their pre-injury employer (82% of WSIB sample, 73% of OHCOW sample)
- A minority returned to modified or light work (20% of WSIB and 25% of OHCOW returned to modified work, 12% and 5% respectively returned to light work)
- The mean number of days before return to work was 128 days for the WSIB sample and 400 days for the OHCOW sample

There was a significant difference between the two samples: Fully 86% of the WSIB sample returned to work, compared to only 65% of workers in the OHCOW sample. Also, the mean number of days off before return to work was about three times higher for the OHCOW sample (400 days compared to 128 days).

### RETURN TO WORK: LEVELS OF SATISFACTION AND EMPLOYER/CO-WORKER REACTIONS

Of those who returned to work:

 Only 46% of the WSIB sample and 31% of the OHCOW sample reported that they were satisfied with their return to work experience

- 66% of the WSIB sample felt they had returned to suitable work, compared to 44% of the OHCOW sample
- 47% of the WSIB sample, and 55% of the OHCOW sample reported that they would have liked more say in the return to work process
- A minority of respondents reported that their employer had resisted their return to work (11% of WSIB sample, 24% of OHCOW sample)
- A majority of the WSIB sample reported their supervisor was supportive (71%) compared to only 37% of the OHCOW sample
- Less than half of the OHCOW sample reported that their coworkers were supportive (47%) compared to 71% of the WSIB sample
- Fewer than half of both samples felt that their employer had followed their doctors' recommendations about return to work (44% of the WSIB sample, 22% of the OHCOW sample)

Most of the survey respondents were not satisfied with their return to work experiences and a significant number in both groups (WSIB and OHCOW) reported they would have liked more involvement in the whole process.

### **KNOWLEDGE OF RIGHTS**

- At the time of injury, 61% of the OHCOW sample and 39% of the WSIB sample reported they had no knowledge of their rights and benefits
- At the time of the survey, 24% of the OHCOW sample and 18% of the WSIB group reported they still had no knowledge of their rights, while 35% of the OHCOW sample and 32% of the WSIB sample reported they remained unsure of their rights and benefits

A large proportion of the workers surveyed had no knowledge of their rights and benefits both at the time of the injury and at the time they were surveyed.

### MEDICAL TREATMENT AND PERCEPTION OF DOCTORS' REPORTS

- Fully 36% of the WSIB group and 43% of the OHCOW group agreed or strongly agreed with the statement "I felt pressured to get better faster than I was able to."
- Only 35% of the WSIB sample, and 8% of the OHCOW sample, reported that recovery time allotted by the WSIB was appropriate
- 77% of the WSIB sample agreed with reports from their own doctors, while only 13% agreed with reports from the WSIB doctors. It was about the same with the OHCOW sample (70% agreed with their own doctors, 15% with the WSIB doctors)

A high proportion of workers who responded to the survey felt pressured to get better faster than they were able. Workers had more trust and confidence in the medical assessments done by their own doctors, compared to those done by WSIB doctors.

• Asked if treatment helped their recovery, 40% of the WSIB sample replied "a lot", 29% replied "somewhat" and 22% replied "little or not at all." For the OHCOW sample, the responses were 25% (a lot), 26% (somewhat) and 43% (little or not at all)

### INTERACTIONS WITH STAFF OF THE **WORKPLACE SAFETY AND INSURANCE BOARD**

Relations with WSIB staff were often negative and unsatisfying for the survey respondents. In addition to the responses highlighted in the accompanying graphs, the study found that:

- Less than half of the respondents felt that the WSIB staff responded to their needs (39% for the WSIB sample, and 13% for the OHCOW sample)
- 25% of the OHCOW sample reported they had to share unnecessary personal information with the WSIB staff, while 19% of the WSIB sample felt that way
- Almost half of the OHCOW sample felt that staff turnover at the WSIB was disruptive to their claim (21% of the WSIB sample also felt this way)
- A majority of the OHCOW sample (56%) felt that, in their interactions with WSIB staff, they were being punished for their injury. 29% of WSIB respondents felt the same way.
- While a majority of workers in both samples felt understood and respected by friends, family, other injured workers and health professionals, only 33% of the WSIB sample and 15% of the OHCOW sample said they felt understood and respected by WSIB staff.



Of the OHCOW respondents, 43% felt that their medical treatment helped their recovery "little or not at all".

### INTERACTIONS WITH WSIB STAFF

Respondents agreed, or strongly agreed, with these statements as indicated	WSIB RESPONDENTS	OHCOW RESPONDENTS
WSIB STAFF:		
• understood my situation	39%	13%
• were honest with me	41%	19%
<ul> <li>were committed to dealing with my case</li> </ul>	36%	15%
The decision on my case was adequately explained to me	38%	19%
WSIB is on my side	27%	8%

### **IMPACT OF THE CLAIMS PROCESS ON FINANCES** AND GENERAL HEALTH AND WELL-BEING

- 58% of the OHCOW sample reported feeling depressed on a regular basis since the time of the injury
- Despite their relatively higher rate of return to work, 35% of the WSIB group also reported feeling depressed on a regular basis
- 61% of the OHCOW sample experienced a negative financial impact from the claims process, compared to 38% of the WSIB sample
- The claims process had a negative impact on hobbies (72%) OHCOW, 44% WSIB), stress levels (71% OHCOW, 45% WSIB) and career plans (66% OHCOW, 38% WSIB)
- 66% of workers in the OHCOW sample felt their self-esteem had suffered, compared with 36% of the WSIB sample
- There was a negative impact on general health levels for 65% of the OHCOW sample and 40% of the WSIB sample

Both groups of workers reported high levels of depression. In general, workers in the OHCOW sample reported suffering more negative effects from the claims process. This may be because fewer of the OHCOW workers returned to work (65%, compared to 86% for the WSIB sample), and those who did spent a longer time off work (a mean number of 400 days before returning to work for the OHCOW sample, compared to 28 days for the WSIB sample).

### Analysis of survey data

Project researchers performed a number of analyses to determine statistically significant correlations from the results of the surveys. The following are the key findings:

- Whether or not a claim was initially allowed had a significant effect on all outcomes. When claims were initially allowed, there was a positive impact on return to work, satisfaction with the claims process, impact of injury on finances, relationships, health, function and days to return to work. This finding suggests that less resistance in accepting claims may be appropriate.
- Knowledge of one's rights had a positive impact on outcomes. Perhaps such knowledge enabled people to act on their rights, navigate the system and move along the pathway to recovery more easily. This finding suggests a need for greater education and a more effective means of sharing information on rights and benefits with all workers.
- Other factors associated with better outcomes include fewer barriers to treatment, a supportive workplace and respect for injured workers. This suggests a need to listen to what injured workers need, and to support and respect them in their recovery.

# in-depth interviews with injured workers

To help us interpret the *quantitative* findings from the survey of injured workers, we conducted in-depth qualitative interviews with 17 injured workers. From the survey, we were able to gather quantitative data – numbers and percentages. Qualitative researchers collect and analyze non-numeric data in order to better understand people's life experiences and the nature of social interactions. Qualitative interviews focus on how people perceive, understand, make sense of, and deal with various life situations. In this case, we looked at how people cope with a work-related injury.

Researchers aimed to recruit a mix of union and non-union members; those injured when policies were different (i.e. before and after the 1998 Act that saw the WSIB replace the Workers' Compensation Board); workers from Toronto and outside of Toronto and workers from a wide range of occupations.

Interviewers, who were themselves injured workers, were trained in qualitative research techniques. They audiotaped interviews, each of which lasted between one and two hours. Interviewer/researchers then identified important themes in the interviews.

### **CHARACTERISTICS OF INTERVIEW PARTICIPANTS**

11 of the 17 injured workers interviewed were men, and almost all were over 40 years old. About 1/3 were born outside Canada, most had a spouse and almost all had children. About half were unionized, and 1/3 were members of an injured workers' group. More than half had a back injury. Most of those interviewed had had their claims accepted.

### **KEY FINDINGS OUTLINED BY THEMES:**

### **Becoming injured**

Many injured workers became injured due to overworking, engaging in unsafe tasks, or working in unhealthy physical environments. Many of the tasks that brought on injury involved heavy or ongoing lifting, or other physical demands (carrying, stretching, pulling, bending). Injuries often seemed to occur when unfamiliar equipment was used, when equipment required awkward positioning, or when necessary equipment was simply unavailable.

### A sense of responsibility, fear, and pressures from supervisors

• Why did workers undertake unsafe tasks? Some workers expressed a desire to carry out their work responsibly, and did not want to stop just because there was a chance of becoming injured. In fact, many jobs have risks built into them. One daycare worker said she would not take breaks because "you can't leave your staff with so many children because these children they have accidents." Some workers expressed a fear of losing their jobs if they refused to do certain tasks, while others spoke of supervisor pressure to work faster and do more to meet quotas or make up for short staffing. Workers also cited lack of information or language barriers.

"It was a job and you had to put up with the circumstances" "If you said anything you were out the door."

One textile worker had to work overtime every day, six days a week.

A nursing home worker had to cover for a porter's job, which involved heavy tasks.

### Unable to function anymore

• Rarely did aches or pain alone lead workers to stop working or submit a compensation claim. One worker did not pay attention to pain because he felt "it was normal" and another felt his suffering was "just life" — paying the price for "heavy drinking" outside of work. One gets a picture of workers trying to continue the job, for example adjusting equipment and work technique to try to rid themselves of pain, until they are utterly unable to function any longer. One injured worker said he "did not want compensation" even when his doctor suggested that he make a claim!

"I couldn't sleep. I was having problems even walking down the street. It was unbelievable."

One worker first recognized the problem when he couldn't open his hand, and another when she could no longer write.

### Anger, disbelief and harassment.

 There were several instances of lack of employer concern and support. One truck driver, who was injured while unloading his trailer, was forced to wait ten hours with his rig until someone came to pick up the trailer. Other employers denied the work relatedness of the injury (one blamed it, first, on partying, then on hockey and then a car accident). The manager of a fast-food restaurant refused to let a worker leave work when she got hurt unless she found someone else to take over her responsibility of closing the restaurant. Some employers threatened injured workers directly — "You'll never come back to us" — or more subtly by obstructing claims.

### Seeking Fair And Adequate Compensation

Injured workers described the process of seeking compensation as one that was highly bureaucratic, adversarial and in many cases humiliating. Most comments focused on interactions and decisions of the WSIB, but some discussion of employer attitudes and actions were also documented.

### Phony, lazy, taking advantage

- Workers perceived that despite all of their efforts to return to work, the WSIB operated on a set of assumptions that defined claimants as phony, as individuals who did not want to work, as people taking advantage of the system. These assumptions translated into attitudes and actions of disrespect, and ultimately into difficulty getting fair compensation.
- "...they shouldn't be like snarling and snapping at you"
- "...they couldn't care less about you. To them, you are a criminal, you are a liar"

### Ignored, discounted, a lack of concern and caring

- Workers felt their stories were discounted and ignored, and therefore the full impact of the injury was not understood nor was it properly compensated. The frustration of not being heard was clear: "...they don't return your call, you just have to keep on calling them asking 'why don't you return the call'...You get no answer".
- "...the Workers' Compensation Board will never accept what I am saying...because they are the ones who are right and we injured workers are wrong."

### Long waits for claims, appeals, and hearings

- Workers said they were left feeling angry and demoralized by long waits for the various stages of processing claims, appeals and hearings.
- "You have to wait 60 days before you can give them an answer. What's the point of waiting? I already have my answer. The first idiot rejected my appeal . . .what's the second guy going to do? He's going to look through the same stuff . . . it's a redundant process . . . am still waiting for a hearing date."

### How are compensation decisions made?

 Workers said they were not given information about how decisions were made and that compensation decisions were often based on information taken out of context: "They base their ideas and their decisions on their internal messages...but it's not in context...[they] take whatever it is that the injured worker puts on the table, take whatever's there and use it to deny a claim. What they don't use they just leave out, they ignore it and they don't explain it and so immediately we end up with a gap...between what the worker's saying . . . as much as they can...and an adjudicator that only takes what is pertinent to a denial ..."

"...they don't tell you how they figure it out. They give you whatever amount it is and they figure you'll be satisfied with it."

### **Uncooperative or slow employers**

• Several workers said employers were slow to facilitate fair compensation or uncooperative. Others reported that employers were slow to process forms, which resulted in delays in receiving benefits.

"...the company did not want to accept responsibility for an injury so they did everything that was humanly and, in retrospect, inhumanly possible to obstruct any kind of compensation and they still are."

### Seeking Treatment

Overall the picture is one of people pursuing a diagnosis and treatment to relieve their pain and to enable them to return to work. They are hindered in their search by an overburdened medical system, the attitude of doctors, medical uncertainty, and the demands of the WSIB.

### Barriers to getting a diagnosis

• Injured workers are "desperate" to obtain a diagnosis and appropriate treatment that will enable them to return to work, but they said they face several obstacles. They encounter negative attitudes of doctors or other health practitioners, who don't believe their complaints and imply they are lying, who don't listen to them, are inconsiderate, and disregard their concerns. Moreover, some injured workers see some doctors and health care workers who discriminate on the basis of race, language abilities and gender.

"It got to the point when I just begged for an appointment with anybody."

### Tests and more tests

• Doctors also exhibit a lack of compassion in their treatment of injured workers, and often put them through considerable pain to obtain a diagnosis. Also, injured workers sometimes receive poor or inadequate treatment, which does not help, or can even make the condition worse. Alternatively, the medical examination may be superficial, or the doctor becomes fixated on a diagnosis and refuses to consider another diagnosis even though the worker is complaining about symptoms that do not fit. Workers are also told to learn to live with their pain without any indication of how to do so.

"It's bad enough to get injured but they put you through torture."

"He put scoliosis every time you turned around. I had to fight about it. It wasn't my real problem. I was trying to cure it or stop it, you know, trying to get it better, but he didn't understand."

### Medical uncertainty, ignorance

• The complexity of the condition, and sometimes the invisibility of the condition, are other factors hindering adequate treatment. Injured workers may be sent to the wrong specialist or to too many specialists or given the wrong treatment, which can be painful or make the condition worse. The uncertainty of medicine and the lack of knowledge about occupational injuries and diseases can also result in several different diagnoses, multiple tests, different treatments, several operations and different assessments of the workers' ability to return to work. This uncertainty can result in doctor and physiotherapy shopping to try to obtain a diagnosis and treatment that is effective. It can also result in workers being told by one health practitioner not to perform certain actions, such as neck exercises, or not to have surgery, because they will have negative effects, and by another that such treatments will improve their condition. Their consequent reluctance to follow treatment or to have surgery can result in them being regarded as uncooperative.

"I've had people say it's pulled muscles, spinal alignment ...my hips are supposed to be out of alignment, and then the third specialist ... says it's a slipped disc and that I have to get a CT scan, then I have to go for an MRI scan, and they are also saying it's arthritis. I just want an answer so that I can deal with it."

". . . when you've had a chemical exposure it changes your whole body chemistry so it's not uncommon for a test to come back positive one time and negative another time . . . the respirologists were confused."

### Feeling pressure, waiting for treatment

 Workers said they have to deal with an overloaded health care system, which results in delays in obtaining appointments with specialists, treatment, and surgery. This increases stress levels because there is pressure from the WSIB to get dates for surgery or appointments immediately. The amount of paperwork required by the WSIB is also a deterrent to fast appropriate treatment and many doctors are unwilling to see injured workers. Those doctors who do often don't fill in the forms accurately or provide the amount of information

"I tried to explain to her [the doctor's secretary] I'm on compensation. I'm in a lot of pain. They want me to ...get it fixed and get back to work.... And the woman says, 'I told you before when I get to you I'll get to you. You're not getting out of line'."

required by the Board, or they omit information, or they fail to complete the forms in a timely fashion. Thus, one worker complained "...and the doctor had to fill out papers, but I had a sloppy doctor that just took his time." Another worker stated, "...when I told him [the family doctor all my complaints, he was in a rush. He didn't take down all the details." This lack of information can also result in the WSIB pressuring the injured worker to pressure the doctor, increasing injured worker stress levels.

The WSIB paperwork is a deterrent to doctors: "When I mentioned it was an accident at work, he wouldn't take me right. He said, 'Oh no, no, no'."

### Workers have limited control over treatment

 Workers require WSIB approval for drugs and treatment, which can result in delays in accessing pain-relieving treatment. The WSIB and many physicians disregard the opinions of other health practitioners, such as chiropractors. Sometimes, the WSIB does not even listen to the family doctor. Furthermore, workers are only allowed a limited amount of time for treatment by a chiropractor or a physiotherapist, and if they wish to continue the cost is not covered by the WSIB. Even if workers do obtain what they perceive to be a satisfactory diagnosis and treatment, the WSIB may require them to see further doctors and to repeat further tests.

"Everything has to wait. I have to get permission from them for physiotherapy."

"Compensation would not pay for the therapy after my OHIP. ... I have to pay out of my own pocket."

### Return To Work

The process of returning to work can be difficult for injured workers as they may be asked to return before they are ready, may feel they have limited input into when they return to work, and may not be fully rehabilitated when they do return. In addition, returning to work may result in re-injury or may involve tedious modified tasks.

### Forced back too early

• The majority of injured workers who were interviewed reported that they were forced to return to work before they were ready: "I mean just three and a half weeks I couldn't go back to work." Some workers felt they were simply not strong enough to return to work and other workers discussed being pressured or threatened. " I was ordered back because my boss got mad." Workers cited financial concern as a reason to return to work prematurely. Some felt they had no choice: "How do you survive on a hundred dollars a week?" " To a lesser degree, a physician's recommendation to return to work and the expectation of modified duties, were reasons to return to work.

"For me, married with a house and young children growing up around me, I could not afford to be out of job."

"I did not have the same power in my hand . . . I was at risk for even dropping people."

### Lack of input in decision-making

• This theme spanned across all areas of return to work. Injured workers felt that their input was neither valued nor solicited when decisions were being made. For example, one worker reported that his vocational rehabilitation program was chosen for him without any consideration of his opinion. There were a lot of conflicting opinions between family doctors, specialists, the WSIB and employers with respect to the timing of return to work and the appropriateness of the type of work the injured worker should return to. However, injured workers were rarely consulted during this process. More weight was usually given to the specialist's recommendation of an earlier return date than that of an injured worker's family physician.

"They selected a course for me at the Willis Business School in property management and if I don't accept that course...my benefits will cease."

"At least [this specialist] asked me [my opinion], but the other doctor never asked me."

### Dissatisfaction with vocational rehabilitation (VR)

• Lack of choice and assistance with the process was a common complaint of injured workers who received VR. For example, some workers would have preferred on-the-job training, which they consider is more cost effective than placing them in a VR program they did not want. One worker indicated, "They were determining what type of jobs were suitable for you." Injured workers wanted jobs that matched their interest, education, and skill level. Some workers felt the WSIB tried to save money by forcing them to accept retraining that was too short, not comprehensive enough, not compatible with their education level and ultimately not adequate to prepare them for a competitive workforce. One worker reported being coerced into accepting a job as a taxi driver and others were forced to apply to government subsidy programs in order to get the accommodation and training they required. Overall it appeared to be a difficult task for some VR counselors to match some injured workers' physical restrictions with a suitable VR program. As a consequence, some injured workers were offered inappropriate, sedentary low paying jobs such as a parking lot attendant or taxi driver.

"Anybody can get taxi jobs ...but I'm not driving all over the city for two dollars a day."

"I was interested in on the job training. I'm not interested in going back to school."

"Six months training is [not good] enough to be able to find a job as a property manager."

### Returning to re-injury

 Many injured workers were routinely forced to perform heavy lifting and carrying tasks that exceeded their physical restrictions and in most instances resulted in re-injury. One worker recalled the type of work he had to perform as being too heavy for him: "There was a little bit of digging, some lifting of concrete, the whole bit...I started to get mad because the work was getting heavier." The majority of injured workers indicated that their employers did not adhere to the recommendation of modified duties. "They called it modified work, but to me the work was harder." Most workers reported that there was increased tension in the workplace because they could not perform the difficult tasks that were required of them and this subsequently led to them leaving the workplace.

"I could not put out the same amount of work...I had no other choice but to get out of there."

### Modified duties = tedious tasks

• It is not always clear what is meant by modified duties, but often it turns out to be tedious tasks that lack dignity. Some injured workers indicated that modified duties usually involved doing cleaning tasks, while others indicated that light duties tend to last only a few weeks: "The first two or three weeks, they take me to the office . . . then they decided to put me in the stockroom...then they give me another two weeks and put me in the plant." Some workers reported being regularly transferred from job to job or site to site.

"They gave me a couple of jobs to do light work, like sweeping the floors ... emptying out the garbage ... sterilizing [the] area ... if you didn't do this, you're not cooperating."

### Lack of support from adjudicators

• A common theme that extended across all categories of return to work was the lack of support that injured workers received from adjudicators during return to work initiatives. For example, some workers recalled the lack of action or concern by adjudicators when they were notified of employer's non-compliance with accommodating for their medical restrictions. Indications are that the staff at the Board had a "wait and see attitude" and rarely acted on these complaints.

"Calling [the WSIB] and telling them that [employers] are not living by compensation guidelines wasn't helping."

### Impact on injured workers and others

There were several kinds of impacts that can be summarized as "Life is not the same – the injury changes you and affects everything in your life". Reduced finances, reduced functional abilities, and increased emotional and interpersonal problems – all this produces a negative impact not only for the person who experiences the injury, but also for their families and friends, and the broader community and social systems (e.g. income supports, community resources and housing).

### **Having less money**

 Most people talked about the major impact on their lives of having no income, or a significantly reduced income. Several people talked about having to rely on spouses, children or other family members for basic financial support, and how difficult that it was for everyone involved. "I'm raising my kids on my own [now] with a lot of help from my parents...on less than I would get on welfare." Some people suggested that had family not been there, they could have become homeless or had other significant problems. Financial stress was a contributing factor to marriage breakdown. It was extremely difficult for those who had no income for an extended period of time while the case was being decided. The only option open to some people following their injury was social assistance.

"And during that time I got roughly a hundred or two hundred dollars a month. But at the end of that year I got the whole amount of money because they were at fault for what they did to me. And I nearly lost my home because of it...we barely existed."

### Isolated, misunderstood, and stigmatized

 Socially, people talked about losing friends and becoming isolated (e.g. unable to entertain, unable to participate in social activities), of the stigma related to being injured, and of the lack of understanding from friends and society in general. Moving one's home to accommodate financial or physical restrictions can have significant impacts socially. For some people, family became an important social support, while for others the family members had a great deal of difficulty accepting the changes that the injury imposed.

"I've been wiped out by this process ... I lost my entire social group. We're called poor people because we only have an income of 20 grand a year . . . so, like, this is a culture shock for the entire family."

"Of what there is to experience in life I've lost at least 70% of it, like from a social, cultural point of view . . . I've only got memories now."

"The work that I couldn't do around the house I had to depend on my [grown] kids to come in and do it for me . . . it really affected me because I was a person that do my work . . . whatever I had to do . . . I do it myself."

### **Emotional impact: stress, fear, shame,** and depression

• The impact on workers' emotions is also significant and complex. Workers reported that changes in social, family, financial, physical, and medical status often led to significant stress, feelings of shame, and fears about the future. Several injured workers said that they suffered from depression, of various levels of severity, as a result of living through the injury and return to work process. "It [the injury and the claims process] has caused the end of my marriage. I do still have custody of my children...my injury affects them . . . I've been forced to move back in with my parents."

Who am I now? What can I do?

• Participants had experienced many different kinds of injury, but a recurrent theme was the life-changing impact of the injury on selfperception, and on the ability to perform everyday activities. A second theme was the impact of pain on functional ability, such as not being able to carry out basic self-care and personal hygiene tasks, playing with children, and keeping up with household chores. Changing one's self perception and reducing the extent of independence are difficult to go through. Resilience - learning about the injury, and how to deal with and accept changes and restrictions was identified by a few as being one of the benefits of injury. A significant amount of strength and energy is required to be able to help oneself, and possibly others: It hurts...but you learn to live with it."



"I get a lot of headaches now from all the stuff that you go through with these compensation people. They're so nasty and they, they . . . like if you tried to explain something to them that they should know because they have to make the decision, and you go into a little bit of detail, they're like, I don't have time for this. Like it doesn't make sense. They treat you so poorly . . . every time I talked to them they put you on such a downer. You're already feeling ill because you are injured, and they make you feel worse."

"After (my injury) I couldn't put my shoe or my socks on or anything. I couldn't dress myself. I couldn't sleep."

"I've worked all my life. I don't like sitting around doing nothing. Since I've injured myself, I've put on 60 pounds and it's driving me nuts...I can't get out, I can't do things. I can't even sweep the floor."

### Making the System Better

### injured worker suggestions for change

Injured workers made a number of suggestions about changes that would improve the compensation and return-to-work experience:

### WSIB employees need to change the way in which they perceive and interact with injured workers.

In particular, they need to:

- Stop assuming that injured workers are lying
- Better understand the injured worker and get the whole story by working closely with the injured worker
- Be trained to deal with injured workers with compassion and in a dignified manner
- Be more honest (which will build trust)
- Recognize that there are serious psychological and financial impacts to becoming injured
- Work with, rather than against, the injured worker and be open-minded and helpful
- Stop pushing people according to a WSIB time schedule regarding return to work, and remember that each injured worker is an individual.

### The WSIB needs better procedures and administration to ensure that:

- Injured workers can see specialists quickly
- Better information is provided to injured workers about WSIB rules and about how to get financial help
- Adjudicator turnover is limited and changes in decisions by different adjudicators avoided
- The time the WSIB takes to make an initial decision and/or prepare for an appeal should be shorter

IN THE WORDS OF INJURED WORKERS:

"I think they [the WSIB] should stop trying to screw every person that files a claim and [stop] assuming they're just trying to screw the system"

"Basically, the whole system needs to be re-evaluated, and I think the training that the people get at the WSIB, it's got to be changed."

"There is no humanity training these [WSIB employees] whatsoever. They must be taught how to deal with people in a compassionate manner, but yet still be able to perform their duties."

"When you phone WSIB and tell them 'Well, I can't get in to see this doctor until a certain date", they shouldn't just assume that you want to sit on your ass on compensation for months."

"Each case should be evaluated differently, depending on the person's income, for them to get the right FEL [Future Economic Loss ]"

"One thing they need to do definitely is come up with a better way to pay for prolonged medical care."

Based on the findings of this study, project members feel that three broad actions are needed:

- A broad-based effort to educate system stakeholders about the difficulties that injured workers are experiencing
- A consultative effort to revisit and renew the core principles of the compensation system to ensure that its primary focus is on helping injured workers to recover and return to safe and meaningful work
- An attempt to redress the current power imbalance that exists between injured workers and other players in the system by developing and implementing policies to provide injured workers with fuller access to information, increased support, improved service, and a greater sense of accountability.

We recommend the following particular actions:

### 1. Increase injured workers' access to information and services

- Prominent display of information about compensation rights and responsibilities in all workplaces etc
- Develop a toll-free line and/or website with information and resources for injured workers

### 2. Increase injured worker input into and control over decisions

- Increase injured worker representation at the WSIB (e.g. injured worker members on the Board of Directors, an injured worker reference group, injured worker consultants or employees)
- Ongoing and independent feedback/evaluation mechanism for injured workers (i.e. a satisfaction survey) and/or access to an Ombudsperson for complex cases

### 3. Enhance the security of injured workers

• Introduce policies to reduce or eliminate delays in payments, such as a basic interim payment mechanism

- Reduce barriers to submitting claim (i.e. simplify claims process)
- Stronger monitoring and enforcement of responsibilities of employers (e.g. involvement in return to work programs)

### 4. Improve the support of injured workers and improving the quality of interaction with injured workers

- Increase injured worker access to support groups through increased funding for groups and provide information about groups to all injured workers when submitting a claim
- Enhance sensitivity training for WSIB employees
- Increase contact of WSIB adjudicators with workplace realities (e.g. through worksite visits or use of occupational hygienists and ergonomists)



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