Return to Work in Small Workplaces: Sociological Perspective on Workplace Experience with Ontario's 'Early and Safe' Strategy

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BRIEF SUMMARY OF PROJECT

Return to Work in Small Workplaces: Sociological Perspective on Workplace Experience with Ontario's 'Early and Safe' Strategy

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Objectives: Return to work after work-related injury is known to be particularly challenging in small workplaces. Injured workers in small firms tend to have lower rates of reemployment, longer periods on compensation, and less access to assistance. Little is known, however, about the actual *process* of RTW as it occurs in the workplace, or about the experiences of the workplace parties. We do not know how what happens in the workplace is related to the distinct nature of working life in small work settings, or how it is affected by the regulations, policies and practices of RTW. This study examined the strategy of "ESRTW" currently used in Ontario - an approach that emphasizes workplace 'self-reliance' and 'early' return to work before full recovery in 'modified' jobs – and its effects on both injured workers and employers.

Methods: The research was carried out using *qualitative* methods. Documentary materials (regulations, policy statements, guidelines, educational materials, bureaucratic forms, websites) were analyzed to reveal the underlying assumptions and expectations of ESRTW. In addition, injured workers and employers were interviewed using special methods for encouraging them to recount their experience and responses in their own terms, without the researchers' prior framing of the issues. Interviews did not use structured questionnaires; instead a 'guided conversation' format was used to prompt participants to talk about their working lives and their experiences with and perspectives on injury, compensation and return to work. Interviews were taped and transformed into typed texts which were analyzed using special techniques for interpreting and explaining how the participants understood their experiences and acted upon them. This approach attempts to uncover the meanings and 'logic' underlying workers' and employers' comprehension of and responses to ESRTW. Their perspectives were then linked to the 'structural context' in which they were located – the nature of work life in small settings, and the rules and requirements of the ESRTW system.

Participants included 17 employers and 21 injured workers from independent enterprises with <50 employees in a variety of different industrial/service sectors. Seven employers and workers were 'pairs' in the same workplaces. A sub-set of participants was re-interviewed on one or more occasions up to a year after the initial interview to cast light on the process over time. Several compensation board and rehabilitation professionals were also interviewed regarding their role in the RTW process and to explore ideas that emerged from the worker/employer data. Participants were recruited from a number of sources, including the WSIB, government health and safety advisory agencies, community health and legal clinics, medical and chiropractic clinics, and cold calls to businesses listed in a business directory. The sample included a socially diverse set of individuals from a range of different types of workplace settings, reflecting to a fair extent the general character of the small workplace sector in the province.

Results: When delegated to the workplace, the implementation of ESRTW is superimposed on and becomes part of the everyday social organization, interactions and customs of the workplace ('how things are done around here'). The requirements of ESRTW are filtered through the logic of the workplace and 'adapted' to the needs and standpoints of the parties involved. For employers, ESRTW is a business problem, with significant administrative and managerial challenges, that can draw them, often involuntarily, into the disciplinary and medical management of RTW. Compliance with ESRTW and compensation regulations can impose an administrative burden, conflict with workplace norms, undermine their managerial authority, and damage relationships with the injured worker and with other employees. For workers, ESRTW can be a struggle to protect their personal credibility and integrity, and to reconstruct their physical and working lives within the ambiguous and contested terms of 'co-operation'. Workers suffer under what we call the 'discourse of abuse' – persistent, pervasive imputations of fraudulence and 'overuse' of rights. Surveillance and its effects can extend into the injured workers' homes and family life. During the vulnerable and fragile stage of bodily injury and recovery, workers confront a range of social difficulties in determining when they should return to work, in managing issues of loyalty and commitment to the firm and employers, and in engaging in modified work that can be meaningless or socially threatening. For both employers and injured workers, damaged moral relationships and trust can trigger snowballing of social strains, induce attitudinal 'hardening' and resistance, and impede the achievement of mutually acceptable solutions to the problems of injury and return to work.

Conclusions: The study has produced some important concepts and insight into the process of return to work in small workplaces which can be used to reflect on current policy and practice and to inform other research. Findings bring into question some the assumptions and principles of ESRTW, suggesting that the strategy might be transferring costs to workers and their families, and to employers, and that the notion of 'safe' needs to include social as well as physical security. The study also points to some paradoxical perversities in the strategy of self-reliance in small workplace settings, and cautions against a one-size-fits-all approach to RTW. Some issues – such as the disturbing implications of the discourse of abuse for the experience and disability of injured workers – transcend the matter of size and deserve consideration with respect to all workplaces and the system as a whole.

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ABSTRACT

Objective: To describe and analyze the social aspects of return to work in small workplaces (< 50), particularly in relation to Ontario's 'Early and Safe Return to Work' strategy.
Method: Interview and documentary data were analyzed through a combination of multiple qualitative analytic techniques. The study included injured workers, employers and RTW-related professionals.
Results: Since the implementation of ESRTW is largely delegated to the workplace parties, the process is absorbed into the social ecology of the workplace and adapted to the needs and standpoints of the parties involved. How ESRTW is understood and acted upon is filtered through the local logic and reciprocal moral expectations of small business working life. For employers ESRTW is a business problem, with significant administrative and managerial challenges, that can draw them into the disciplinary and medical management of RTW. For workers, ESRTW can be a struggle to protect their personal credibility and integrity and to reconstruct their physical and working lives within the terms of 'co-operation'. Social relations between injured workers, their employers, and other workers can be disrupted by the symbolic and material features of ESRTW and by the larger 'discourse of abuse'. Damaged trust relationships can trigger snowballing of social strains, induce attitudinal 'hardening' and resistance, and impede the achievement of mutually acceptable solutions to the problems of injury and return to work.
Conclusions: The study produces important insight into the process of return to work in small workplaces which can be used to reflect on current policy and practice. Findings bring into question some the assumptions and principles of ESRTW, suggesting that the strategy might be transferring costs to workers, employers and the workplace as a whole, and that the notion of 'safe' needs to include social as well as physical security. The study also points to some paradoxical perversities in the strategy of self-reliance in small workplace settings, and cautions against a one-size-fits-all approach to RTW. Some issues – such as the disturbing implications of the discourse of abuse for the experience and disability of injured workers – transcend the matter of size and deserve consideration with respect to all workplaces and the system as a whole.

INTRODUCTION

The research problem

Resumption of employment after injury on the job, or 'return to work' (RTW), is a very significant issue for injured workers and their families, and in different ways, also for employers, compensation agencies, and society as a whole. Although most of those who are injured on the job recover relatively unproblematically and get back to their original jobs successfully, others take a long time to get back to work, or make repeated unsuccessful attempts, or find themselves underemployed or trapped and unhappy in low-end jobs, or are never able to return to the labour market again at all. Failed or unhappy efforts at RTW have profound implications for injured workers and their families, can be disruptive and costly for employers, and represent a large and increasingly unsupportable financial liability for compensation agencies.

As in all matters of health and disability, RTW has been found to depend on much more than the nature and severity of physical injury. Workers with apparently similar injuries and impairments vary widely in their post-injury work histories. The abundant research literature[4] on the topic is predominantly managerialist and biomedical in perspective. It focuses on identifying factors associated with time off work and barriers and facilitators to reintegration in the labour force. The emphasis has been on the role of different modes of clinical treatment and disability management, and of demographic and psychological attributes of injured workers. A smaller set of literature considers the experiential effects of injury, compensation and RTW (Baril & Berthelette, 2000), IWPR, 2001; Strunin & Boden, 2000; Williams, 1991). This work approaches RTW experience mostly in terms of individual responses to injury and disability, the compensation and rehabilitation systems, and to changed economic and life prospects. Although such concepts as threats to identity, stigma, shame and dignity surface in this research (Baril, Martin, Lapointe, & Massicotte, 1994; Gard & Sandberg, 1998; Niemeyer, 1991) the analysis does not go far in terms of exploring their social origins in workplace interaction or in particular institutional policies and administrative structures. William's survey of employee experiences with early RTW in large companies reports a 70% 'positive' response, but does flag that RTW is also associated with negative experiences in relation to loyalty to the company and interpersonal relations (Williams, 1991). Employers' experiences with RTW have been studied (Frank & Guzman, 1999; Harlan & Robert, 1998) as have the judgement of co-workers regarding disability and accommodation (Colella, 2001), but little is known about the relationships *between* employer, co-worker and injured worker experiences, or about how their responses reflect a broader set of common institutional rationalities and constraints. Further, this literature has a polarized focus on determinants and outcomes, with the bit in the middle remaining unexamined. Little is known about RTW as a process or how it is actually transpires in the day-to-day activities of the workplace.

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[4] see Appendix 1 for a more detailed review of the literature on RTW. This review is somewhat dated (most references date from the literature review done for the original grant proposal, but is included in case it is of use to readers. The scope of the literature referred to and the nature of the analysis is limited to its relationship to the current project

Significantly, not much is known about RTW in small workplaces[5]. Although 15% of all registered claims in Ontario come from businesses with 20 or fewer employees ((WSIB), 2000), most research has been done in large, unionized settings, or has not focussed on size issues. Major reviews of RTW modified work interventions (Krause, Dasinger, & Neuhauser, 1998) refer primarily to programs in large enterprises. There are some indications, however, that firm size is inversely related to duration of disability (Cheadle et al., 1994; Clarke et al., 1999) , that RTW rates are lower in small workplaces than in larger ones (Oleinick, Gluck, & Guire, 1995), that small workplaces are less likely to have RTW programs or policies (Brooker, Clarke, Sinclair, Pennick, & Hogg-Johnson, 1998; O'Leary & Dean, 1998), that injured workers in small workplaces are more likely to switch firms to find reemployment or to remain unemployed (Baril et al., 1994), and that barriers to rehabilitation and disability management are related to structural issues, such as exemption from legal requirements, availability of disability insurance incentives, and positioning of small businesses in the secondary labour market (Drury, 1991)

The objectives of the research project

The research reported here was intended to fill some of these lacunae in our understanding of RTW. It aimed to examine the social dimensions of RTW – specifically Ontario's new 'Early and Safe Return to Work' (ESRTW) approach - in small workplace settings (< 50 employees), from the standpoints of both employers and injured workers. In particular, the study sought to gain insight into how experiences in the workplace regarding RTW are structured by the social organization of working life and by institutional-level policy and practices.

Outline of report

In this report we first outline the theoretical and methodological approach taken to the research and the research process. Then, we characterize current RTW policy and practice in Ontario, particularly the emergence of a discourse emphasizing workplace self-reliance and the ESRTW approach. The analysis draws out key elements of the discourse and links them with our findings regarding the social organization of work in small workplaces and the experience of employers and injured workers. We conclude with some reflections on what these insights might have to say about the principles, underlying assumptions and expectations of Ontario's ESRTW strategy. Several appendices are included to provide more detail on related literature and on various aspects of the research methodology.

RESEARCH METHOD

Theoretical perspective

The approach taken to this research is *sociological*. That is, it is concerned with the dimensions of disability and return to work that are rooted in social relations, including relations between individuals and features of social structures and processes. Thus, for example, a sociological perspective on RTW might be concerned with how the outcomes of work-related disability and rehabilitation and RTW are related to the nature of

[5] see Appendix 2 for a more detailed review of literature on occupational health and safety in the small workplace sector.

relationships between workers and employers, or between workers and other workers, or between workplace parties and the larger social, organizational and political context in which it is located, such as the OHS regulatory and compensation system.

Within a sociological frame of reference, a further characterization of the research is that it is *structural-interactionist*. It combines two sociological perspectives, 'symbolic interactionism' (where human action is understood in terms of symbolic meanings that are produced through social interaction), and 'structuralism' (where human action is understood as embodying broader socio-cultural and institutional structures and processes) (Ezzy, 1997; Silverman, 1985). This approach attempts to uncover the meanings and social 'logic' or reasoning (Bourdieu, 1980) underlying workers' and employers' comprehension of RTW, and to use those rationalities as windows on their behaviour. This orientation directs us to understanding 'meaning' less as products of internal, individual, psychological, cognitive or emotional processes, and more as socially bounded and constructed phenomena. Hence, the study attempts to understand the meanings of RTW from the point of view of those engaged in it, and to explore how experience is shaped by the social relations of work in small enterprises, and by the larger language and practices of RTW in which it is embedded.

Research design

The research design was qualitative – both in terms of data, and in terms of mode of analysis (see Appendix 4 for more details on the qualitative research process used). It consisted of analysis of documentary materials and of personal interview accounts of experience with RTW from employers, injured workers, and rehabilitation/compensation professionals. The specific qualitative approach used was a modified grounded theory approach, blending some of the original methodological techniques of this research method (Glaser & Strauss, 1967) with more contemporary approaches to exploring interaction in structural context, such as discourse and narrative analysis (Kvale, 1996; Spradley, 1979) and institutional ethnography (Smith, 1987).

Participants

Interview participants included injured workers and employers with recent RTW experience (in last five years) who worked in enterprises with fewer than 50 employees (almost all of which were independently owned or operated). All participants were from the greater Toronto area or adjacent communities in Southern Ontario. To ensure a diversity of RTW contexts and circumstances, particularly relationship to the compensation system, we recruited from a number of sources, including the Ontario Workplace Safety & Insurance Board (WSIB), government funded safety advisory agencies, community legal clinics, medical and chiropractic clinics, personal acquaintances of the research team, and cold calls to businesses listed in a business directory.

At the outset, the sampling strategy aimed for maximum variability on factors known or expected to affect RTW experience, such industrial sector, type of injury, gender, ethnicity, and compensation experience. Subsequently, as is usual in most qualitative designs, sampling became more theoretically driven. We sought out participants that would permit comparative and negative case analysis and the exploration of particular conceptual issues or emerging hypotheses. We also tried to secure employer-worker

'pairs' working in the same company, as it was believed (and proved true) that this could provide important data that could not be acquired through unmatched sampling.

The participants ultimately included 17 employers and 22 workers, including seven 'pairs' (details in Appendix 3). Of the 22 workers: sixteen were men, six, women; ages crossed the spectrum from 26 to 62; seven were not born in Canada; fourteen had sustained soft tissue injuries (especially backs), while eight had fractures, cuts or crush injuries; most worked full time in non-unionized workplaces and were paid on an hourly basis. The largest number (six) were employed in the construction sector, followed by retail and transportation (five each). All, of course, had experiences in workplaces with fewer than 50 employees on a regular basis; sixteen were in companies with fewer than 20 employees, and four were in companies of fewer than 5 employees.

Of the 17 employers: 10 were men; all but two were Canadian born; eight were owners, with the rest being senior managers; twelve businesses were family owned/operated; about half of the businesses had fewer than 20 employees; only two had unionized workers. Although employers came from a variety of different industrial sectors, construction and transportation were more heavily represented than they are in the general small business community.

Data were also collected from five compensation-related professionals, including two compensation claim adjudicators, two compensation board nurse case managers, and two administrative/legal counselors in agencies providing compensation and occupational health and safety related advice.

Data collection

The primary data consisted of written verbatim records of personal qualitative interviews. Interview participants were contacted in a variety of ways depending on the source of the referral, sometimes directly, sometimes thorough an intermediary. In all cases attempts were made to ensure that the research was not seen as connected to regulatory authority or to on-going compensation claims. Establishing the independence of the research and a trusting relationship with the interviewer was considered critical to reducing the tension attached to work injury matters. Most of the interviews with workers were conducted by a research assistant who herself had experienced work-related injury, which appeared to greatly increase the participants' willingness to speak candidly and freely. The employer interviews were conducted by members of the research team with experience in interviewing management about occupational health issues. Employer interviews were conducted for the most part at the workplace, while worker interviews were held in a variety of settings including homes, coffee shops, trucks, parks – wherever the participant chose.

Individual, face to face, 'free-tethered' interviews were conducted. These interviews were designed to allow respondents freedom to use their own vocabulary and define their own issues, hence no fixed answer questions were used, and the ordering and specific wording of questions were adapted *in situ* to the interviewee and the interview situation. Specialized interviewing techniques were used to probe for meaning clarification and to ensure that certain general inquiry domains were covered without imposing conceptual structures or linguistic forms on respondents' speech (Kvale, 1996). As is customary in

qualitative research, the interview focus shifted as the analysis progressed and as specific topics or concepts were under development.

Typically, workers were asked to talk about themselves, their lives and their work, to recount what happened to them when they were injured, off work and then returned to work. Employers were asked about their daily work lives as small business employers, their relationship with employees, and their experience with occupational injury and with employees returning to work. The interviews with the RTW professionals were designed to bring to light, the nature, constraints and challenges of the work they do, their understandings of RTW and their clients, and the content and logic of their practice.
A sub-set of participants (three employers, and five workers) was re-interviewed on one or more occasions several months after the initial interview to cast light on the process over time and to follow up on subsequent developments.

The documentary data consisted of public materials collected from governmental agencies and websites, including legislation and regulations, policy statements, educational or service promotion flyers, compensation claim forms and other relevant textual materials.

Data analysis

Interview tapes were transcribed verbatim, with special attention devoted to avoiding loss and distortion of oral/*in vivo* information critical to the interpretive analysis (Lapadat & Lindsay, 1999; Poland, 1995). Transcribed text was entered into The Ethnograph, a computer program for the management of qualitative data (Seidel & Associates, 1998). Analysis was carried out using multiple interpretive qualitative data analysis techniques. The basic approach was iterative and comparative, and made use of multiple analytic strategies to compare, distill, link and conceptualize data, including in-case and cross-case summaries, typologizing, semantic dissection, and theoretical memoing. The documentary data were analysed using methods of qualitative textual and discourse analysis (Hammersley & Atkinson, 1983; Wetherell, Taylor, & Yates, 2001) and institutional ethnography, a method of social inquiry that explores how everyday activities and relationships are governed both at and beyond the local setting (Smith, 1987).

THE DISCOURSE, POLICY AND PRACTICES OF RTW

A sociological concept useful for understanding RTW policy is the notion of *discourse*. 'Discourse' refers to set of interrelated ideas (conceptual frameworks, ways of thinking) and practices (talk, actions) that are characteristic of fields of human activity. Discourses change over time, and vary between different social and cultural contexts. Discourses both shape and are shaped by individual behaviour and social change.

In relation to RTW, 'discourse' refers to 1) understandings and assumptions associated with resumption of work after injury and related concepts of rehabilitation, disability and compensation, and 2) the presence of such understandings in institutional texts and material objects (e.g. policy statements, regulations, bureaucratic forms), in the routine, day-to-day practices of injured workers, employers and service providers (e.g. their

language, activities), and in public consciousness (e.g. knowledge and perceptions prevalent in the community at large). The societal and institutional 'discourse' on RTW and the policies and practices in which it is 'inscribed' (embedded, made manifest), is fundamental to how return to work is experienced and to the nature of its process and outcomes.

The ESRTW model

The specific policy environment relevant to the experience of RTW in Ontario is the model of RTW called "Early and Safe Return to Work"(ESRTW), a system for governing (directing, monitoring) workplace-centred management of RTW. Although the notion of ESRTW was formally introduced in 1997 in Ontario's Workplace Safety & Insurance Act, the approach reflects incremental shifts arising from two previous legislative reforms. Over the preceding decade responsibility for RTW was increasingly transferred from the WSIB to the workplace, culminating in the ESRTW system where obligations with regard to making RTW arrangements are clearly assigned to the workplace parties. The 1997 legislation builds on employers' existing obligation to re-employ injured workers (in companies with > 20 employees, or in specific industries such as construction), and includes a duty to cooperate in a RTW process that aims to return injured workers to the workplace as 'early' as possible after injury (before full recovery) in jobs that are 'modified' (geared to the injured worker's 'functional' physical abilities) and 'safe' (do not put the worker at risk of re-injury or injury exacerbation). The WSIB's role in ESRTW is limited to determining benefits, providing information and advice, stepping in where the system breaks down, and managing the re-training program (Labour Market Reentry). Employers and injured workers, varying with the type of enterprise, have a 'duty to cooperate' in ESRTW that includes contacting each other as soon as possible after the injury occurs, maintaining communications throughout the process, providing (and assisting with) the provision of suitable employment that where possible restores the worker's pre-injury earnings, and providing information to the WSIB as requested (Chapter 16 Schedule A, Workplace Safety and Insurance Act, 1997).

Two key features of the model of RTW embedded in this legislation and in the broader system of workplace health and injury compensation of which it is a part, have particular significance for the experience of RTW at the local level and in small workplaces: its dependence on the strategy of self-reliance, and its approach to managing problems of compliance and motivation.

Self-reliance: 'Working it out' in the workplace

The notion of 'self-reliance' refers to the general strategy of self-government, of self-regulation, whereby the subjects of a given policy and regulatory regime are given the responsibility of governing themselves, to varying extents, including self supervision and control. The ideology of self government is a central feature of contemporary fiscal and social conservatism more generally, and of occupational health management internationally (Frick, Jensen, Quinlan, & Wilthagen, 2000). In Ontario, the approach is evident in the policy of 'internal responsibility' which makes the management of health and safety largely a matter to be 'worked out' internally within the workplace, with the role of government being largely restricted to setting the ground rules and monitoring and facilitating the process (Nichols & Tucker, 2000).

The strategy of self-reliance has critical implications for the process and outcomes of RTW in the workplace. First, from the standpoint of the occupational health system, a policy of self governance inevitably creates the problem of control: how to make workplace parties take on and fulfill their responsibilities as the system wishes them to, in ways consistent with the law and with institutional and professional expectations and logic.

The problem of control: 'motivating' compliance

As laid out in the Ontario Ministry of Labour document "A Better Health and Safety System for Ontario Workplaces" (1998), this problem of control in the health and safety context is framed as an issue of 'motivation'. Traditional motivators for employers have been financial, such as rebates and penalties associated with experience-rating programs such as NEER and CAD-7. Underlying this strategy is an understanding of employers as economic 'maximizers' who respond best to incentives that further their own interests: employers will engage in injury prevention and return to work because they will benefit financially from such activity. However, also built into the rebate/surcharge approach are provisions for obtaining relief or exception (e.g. via access to SIEF, the Secondary Injury and Enhancement Fund, by demonstrating pre-existing disability), or for transferring responsibility to another employer or third party. Although not intended to do so, such provisions, can also function as economic 'motivators' that can have unintended consequences, as we show later.

How workers are to be 'motivated' is not as clearly articulated. Mentioned in the Ministry of Labour document is the 'commitment of senior management', and the knowledge that what they do will reduce risks for workers. How this functions as a motivator to workers is not made clear. The role of compensation denial or curtailment as a 'motivator' for injured workers is not noted in this policy document.

Participation in ESRTW is also encouraged by prevailing medical-therapeutic discourse. Medical science has shifted way from the use of rest and pain avoidance as remedies for many musculoskeletal injuries (Agency for Health Care Research and Policy, 1994; Waddell 1998a & b), a stance that serves to support and legitimate an early return to work approach. Indeed, early return is represented as being *good* for injured workers' mental and physical health, and, given observance of appropriate physical restrictions, associated with faster rehabilitation (OMA, 1994; PEPWH, 2000; Agency for Health Care Research and Policy, 1994). The Small Business Guide put out by the Office of the Employer Advisor also suggests that early RTW improves moral and employee relations, maintains the worker's 'self worth' and helps them to 'recover more quickly'(OEA, 2001:13). The inclusion of 'safe' in the term (Early and *Safe* Return to Work) itself asserts the existence of a non-hazardous way to work while not fully recovered.

The advice of rehabilitation and compensation service professionals, and of government advisory agencies such as the Office of the Employer Advisor, can also be understood as part of the motivational apparatus of ESRTW. For example, employers are counseled in 'best practice' RTW management, such as the need to document all communication, to telephone an injured worker at home as soon as possible after the injury, and to invite recuperating injured workers to company staff meetings and social functions.

Also part of the general control system for managing workplace self-governance of RTW are the institutional mechanisms for managing deceitful misuse of rights and resources, and failure to comply with regulations.

Fraud and non-compliance

In the domain of occupational injury compensation and RTW, as in perhaps all situations involving access to public funds and services, there is concern about the potential for misuse and the means to control such misuse. Typically at issue in relation to ESRTW is fraudulence, such as misrepresenting illness or injury or level of impairment in order to claim compensation or other benefits, and regulatory non-compliance, such as improper reporting of injuries, not offering opportunities for modified work, not reporting change in health or material situation, or not 'cooperating' with other workplace parties or compensation authorities.

Infraction is managed in several ways. At the institutional level, for example, the WSIB has a specific administrative branch charged with the management of fraud and non-compliance. Considerable visibility is given to problems of misuse and the Board's 'zero tolerance' policy in its website, and a toll-free hot-line for reporting suspected abuses is advertised. Disciplinary measures are also embedded in the day-to-day bureaucracy. For example, the need for physician validation of injury implies de facto that the word of the injured worker is not by itself sufficient or trustworthy. Systemic concern for issues of breach of trust is also represented in the Form 6 & 7 (Ontario Workplace Safety & Insurance Board 2001), the forms for reporting the occurrence of injury at the workplace. These forms explicitly encourage the voicing of concerns about fraud or misuse; for example there is a section on the form for indicating concerns, and employers are alerted to their right to attach a letter raising concerns or providing evidence.

In sum, we have described some key aspects of the institutional design of ESRTW, specifically the doctrine of self-reliance upon which it is based, and the motivational and disciplinary mechanisms in place to manage its proper execution. We show later how such practices come to inhabit the experiences and behaviours of injured workers and employers, and how they influence the way RTW unfolds in the workplace.

How ESRTW plays out in the workplace, however, is not just governed by what is 'written' upon it by policy and external institutional discourse. It is also influenced by the nature of the workplace, the social organization of work, and the 'social relations' of work (social interactions, relationships between work parties). ESRTW is also affected by the way in which institutional practices interact with local workplace 'realities'. Thus the outcomes of RTW are as much a function of local culture and circumstance as of policy design. This is particularly so in the context of self-reliance policy which explicitly requires RTW to be 'worked out' in the workplace. Thus, a first step in understanding the outcomes of ESRTW is to understand the nature of the workplace – in particular, of course, small workplaces, which have distinctive features and implications for RTW.

THE SOCIAL ECOLOGY OF SMALL WORKPLACES

The study points to the varied and unintended outcomes that emerge when the institutional map of ESRTW is overlaid on the local workplace landscape, when standardized abstract administrative arrangements are juxtaposed on the concrete and ever-varied contingencies of working life. That is, between the philosophy and practice of RTW lies the 'social ecology' of the workplace – the relationship of workplace parties to each other and to the work environment. This concept refers to the nature of on-going day to day work activity, to patterns of social relations between workers and employers or between workers and other workers, to the nature and exercise of authority in the workplace, and to the implicit and explicit assumptions, understandings and cultural practices that underpin them. Small workplaces have rather distinctive social ecology, many aspects of which have implications for understanding RTW.

Working life in small enterprises

It is impossible to describe here all aspects of work life in small enterprises that have implications for understanding RTW issues within them. A few aspects form an important backdrop to the management of RTW and occupational health matters more generally (Eakin, Lamm, & Limborg, 2000) and include the following. Small businesses are often economically marginal and vulnerable to market change, hence business failure is commonplace, and financial matters often dominate the business agenda. Many small businesses are family enterprises: owners often have great personal financial and emotional stakes in their enterprises, and may find their relations with employees confounded with those of family. Because they have little or no managerial support, especially in the smaller establishments, many employers fulfill many organizational functions themselves. Employers can find it hard to compete for manpower with larger companies who can offer higher pay and more benefits, but many workers are attracted to small workplaces for a variety of other, non-economic reasons, such as more personal employment relations, flexibility in working arrangements and so on (Eakin & MacEachen, 1998). Small enterprises are a prime point of entry into the labour market of young people and immigrants. Few workers in small enterprises are unionized. Small firms tend to be characterised by informal rather than bureaucratic social relations. For example, hiring is often achieved through family or friendship referrals, and problems are solved and workers supervised through face-to-face, informal channels rather than through written policies or other impersonal organisational mechanisms (Ingham, 1970). Small workplaces may also be characterized by a certain blurring of the we-they identities and interests of workers and employers, a relatively small social status gap between many employers and workers, and a high valuing, particularly among employers, of personal independence, of 'being your own boss'. (Eakin, 1992).

The moral economy of work

Much of what governs social relationships in small workplaces, including practices of authority and collaboration, is related to a mutual sense of obligation and responsibility that is of a reciprocal, moral nature. It is 'moral' in the sense that social relations are driven less by some sort of external, legal contract as by an internalized sense of obligation, a set of shared expectations about what 'ought' to occur, or what is 'right' given 'how things are done around here'. The moral nature of working relations in small

workplaces has been demonstrated in Eakin's previous research (Eakin, 1992; Eakin & MacEachen, 1998).

The social relations of work in small workplaces constitute a 'moral economy', a concept borrowed from political philosophy where it is typically refers, at a societal level, to 'the collectively shared basic moral assumptions constituting a system of reciprocal relations' (Kohli, 1991, p. 267; Robertson, 1998). In the workplace, the notion of 'economy' refers to the extent to which moral expectations and commitments between workplace parties are exchanged or traded, and moral capital can be 'banked' or stored up as a resource. An employer in the study reported here illustrates this expectation of moral reciprocity when he said 'You (employee) want to give me your all, I'll give you my all'[6]. Another employer, with reference to his policy of keeping on older workers in return for their not claiming that age-related wear and tear injuries are work-related, said 'We don't do that (throw you out)…so you have to play the game, you have to help us a little bit too'.

The social ecology of work life in small enterprises, including aspects of its moral economy, is reflected in the experiences of employers and workers with ESRTW. In particular, our analysis demonstrates how early return and the practices of modified work can affect social and moral relations within the workplace.

THE SOCIAL DISLOCATIONS OF ESRTW

The implications of ESRTW for the social relations of work in small workplaces are many and varied. Although by no means all ESRTW experiences are problematic, our research does reveal a substantial amount of conflict and social difficulty associated with efforts to return injured workers to work in small work settings. This report analyzes the nature of these social 'troubles'. A case study provides an entrée into the discussion and an overview of the social implications we will examine in more detail. Note that in this case study, details have been altered to ensure confidentiality, and, as in all references to individuals and companies in the report, names are pseudonyms.

George is the owner-operator of a small residential construction company. The business has been operating for many years, and employed four permanent workers at the time one of them, Hami, injured himself seriously in a fall at work. Hami was hospitalised and off work for several weeks after which he came back to work on a part-time, graduated basis, although with considerable pain. With a key employee off work, George found himself in a very difficult situation with multiple contracts on the go. He worked night and day himself doing Hami's work as well as his own, although the work got progressively more

[6] Direct quotations from the interview data are used throughout this report. They are used for two purposes. First, they represent the *kind* of data upon which the descriptive or analytic point is based (points are supported by data 'sets' that are interpreted as representing similar characteristics or concepts). Second, quotations are used to give the reader a *feel* for the persons and circumstances involved, and to enable them better to understand and judge the interpretation being offered. In very short segments, no identifying information is provided as it was deemed to be too clumsy and disruptive to the reading; however, with longer quotations, some details of the speaker and setting are provided (note all are pseudonyms and some details have been altered to ensure confidentiality). Bolded words or phrases within quotations are the authors', and flag the key elements under discussion.

behind schedule and his clients began to put pressure on him. He could not find a skilled replacement person who understood the business and clients as did Hami and who could do the work as George had trained him to do and be trusted in his clients' homes unsupervised. He believed that this compensation claim would raise his rates; he followed WSIB instructions and contacted his injured worker frequently at the hospital and at home, and urged him to come back to work. As time went on George grew increasingly agitated about the business implications of Hami's absence and questioned why he wouldn't come back to work. Hami was greatly distressed by his injury and its potential implications for his life, particularly as a naturalized Canadian with few social supports and many family responsibilities. He was told it was 'up to him' when he was 'ready' to return to work. He felt unwell and worried about re-injury and his future, but felt pressured to get back to work by his employer's persistent telephoning, and by the knowledge that his boss was struggling without him and that the business was suffering. He feared his absence would suggest failure of commitment and loyalty to his employer who had been very kind to him in the past and given him his first job as an immigrant. Eventually Hami returned to work, although he could not 'last' for long, and, being unable to bend, could do little without assistance. He had to make regular long trips to a physiotherapist during working hours. He disliked having to ask co-workers for help, and was concerned with not being seen as a compensation 'fraud' or as unwilling to work. He felt that George had let him down, especially by siding with a co-worker who Hami believed 'lied' about the circumstances of the injury to protect himself and the company from blame. He grieved the loss of their former 'father-and-son' relationship. He indicated that he was now less inclined to 'put out' for his boss, and that he felt growing animosity towards the worker whom he felt had not stood behind his version of the story of the injury. He felt disgraced by imputations that he is overplaying his suffering and distressed at own vulnerability and frailty. George also felt betrayed, and had difficulty 'communicating' with Hami after his return to work and experienced frustration with his slow progress. George perceived the doctor and the physiotherapist as having vested interests in cautioning Hami to not resume work too soon, but was uncertain about how much to push him. He expressed hostility towards the WSIB system for 'pushing' him around. He believed that compensation keeps workers off work, and that workers should work despite injury, as he himself had done. A year later, back at work and off of compensation, Hami attributed his persistent pain and disability to the fall, and vestiges of the social bruises left by the injury and RTW process remain evident in his relationship with George and his co-workers.

The experiences of George and Hami are of course in many respects unique – reflecting the substantive circumstances of the business, the history of their relationship, their cultural differences, their personal idiosyncracies. However, to the extent that their experiences are rooted in the broader institutional framework of ESRTW and in local social relations of work, they have much in common with other workers and employers and represent a collective experience. Here we put forward what we believe to be core elements in this patterning of experience, specifically the injured workers' need to protect their personal and social identities in the face of the discourse of abuse and other social dislocations associated with return to work and modified jobs, and the employers' struggles with becoming a disciplinary agent and in managing disruptions to relations of power in the workplace. Employers and workers have very different standpoints. We look

at ESRTW separately from the perspective of each, and then draw their experiences together.

EMPLOYER EXPERIENCE: PLAYING IT SMART

As foreshadowed in our sketch of the case of George and Hami, ESRTW can have significant consequences for small employers. The philosophy of self-reliance and the regulations and policies of ESRTW assign employers a primary role in the process of getting injured workers back to work – a responsibility that can impose on them extensive administrative demands. These obligations generate a host of challenges of a managerial, social and moral nature, and employers find themselves taking on new roles as disciplinary agents and as medico-rehabilitation managers.

ESRTW as business

Injury and disablement of workers can incur substantial hardship on small workplaces, a fact that forms an important backdrop to the employers' subsequent responses to ESRTW. When a key employee is injured and off the job, employers can find production and service in the business seriously impeded. George, for example, could scarcely manage his contracting commitments without Hami. He filled in personally for him during his absence, working seven days a week at substantial risk to his own health. Strain increased as he was unable to honour his schedule, and had to let down clients, some of whom he had a relationship with for decades. Another employer in our sample, who ran a small nursing home, found herself working a shift on Christmas and New Year's Day to cover for an injured employee, and having to put aside many of her administrative responsibilities during the worker's subsequent absence from work. Such experiences are commonly reported by the small business owners and managers in our study. Lost time injury can put small business in jeopardy because there is seldom much 'slack' in the organization for back up possibilities, and in many instances, where special personal service is key to the small business' operation, substitution of workers is impossible, or at least complicated and demanding for employers. Where employers take on the work themselves, their many other responsibilities get put on hold, which can precipitate further business difficulties.

The requirements of ESRTW, of course, compound such difficulties for employers. In most small enterprises, the additional new responsibilities required of RTW cannot be passed on to health and safety departments or human resources professionals. Much of the time, certainly in 'micro' sized workplaces (under 10 employees), there is often not even supervisory management to absorb some of the duties attached to the new RTW regime. In some workplaces RTW matters are handled by an office person, or by a spouse at home on an unpaid basis. In any case, employers often carry personally many of the practical demands on time and focus.

Employers speak clearly to the day-to-day implications of ESRTW. For example, in the wake of an injury, they first need to find out what ESRTW *is* (very few would have heard about the program before having a compensable claim) and what is required of them legally, and how requirements are typically interpreted and enforced. Then, they need to

obtain, decipher and file bureaucratic forms to report the injury (the loathed 'red tape') and reach and talk to the appropriate person in WSIB. As one employer says,

> *You always receive the letter back from workers' comp saying, 'We're missing this form number such-and-such and this person's claim will not be looked at until you fax in this form. This happens continually with them, you know*.

The accuracy of this observation is not the issue – what is the point is that, in the context of small business life, many employers have a low frustration thresholds with respect to the glitches or inefficiencies in the system.

Employers also have to contact the injured worker (a call to the home can be an unfamiliar and awkward task, as we will show further on), and stay informed of the injured worker's changing condition, an obligation which many employers resent (says one, *'I'm not gonna go chase this man… I'm not gonna invade his privacy!'*). In addition, employers have to figure out what is meant by a 'modified' job and identify possibilities in their workplace. This is not always easy: in George and Hami's case, it was agreed that Hami would do the trim carpentry that could be reached standing up (he couldn't bend over) while he, George, did the work lower down. Employers have to negotiate with the worker if the offered job is not acceptable to him or her (some report injured workers turning down 'everything' offered to them), may have to locate a temporary, part-time skilled replacement (which can be very difficult in certain sectors) or pull workers from other jobs (which, for all the supposed 'flexibility' of small firms, can be very problematic for employers). On top of it all, employers are advised by WSIB and government agencies to document all of their and their worker's on-going claim related activities and to seek witnesses and other forms of evidence to assist WSIB in adjudicating claims and monitoring RTW.

Many of these tasks are unfamiliar to small employers who have little or no established managerial repertoires for dealing with such matters. ESRTW tasks are superimposed on an often already overburdened management role, in organizations that may be financially precarious, or struggling within just-in-time and other production constraints imposed by the contemporary economy. As one employer explains,

> *Large companies have a much easier time...I mean I was in one meeting with some gentleman who telephoned (injured) workers that were off every day. Everyday! You know, I mean I can't take the time to do that. He says 'It's a five-minute call', and I say 'Do you know how many five-minute calls I have to make in a day just to keep money coming, just to keep the company going?' We're in a very competitive market.* (Catherine, roofing)

ESRTW can disrupt on-going business arrangements and routines and can infringe on management's authority. For example, one employer complains that ESRTW's requirement for modified work prevents him from laying off a worker in the off-season as she would normally do. Another, Brendon, a manager of an auto service, describes the difficulties he experienced with return to work requirements:

> *We're a small business. We have five stalls, right? I had one empty and I had to keep it empty. Like, I'm forced to keep it empty or hire somebody temporarily which is impossible in our trade. You know, you can't just say' OK, I am going to hire you part time and when this guy (injured worker) comes back…' I can't*

> *just phone an employment agency and say 'send me a good mechanic and when I'm finished..' It just doesn't happen. Basically I was forced to have an empty bay for a year…you know then you gotta sit at the meeting every month and say why your department didn't make any money!*

The owner of a retail store feels severely compromised by his inability to get an injured worker back to work for the all-important Christmas season because the worker cannot get a doctor's appointment to confirm her readiness to work until January. The owner of a temp employment agency finds that her clients often will not accept injured employees. She feels trapped between a large client's admonishment not to report a certain injury and her own recognition of the potential penalties to her for not doing so: '*My business will go down a heck of a lot faster than yours!…The bigger corporations..they don't care if they're fined*.' Other employers recount stories of injured workers who, unjustifiably in their view, refuse all their offers of modified work. One, for example, tells the story of her unsuccessful efforts to satisfy an injured worker, concluding acrimoniously,

> *This is like one complaint after the other… You know I feel 'gee whiz, you know, more time has been spent on this man', like and he is just, seems to be not happy with anything. No matter how much you bend over back over backwards for him…he's just not going to be happy.* (Catherine, roofing)

ESRTW can disrupt on-going relations between employers and non-injured employees. Employers mention co-workers resenting injured workers who get 'cushy' jobs, leaving the 'hard' jobs for others. They cite injured workers getting privileges that they did not have in their original jobs, such as working on rain days when others are laid off, lighter physical loads, or access to the boss. The only available modified jobs may be created at the expense of other employees, which can foster resentment towards the injured worker and towards the employer who is seen as favouring that worker. In some instances the only suitable modified work situation involves promoting the injured worker, which some employers believe destabilizes work relations, and makes the injured feel rewarded and the non-injured punished. Employers regret the time and energy they have to devote to 'educating' and mollifying other workers. Although employers do not generally articulate it in such terms, it appears that ESRTW requirements can undermine their authority and disturb established social understandings in the workplace.

Modified work also presents structural challenges to employers. In the construction industry, where worksites are ever changing, or belong to the customer or the developer, it may be difficult to make satisfactory modified work arrangements. There may be, for example, no place for the injured worker to sit and rest, or crews may be mixed in with workers of other employers, or workers may be alone on the job. Employers observe that creating a modified job in a work crew can slow down the entire group, and prompt perception of unfairness from other work groups who would also like to work more slowly. Bruce, in an auto repair service, says that mechanics are sometimes 'rough characters' and that he would lose his customers if he moved some 'pig headed' mechanic into 'light duties' in customer service. In addition, he adds, the workload of the other mechanics increases: '*Now you've got one person, alright? That person can only do so much and it's not like, well let's go grab a salesman and have him fix cars, you know what I mean?'* Pete, in a moving business, feels that putting an injured worker in a spot visible to the public would be bad for business. Elsewhere, employers speak of being

forced to offer meaningless 'make-do' jobs ('giving the worker a broom') just to avoid lost time and increased premiums. This introduces fresh problems if the injured worker refuses the work, fails to come in to work or otherwise resists the employer's efforts at accommodation.

ESRTW thus entails considerable extra managerial work for employers, for much of which they typically have little familiarity or experience to draw on. For many, the work associated with ESRTW represents 'hassle'. How they respond to these responsibilities is influenced greatly by their role as an extension of the government in the workplace, by their role as control and motivation agents on behalf of the system.

ESRTW as discipline

With the transfer of primary responsibility for RTW to the workplace, employers assume a key role in ensuring that the system works the way the authorities want it to. They take on many of the administrative, coordinating, and disciplinary (i.e. control, motivation) roles formerly filled by government or compensation board personnel. First, employers must discipline themselves.

Self discipline: managing compliance. The obligation to 'cooperate' is interpreted by most employers in our sample as the obligation to 'comply' with the provisions of the law. Failure to comply can have serious consequences for small firms, such as onerous fines, or government investigation. In addition, inadequate 'co-operation', especially for those employers on certain compensation plans (e.g. CAD-7 or NEER), can involve financial penalties pegged to the amount of time injured workers are off the job. As one employer explains, '*I follow the rules…because, you know what? If I don't I will lose my business'.*

Employers frequently frame their understandings and responses to RTW in terms of 'doing everything I have to', and they punctuate their stories with explicit, often repeated, demonstrations of having followed the law. For some, the duty to 'cooperate' consists primarily of 'proving your due diligence through the paper trail', as one employer put it. A couple of employers in our sample even hired OHS consultants to advise them on 'how to conform, how to put it down on paper'. Because sanctions are tied to the completion of procedures and specific actions, employers have their compasses set to the indicators of compliance - the filing of forms, the gesture of offering modified work, the evidence of early contact.

The perceived need to be seen as legally compliant leads some employers to offer modified work even when they know it is not likely to be accepted by the worker or to be successful. In the interest of 'covering' themselves, employers also sometimes make demands on injured workers that fuel hostility and mistrust. George, for example, fulfils his obligation for early and regular contact with the injured worker by calling Hami frequently at home and suggesting he come back to work, even though he realized Hami is not yet fit to return and will feel pressured to do so by his calls. Geneveive, the employer in a nursing home, insists on a doctor's note from injured workers so that the workers '*can't come back and say: oh I was only supposed to do light duties but she (employer) made me!'* We shall see further on how the need to comply, especially to be

seen to comply, can conflict with business interests and with employers' relations with their workers.

Worker discipline: managing 'misuse'. Employers' contribution to the control and management of ESRTW extends beyond ensuring their own compliance. They also play a role in managing the injured workers' 'co-operation'. Although in principle injured workers are expected to be responsible for their own compliance and participation in ESRTW, in practice employers find themselves monitoring the worker's co-operation and aligning it with the other players in the RTW arena, such as doctors, physiotherapists, and compensation board adjudicators and case managers. The most significant aspect of this in our data is the way in which this role draws employers into issues of abuse and surveillance.

In all employer interviews we found evidence - explicit and implicit - of an orientation to issues of 'abuse' or misuse of compensation and the privileges attached to ESRTW. Employers acknowledge two main forms of abuse. The first is faking or malingering injury, or exaggerating pain or disability to gain advantage. Brendon, using a vocabulary used by others, confided that 'nothing adds up' in relation to his employee's injury claim, and his interview is textured by expressions of suspicion and doubt. For example,

> *It was an injury that he (injured worker) has already had for some time, okay? So, **I don't know**... And then it just got worse and worse and when he pushed the car (Cheadle et al., 1994), that was it, he couldn't walk anymore**, evidently**.*

The bolded text in this data segment indicates a sub-text of lack of credibility: the employer questions the legitimacy of the injury by linking it to a previous injury, and his tone and use of the work 'evidently' seem to bracket the claim as questionable.

Imputations of abuse are pervasive in the data, embedded in the way employers express themselves. For example, the sentence referring to an injured worker, 'He *said* his shoulder was hurting', with a slight emphasis in tone on the 'said', conveys that the employer's doubt, while a statement such as 'There's no question he hurt himself' signals the prior/alternative assumption that there could be such a question. The issue of credibility may also be evident in the choice of words, as in the employer who described his worker's injury as a 'sore thumb'. By trivializing the injury in this way the employer conveys skepticism regarding the seriousness of the injury.

Doubt can also be expressed indirectly by means of generalized accounts that function to subtly discredit a particular worker's injury.

> *Operators doing the same procedure all day for ten years and all of a sudden it's-- they're tired of it and their neck is sore* (Phil, plumbing)

Here the employer talks of a generalized 'operator', recounting the point as a standard 'kind' of a story that gets told to support injury claims. Here it is implied that a sore neck is summoned at will, possibly because workers get 'tired of' their work. 'All of a sudden' conveys further doubt about the etiology of the injury.

Employers frequently offer evidence to buttress their suspicions. One employer, for example, said that a co-worker had seen the injured employee playing golf while off

work, and was known to have bought a new computer: '*Wow, pretty good. Disabled and he can afford to run out and buy a new computer!*'

A second form of 'abuse', expressed more frequently than outright faking or malingering, is concern that injured workers might be misusing public institutional support, specifically inappropriately availing themselves of compensation and related rehabilitation services. In local parlance this is framed as 'taking advantage of the system', 'doing the system', 'the free ride', 'taking free coins', 'going to get the 66%' (percentage of pay paid by compensation). Employers question whether workers misuse the compensation system by claiming for injuries incurred outside of work, or for injuries sustained at a previous workplace. Even when such a question is not at issue with regard to the particular case at hand, employers typically make at least some reference in general terms to the possibility of such misuse.

'Taking advantage of the system' invokes the particularly damning imputation of not wanting to work. As one employer said about an injured worker, '*He decided it (modified job) wasn't for his benefit to do any work. He could sit at home and watch TV, I assume'*. Interestingly, 'taking advantage of the system' also appeared to include the worker fully availing him or herself of rights specified in the law, such as taking time off to see a doctor, or claiming reimbursement for certain drug costs. Making use of entitlements is interpreted, particularly in cases of strained social relations between the employer and the injured worker, as a marker for 'trouble', as a sign of adversarial positioning, and, frequently, as a justification for doubting the worker's integrity.

Suspicion of abuse can be fueled in many ways. For example, a manager in a construction company believes that a doctor's request for a CAT scan of a worker's back is evidence of impropriety because she does not believe such diagnostics are used on back problems. In another construction firm, the employer interprets the failure of her injured worker to 'turn up' for therapy as a sign that he is not really injured. Elsewhere, refusals to take on certain modified jobs, or even any violation of the worker's requirements (such as failure to produce a doctor's certificate) can be understood as evidence of ill intent.

Issues of abuse or misuse attach themselves to action as well as words. Some employers indicate that they actively try to verify the injured worker's condition. One recounts how he had spoken to co-workers about the injured worker and learned that they had seen her 'walking on a leg that's been injured'. Another employer describes how she tried to disprove the work-relatedness of a worker's claim by soliciting affidavits from co-workers. Still another says he had a photograph taken of an injured employee on compensation working at another construction site. Several employers say they report to the WSIB when they see irregularities, signs of deceit, or discrediting information – for example, that an injured worker is going to school full time, has a previous claim at another firm, has been sighted on a motorcycle.

In these ways, the discourse of abuse and the practices that flow from it engage employers in the overall governance of the compensation and RTW systems. They function as field monitors, as it were, for problems of abuse and compliance. One

employer, however, resists implication in monitoring the behaviour of injured workers, asserting bitterly,

> *There's no reason I have to step in front of that employee, I don't want to do that. We're the bad guys, right? That's how we're seen, that's the way it's set up, that's the way this whole system is set up…I'm not gonna go chase this man. I don't feel it 's right to do that*. (Phil, plumbing).

The main point in this analysis is that the problem of abuse *infuses* the accounts and actions of employers, explicitly or as a subtext. The implications of this infusion for the outcomes of ESRTW will be explored further in this report.

<u>ESRTW as 'playing the doctor'</u>

ESRTW also draws employers into the administration of the medical and rehabilitation process. Since the present system in Ontario is designed such that compensation and rehabilitation personnel do not routinely come to the workplace, employers are typically left to find their own way through the practical, front line decisions about the worker's recovery and the implications ability to do specific work. How bad is the injury? When are workers 'ready' to go back to work? What is 'early' and 'safe'? What will cause re-injury? How long will they be off work or limited in capacity? All these questions need answers not just because employers function as workplace managers of ESRTW and the ultimate implementation depends on them, but also because there are important business implications of such information, such as how work arrangements, production and profits might be affected.

In principle, decisions are supposed to be based upon medical and other therapeutic professional recommendations regarding medical 'readiness'. In practice, however, such recommendations are not always obtainable in a timely fashion, nor are they clearly interpretable or realistic because they are often made by outsiders with insufficient knowledge of real-life working conditions and circumstances. Additionally, the risk of re-injury is often not clear, and employers know that workers' views on their own readiness is not always reliable given the pressure they can be under to return early. Moreover, many key aspects of the ESRTW process lie outside the employer's control. For example, delays in medical appointments and procedures and results of tests can lengthen or make indefinite the time an employer has to 'hold' jobs for injured workers or employ them in modified jobs.

Although WSIB professionals are intended to, and do, become involved in management of the medical aspects of workers' cases, this is not always consistent or predictable, and employers sometimes find themselves having to take on a mediating and coordinating role, or 'playing the doctor'. George struggles with this role, acknowledging his own lack of understanding of the medical condition of Hami while mistrusting the medical authorities in the belief that they were just out to generate business for themselves. He desperately needs Hami back on the job, but worries about delaying his full recovery or causing re-injury and making things worse. Trying to judge and make decisions about Hami's work capacity on the basis of his own knowledge and past experience with working while injured, his compassion and personal loyalty to his long time employee, and his own business interests, he recommends to Hami to go off compensation when he is '80% better'.

Other instances of employers engaging in the medical component of RTW include Emily who, while keeping close tabs on her injured worker's progress, learns that he had had two CAT scans. The slowness of the medical decision-making on the case, her inability to find modified work acceptable to the worker, and the rise in premiums she anticipates will follow upon her mounting lost-time record, prompts her to question the appropriateness of such diagnostic tests for back injuries, and to second-guess the treatments prescribed for the worker. Another employer's impatience waiting for results of a medical test leads him to send the worker to a private agency for physiotherapy, justifying the move with: 'the doctor didn't say he *couldn't* do physiotherapy'.

Because employers are expected and encouraged by WSIB to keep in close touch with injured employees and to both follow and document their progress, they can sometimes learn details of medical treatment that go beyond what they officially are supposed to have access to. In principle the only information employers are supposed to have is that pertaining to functional assessment and restrictions regarding work. Yet, in practice, small employers often learn much more about the medical diagnoses and about treatment details. For instance, one employer learns from discussions with a physiotherapist that her injured worker refused cortisone shots for pain, a bit of information that she then uses as evidence of the worker's lack of co-operation and of the absence of serious pain. Another employer was told by a physiotherapist that her injured worker's back pain was due to poor 'body mechanics' rather than to work.

> *The physiotherapist spoke to me and I think afterwards she was chastised for it…because she spoke to me directly, she should have spoken to WSIB…But she said…she felt that a lot of the problem was this person's…own body mechanics, nothing to do with, with working. It was just the way she walked like this… and she didn't stand up straight and keep her pelvic area tucked or anything.* (Genevieve, nursing home)

This employer then used this information to buttress her own assertion that the injury was not work-related, and to deflect blame on to the worker by defining it a problem of posture.

We see, then, that by being assigned front line management responsibility for ESRTW, employers can be drawn into the medical judgement and management of RTW. They use whatever local and personal resources and knowledge they have at their disposal to do so, and use the opportunity to expedite the process and reduce business complications and uncertainties. Knowledge of the worker's medical treatment can be used in monitoring, and contesting, of worker's claims and co-operation.

In sum, then, from the perspective of employers, ESRTW can impose substantial new administrative responsibilities on employers, many of which can be very challenging to execute in a small workplace environment. Employers play disciplinary and managerial roles on behalf of the system, both in terms of surveillance of abuse and non-compliance, and in terms of mediating various medical and other professional inputs. Such roles, however, are performed in ways that are bounded by the employers' primary commitment to the business and their limited understanding of medical diagnoses and prognoses. ESRTW as business, as discipline, as playing the doctor – all create new roles

and responsibilities for employers, and can generate an additional problem – fracture in the moral relationships of work.

Moral rupture

Employers can feel highly aggrieved by what they perceive to be abuse of the compensation and rehabilitation system, and by the frustrations they experience when workers refuse offers of accommodation, or do modified jobs poorly, or turn up irregularly or sourly. Some perceive themselves to be a relatively powerless *victim* of the abuse.

> *I don't think that in, in this case, the Compensation has done enough of checking… All of a sudden we got notified that he (injured worker) could never drive a truck again…and you can't call them (WSIB) and tell them anything because they don't want to listen to that part.* (Ken, trucking)

Some employers also feel a sense of being deceived, or betrayed, especially if a highly valued or long-known employee is involved.

> *I knew this guy (injured worker) when he came to this country, he didn't have a job, he didn't have anything…. Unfortunately he makes it (difficult)…I mean you have his wife there, his kid's there who worked summers for us as well and, yeah, I'm saying, 'hey?'* (Phil, plumbing)

In either case, it is the 'moral' relationship between the employer and the worker that appears to have been affected. Loss of trust is one evident consequence.

> *I don't have a lot of respect for (injured worker) now. Like he can help me, but I'll be so careful because I'm so leery about whether his injury isn't real or as bad as he says it is. Now I don't have a lot of trust.* (Brendon, auto dealer/service)

Loss of trust has important implications for small businesses where so much work is done without supervision, where the work is often not governed by formal contracts and relies heavily on helping or 'pinch-hitting' for one another, and where there are few back-ups for workers who do not show up or cannot be relied upon. As George said,

> *When you are a small contractor, you gotta have a good relationship if you got one man, or two men, you know. You have to trust those men. See because if you are tough or whatever, you know, they don't stay with you.*

In some cases the sense of betrayal associated with ESRTW is wrapped up in issues of moral reciprocity. As Phil (plumbing company) concludes,

> *I'm saying heh, if we wanted to fix this (problems created by injury), what you do is, when you are forty-five we throw you out.* ***We don't do that****… We accept the fact your productivity comes down.* ***You have to play the game, you have to help us a little bit too****. You can't at the end think you're going for a free ride. It just doesn't work that way. We have to defend ourselves, we say 'No, your problem is not related to this work'.*

Phil reveals a sense of being let down by his long time employee, and frames the issue in terms of the moral economy discussed earlier – the company gives the worker breaks, like not firing them when they age and get less productive, but in return the worker shouldn't turn on the company, such as, here, by blaming an injury on the work.

The activities around early return can be a 'hot spot' for moral strain. This is particularly the case when employers, trying to avoid increased premiums, approach injured workers about returning before the worker is able to cope with the idea, and do not receive the willingness and commitment (and gratitude) they expect from the worker. As we will see more in the next section, upon injury workers become patients first and employees second. This very early disjuncture can set the stage for a subsequent transformation of the broader moral relationship between employers and their injured workers.

Injury and ESRTW can precipitate rupture of a formerly intact moral relationship, but they can also compound and intensify already existing strains in relationships. In describing a series of modified jobs an injured worker had tried, Melonie (trucking) recounts,

> *One time we put him (injured worker) by a desk, he said he couldn't answer the phone because he can't reach, or he can't work at a desk, he can't get his pen it's too far…So I put him out in the weigh station. ..so he brought a lawn chair and he was sleeping, just sleeping. Every chance he had, he would take off, every chance. But I insisted he came to work.*

Melonie is outraged by what she sees as the worker's deliberate obstruction to her efforts to provide modified work, and finds him so unreliable that she has to have a 'regular guy' on the same job in case he doesn't show up. This employer – and several others- appear to become totally wrapped up in particular cases of injury and RTW, spending hours at it. Some become emotionally involved in the cases, and even report such retaliatory responses as insisting that injured workers come in even when no work is available to them, or denying holidays while on modified work. A few employers talked of needing to 'defend' themselves by hiring private investigators to uncover misdemeanors and to discredit the injured worker's case. Such responses invoke – at least in instances where we could observe it - spiraling deterioration in employer-employee relations, and increase sensitivity to actions that could be construed as non-compliance or abuse, which then, of course, serves to further undermine trust.

<u>Social hardening and 'playing it smart'</u>

The term 'social hardening' refers to the tendency for some employers (and injured workers, as we shall show) to respond to their experience and disillusionment by progressively developing a less accommodating and less trusting posture towards injury and the RTW system. We observe signs of such hardening among employers who have stressful experiences with ESRTW. Not only do we see mistrust increasing between the beginning and the end of a particular claim experience, but some employers also refer to being cautious because of a previous experience they have had. One employer declares that from now on she is going to 'look more carefully' at injuries that happen on a Monday or a Friday. Another, when asked what he has learned from his experience with RTW, flashes back 'I'd hire a private investigator a lot sooner!'

Hardening also appears to play a part in another aspect of employers' response to the discourse of abuse and the practical difficulties encountered in implementing ESRTW – approaching it as a business problem to be overcome in a business way. Although most employers have considerable compassion and empathy for their injured workers –

especially those they are closest to by virtue of long employment tenure and the intimacy of small workplace size – they understand workplace injury and RTW primarily as business problems, and use business logic and solutions to deal with them.

> *We're paying him twenty-seven (dollars) anyway for work that he's not doing which is uh, which is worth more to us up on the roof, so-- I mean shredding paper is not worth $27.95 an hour!* (Catherine, roofing)

From a business perspective, a sensible response to the demands of ESRTW is to find ways to take advantage of, find ways around, to render actions cost effective. Or, in the words of one employer, 'to play it smart'. For instance, one employer avoids 'lost time' by placing workers in charity work until they have recovered. While this does not meet the system's goals of social rehabilitation within one's own work environment, it does hold down employers' premium costs, while possibly even promoting good public relations for the firm. Most employers acknowledge that their commitment to the business can conflict with individual worker well-being, but see themselves as obliged, ultimately, to give priority to the former, and justified in doing so (although this varies with individual management styles and, of course, the economic security of the enterprise).

The policy of leaving RTW to be 'worked out' within the workplace can generate uncertainties for employers, but the absence of close supervision and detailed direction also create possibilities for doing things in their own way. Indeed, it is evident in our data that employers have developed systems and strategies of their own for handling the challenges ESRTW present to them. For example, employers fulfil modified work requirements in ways that suit their own purposes and the needs of the company. If they do not want a particular worker back, or anticipate that such an arrangement would be too problematic, they declare that they have no capacity for modified work in their establishments – a declaration that, from the data we have available, appears to be accepted fairly easily by compensation board personnel, at least in part because it is impossible to verify without visiting the workplace, which is too time consuming to be done in most cases. We observe, however, that the availability of modified work has less to do with the nature of the work or workplace than with the social relations between the employer and the injured worker. For workers they know well, whom they trust, who have been around for a long time, and, particularly, who have demonstrated their capacity for reciprocity and commitment in the workplace – that is, workers who have social and moral 'capital' in the firm - employers often succeed in making arrangements for modified work.

Employers can, and do, use their control over the allocation of modified work to serve unrelated business ends. For example, in a couple of workplaces where we were able to combine worker and employer accounts, the employer assigned an unattractive job to an injured worker who had 'not been working out well' before the injury. One of these employers explicitly expressed the hope that such a move might encourage the injured worker to leave on his own accord. This would avoid spoiling the employer's compliance record, minimize costs to the firm, and would prevent the need to lay off the worker off in the future when it might be contested on the grounds that it was injury-related. Employers complied with the ESRTW regulations, but in a way that maximized benefits to the business.

The privileging of business considerations is also evident elsewhere. For example, some employers minimize business costs by making maximum use of employers' legal rights. One says that he automatically contests all compensation claims because he has found it more advantageous to the company in the long run. Another makes strategic use of the time limits on obligations to re-employ. There are many ways of complying with the law while achieving other ends, and employers, acting first and foremost as business persons, creatively do so. Acting to the limits of the law and taking maximum advantage of rights is widely seen by employers as a legitimate and logical response for them to take in the management of injury and return to work.

Some employers, however, say that they can not manage under the conditions of ESRTW, and are forced to operate 'outside of the law'. They avoid the difficulties associated with pressuring workers to return early and the hike in premiums and fines contingent on lost time by not reporting injuries and by paying workers to stay off work until it can be determined better if compensation is 'really' going to be needed. Although only a few suggest in the interview that they themselves do such things, several report that such practices are common.

In sum, ESRTW imposes an array of administrative and managerial tasks on employers which, in the context of small business economics and social organization, can prove very troublesome for them, particularly with respect to navigating the social implications of early return and modified work. Their experience with ESRTW and their responses to their governing role on behalf of the broader system, are filtered through and shaped by their primary standpoint and frame of reference as small business managers.

We move now to consider ESRTW from the workers' perspective. Despite evident differences in the standpoints of employers and injured workers, their experiences reflect many of the same issues: the discourse of abuse, the performance of co-operation, and social and moral disruption.

INJURED WORKER EXPERIENCE: PERFORMING INTEGRITY

The injured workers' experience with ESRTW is multifaceted and influenced by a host of different social and psychological factors. Many of the findings of other studies of worker experience with work-related injury, compensation, disability and return to work are also evident in our data, such as personal distress and depression, financial disarray, family discord, and stigma. Rather than repeat or rework such findings on the basis of our study, we focus on a set of findings that we believe are at the core of or important to many aspects of injured workers' experience: the 'discourse of abuse', and the corresponding necessity for injured workers to defend their personal credibility and the integrity.

Many injured workers perceive themselves to be under continuous scrutiny regarding the validity of their injury, their use of the compensation system, and their absence from work. Much of what they say and do is orchestrated in such a way as to demonstrate the veracity of their claims to disability and to work limitation, and their 'co-operation' with the requirements of ESRTW. Note here that we use the word 'claims' throughout the

report *not* to refer specifically to formal compensation claims, but in a general sense, to refer to anything that workers wish to convey and to have accepted as legitimate by others regarding their injury, themselves as persons, and their situation. We find that injured workers' efforts to legitimate their injuries and their use of the compensation and rehabilitation system contributes to the social dislocations associated with early return and modified work, and can damage social relationships in the workplace.

<u>The 'discourse of abuse' and moral self-defense</u>

A central feature of injured workers' experience in the ESRTW process is the protection of their moral reputation, their efforts to be a 'good guy' in the context of injury, compensation, and early and safe resumption of work. Injury, taking time off, claiming compensation, and resuming employment constitute a process that can profoundly threaten a worker's personal 'moral identity', their sense of themselves as worthy, good, and trustworthy persons. Moral worth is a perception of one's own value that is generated through interaction with others, through the symbolic meanings that are imputed to human action. That is, it is socially produced through an individual's assessment of how he or she is seen and judged by others. Several aspects of ESRTW can threaten the moral status of injured workers, including the 'discourse of abuse' and the social dislocations of working while injured and of doing modified work. Thus a core element of injured workers' experience involves the defense of their moral integrity.

The discourse of abuse has pervasive presence in the daily experiences and behaviours of injured workers. Their interviews are replete with references to the problem of credibility, of not being 'believed', of 'proving' their suffering and their willingness to cooperate. For example,

> *They (employers) would dispute me, sayin' that* ***I was fakin'*** *the injury.... They were sayin'-- What they would sit there and say is, "Oh,* ***he just doesn't want to work."****.... they would sit there and dispute it. And then next I'd have to give more-- They'd send more papers they wanted the doctor to fill out, which is fine. I mean, that's no problem. But, you know, it was just a* ***steady battle*** *all the time.* (Duncan, foundry)
>
> *You know if the person hasn't been injured and you tell him what you're collecting Workers' Comp., they think you're* ***scamming the government****, you know? Uh, right away, 'Oh here's a* ***lazy guy****, he's collecting this.'* (John, printing)

John is saying here that you are assumed to be cheating the system if you are on compensation, especially if the person making the judgement 'hasn't been injured' himself. Pervading these and much other data is a concern with the possibility of being perceived as 'faking', as malingering, as exaggerating pain or symptoms, and particularly, as illegitimately using such claims to secure compensation or to further personal ends.
The problem of legitimacy is raised by almost all the workers in our study, although not always in particular reference to themselves. Many workers perceive that employers, co-workers, the WSIB, even their friends, family and neighbours, question the validity of their physical condition, their disability, their claims to compensation, their inability to work. Such perceptions are not ungrounded. As we have already shown, abuse 'talk' is embedded in employers' approach to injury and return to work, and we have evidence to suggest that workers also encounter such responses from disability and compensation

professionals. '*I can't believe the number of people that are just pulling a fast one'*, says one service professional in describing problems of validating claims and managing clients.

The notion of abuse typically engages powerful symbolic language. For example, one commonly invoked image that is that of the injured worker on compensation 'sitting around home on the couch watching TV'. This image carries with it strong negative imputations of laziness and getting something for nothing, the notion of the 'free ride'. The experience of such imputations is illustrated by Tracey, who damaged her knee in a workplace incident.

> *It made me feel actually pretty angry because…they (WSIB) gave me the impression that I was faking it and, I just wanted you know, basically, a free ride. I just wanted somebody to pay me so I could, you know, sit at home and, you know, watch my soap operas or something like that, which totally wasn't the case. I mean I was a hundred per cent willing to go back to work, on the condition that it wasn't gonna kill me*.

In relation to modified work, our study finds that employers sometimes assert that injured workers should not expect any 'special treatment' and should not be 'picky' about modified work. Indeed, a 'beggars can't be choosy' tone can convey the impression that the returning workers are recipients of a philanthropic gesture for which they should be grateful.

Representations' of injured workers (images, connotations conveyed in speech) can contain potent accusations, the most damaging of which, in contemporary society, are unwillingness to work, secondary gain from illness, and access to money without working for it.

> *It's not about, "Oh wow, I got a free ticket! Ooh, hoo, I got hurt and I got a ticket, I'm set for life." {sing song voice} which, my wife runs into a lot of time with the welfare. That's, you know, that's a big dig right there***, ***people* ***livin' off the system***. *I hate that, that bothers me, that's a personal thing* (Scott, welding).

Scott, and others in our study, feel morally discredited and stigmatized by such characterizations, which augments their already substantial vulnerability and suffering due to the physical injury and the resultant threats to their economic and social wellbeing.

The ESRTW model creates the possibilities for judgements regarding 'abuse' beyond issues of faking. Injured workers are encouraged to go back to work as quickly as possible after they are injured, and to 'cooperate' with offers of modified work. This expectation leads many workers to perceive additional problems of credibility and legitimacy: what degree of and type of disability warrants staying at home? How do you know and demonstrate that you are 'ready' (or not) to resume work? How valid is the possibility of re-injury (or the fear of re-injury) as a reason for not trying to return? What constitutes a bone fide reason for turning down an offer of modified work? The complexities and subtleties of meaning and social legitimation associated with ESRTW are substantial, and a whole new set of motivations and behaviours come under the lamplight of scrutiny and require justification and negotiation.

Injured workers may also be negatively sanctioned for exercising the legal rights and privileges associated with the ESRTW system. As we have shown in the employer section, workers can be seen as 'taking advantage of the system' or 'milking the system' when they make efforts to find out about and avail themselves of such resources as time off for doctors appointments, reimbursement for travel and drugs, the right to refuse modified work, and access to re-training. Such activity – including merely making inquiries about such resources – risk being interpreted by employers as 'pulling a fast one' or taking undue advantage, and can earmark workers as potential 'trouble makers'. Here negative judgement adheres not to legal violation but to the meaning of the act of asking – that is, to the symbolic properties of the behaviour itself and its imputed 'motives'. Fully availing oneself of the rights put at one's disposal can be – and was in many instances - regarded implicitly as 'abuse' rather than as 'fair play' in a balanced workplace self-reliance scenario.

Imputations of 'milking the system', however, do not correspond to any objective boundary between what use of rights is acceptable and what is not, what is legal and what is not. The term is invoked mostly when relations between employers and injured workers are strained and hemorrhaging trust, or when workers have not been working long at the companies. In the latter case, injured workers may not have had time to establish themselves in the moral economy of the firm or to build any moral capital that might make employers perceive their actions in an alternative light. In any case, some injured workers express reluctance to exercise their rights within the system for fear such action could discredit them by making them appear to be exploiting their situation, or to be ungrateful for the level of support they already access.

Workers sometimes find themselves in a conflicting situation whereby by actually using the rights they are given by law, they undermine their claims to be fulfilling their legal responsibility to 'cooperate'. Tracey, who injured her leg in a retail store, reports that her modified work left her 'in tears' by the end of the day. She was very concerned about re-injury, but she declined her right to refuse work on that basis of it not being safe, arguing: '*I figured, well, once I've started (modified work) now they're gonna think if I don't go back, then you know, that I'm faking it, I just like the time off*'.

The point is not the *actual* incidence or occurrence of fraud or 'over-use' of legal provisions. It is the *idea* or *possibility* of abuse that is operative here. The rate of 'true' deceit is much less relevant to its social effect than is the strength of ideas about abuse, the potency of the symbolism it embodies. The fact that abuse is seen as a problem in need of constant vigilance, simultaneously creates and confirms and perpetuates the existence of the problem and the actions to manage it.

The discourse of abuse and the problems of credibility and legitimacy created by it for injured workers have significant implications for their experience and their behaviour in the ESRTW process. The discourse's most important implication is that it creates for injured workers the need to manage the latent, ambient accusation and to make manifest that they can be believed.

The performance of integrity

The discourse of abuse propels injured workers into public demonstration of their moral integrity. Workers try to combat moral discredit by convincing others that their claims are real, that they are not one of 'those' who cheat and take advantage of the system, that they are deserving of compensation and injured workers' rights. To do this they have to 'perform' their credibility and goodwill.

By 'perform' we refer here to the sociological notion of communicating and achieving particular social identities, and of managing damaging imputations of social deviance (Goffman, 1959). The notion of 'performance' is not about suggesting that people are engaging in pretence, or trying to cover up some underlying 'true' behaviour. It does suggest, however, that workers (and employers, as we have shown in relation to demonstrating compliance) actively, although not necessarily consciously, try to manage how they are seen and how their actions are understood by others, particularly those whose judgement controls their access to compensation and other services. Injured workers have a significant stake in the outcomes of their performance: if they are not believed or do not appear compliant, workers risk being morally discredited and being denied or losing material benefits.

Injured workers attempt to present themselves in such ways as to dispel suspicions, allay concerns of misuse, and ensure that their actions and claims are seen as true and legitimate. They 'perform' their credibility, compliance and co-operation primarily through language and through specific actions. John, quoted above regarding suspicion of 'scamming' when on compensation, believes people say

> *'Oh here's a lazy guy, he's collecting this (comp).' Right? They never stop to think about individuals. Uh, **everybody's different**. I mean I, I went back to work **against my doctor's orders** ...because I wanted to keep my job, okay, and I was **trying to get over something**, okay?* (John, printing)

John defends himself against the suspicion of 'scamming' by declaring that he went back to work even against medical judgment (i.e. he was that committed to his job even at risk to his own health). Moreover, his decision to go back to work was affected by his need to demonstrate his credibility. 'Everybody's different' says John, as he appears to be engaging in another common strategy for asserting moral integrity - explicitly acknowledging the existence of cheaters, but denying being 'one of them'.
Tony, a delivery worker, expresses this more explicitly,

> *I've worked with some people before that, that I knew were...you know, 'milking the system'...but I **felt like I was being grouped in with them** as well.*

There were many instances in the data of workers describing in detail how cheating *could* occur.

> *I could walk into the doctor's office tomorrow and there's no way on earth that they could prove that I couldn't touch my toes. I could grunt and groan and moan and hiss and do whatever, there'd be no way they could prove different.* (Scott, welder)

Workers talk about such possibilities, however, in the hypothetical, often in the third person, thereby disassociating themselves personally from such practices. Although workers invariably disclaim their association with such deceit, in doing so they simultaneously confirm the shared public belief in the existence of such deceit. Abuse stories are thus both the product and the producer of the discourse. Workers engage in abuse stories to position themselves in opposition to them, but in doing so they unwittingly become party to the re-creation and maintenance of the discourse.

Another defense strategy used by workers is the denial of past work-related injury. Most of the workers in our study take pains to point out that they have *not* had previous work injuries. Whether they have or not is beside the issue. It is the function of such a declaration that is of interest in this analysis. The frequency with which such a statement is made is suggestive of its discursive function as a moral disclaimer: having had previous lost time injury or compensation claim can be a socially damaging signifier. Such an interpretation is supported in many ways, including frequent reference to whether or not it is wise for workers to reveal such a fact to prospective employers. Previous history of injury can tarnish a worker's identity by conveying an image of being 'injury prone' or, worse, of being the 'kind' of person who (too easily) takes time off work for injury, or, worse still, of using injury for his or her own personal advantage. If workers do recount past injuries, they often qualifying the admission with assertions of how they 'carried on despite' pain, or 'soldiered' on, or 'shook it off' or ignored symptoms. That is, past history can be acknowledged if it is performed in a way that counters any negative social imputations, that demonstrates that they are 'good workers' who are committed and loyal and who do not usually or easily abandon their work for personal reasons. Lois, a retail sales clerk, speaks to this aspect of 'performance':

> *As you know because of my work record, like* ***I'm a very loyal, conscientious person****. I don't miss work and I* ***don't take sick days*** *if I don't have to and uh, you know, like…****I want everyone to know that I wouldn't take advantage of any situation****. And I don't think I am taking advantage…*

The performance of integrity is evident in the data not just in what people say, but also in what they do not say. For example, workers are very reluctant to admit to the researchers that they did not like their job before the injury. To do so would be to render oneself suspect of using injury to get out of a bad job, or of furthering one's own career interests – motivations that lack social legitimacy within ESRTW culture. Referring to his boss and WSIB staff, Tony says,

> *Well it's like they're mad at me 'cause I'm injured, you know what I mean?…They toned down their voice a bit and their attitude when they got the results of my tests that the doctor….Like at first they might have thought I was faking, you know.* ***Maybe I wanted to start a new career or something****.*

In an effort to resist a label of abuse, one worker reports 'overdoing it the other way' by checking out of the hospital quickly (implying that it might even have been against medical advice) to make a strong statement in favour of his integrity and to fend off any latent suspicions of self-indulgence.

The need to perform credibility also carries over into non-work life. Tony, who hurt his hip, tells us about how the performance of disability must always be sustained because

others, like family or neighbours, have also to be convinced of the validity of his inability to work.

> *I just really can't paint the living room, you know what I mean? It hurts my shoulder, and God knows, if somebody came here and seen me painting the living room, what would happen! (people would say..) 'You can't work but you can come and paint the living room??*

In a similar vein, another worker recounts how he is reluctant to carry out the garbage at home for fear he will be seen and judged too able-bodied to be genuinely injured. Workers report having constantly to be aware of how their actions and words might undermine their credibility and affect the legitimacy of their claims. Workers' fears in this regard may have some grounding. We were told, for example, that the neighbour of one injured worker called up the employer to report evidence that brought into question the worker's claimed inability to work. Whether such reporting actually goes on is less important to its effect that the fact that people widely *believe* such judgements are being made, and respond accordingly.

The risk of moral discredit and access to material resources can be particularly stressful for injured workers in situations when the same behaviour might convey different, contradictory meanings. Hami, for example, describes how he struggled with the decision about how long to stay at home before attempting a return to work. To go back quickly would show his loyalty and commitment to his boss, but might also diminish perceptions of the seriousness of his injuries and disconfirm his account of the accident which was contested by a co-worker. However, to stay home too long would make life very difficult for his boss and co-workers and perhaps make them question the validity of his discomfort and suspect him of babying himself or of 'taking it easy' at home. The decision about what to do was eventually made not on the basis of how he actually felt (which was very poorly), nor on a doctor's recommendation to 'take it easy' or to 'go with' what he felt his body could safely handle, but on the basis of what, in the context of this discourse of abuse, he believed the timing might convey about him as a person and as a worker.

In instances where injury or the therapeutics are not visible, workers may have to work particularly hard at performing their disability in ways that protect them from moral reproach. One worker reported that he did not want to take pain killers, but hesitated to discontinue them for fear of conveying that he was no longer in pain and undermining his case for disability and compensation. The quest for legitimacy in the case of invisible pain or in the absence of clear medical documentation and diagnosis, and the consequences of this quest for disability, has been documented elsewhere (Reid, Ewan, & Lowy, 1991; Rhodes, McPhillips-Tangum, Markham, & Klenk, 1999).

The performance of 'co-operation'

In addition to demonstrating credibility, injured workers must also show through what they say and do, that they are complying with the governing institutional requirements of the program. Most importantly, their duty is to 'cooperate' with the ESRTW process. However, there are no clear definitions of what actions or attitudes constitute 'co-operation'. The same behaviour can be seen as cooperative or uncooperative depending on the social context in which it is understood and who is viewing it.

Co-operation is a complex socially negotiated process that reflects the distribution of power and prevailing social norms and practices in the workplace. In small workplaces, for example, ‘co-operation’ is perceived in relation to the moral economy of the workplace. Injured workers who violate practices of reciprocity while carrying out ESRTW might be seen by their employers as uncooperative. However, if workers respond instead to internal workplace norms, such as not reporting injuries, they may violate formal institutional rules.

The complexity of the notion of co-operation is illustrated by John, a printer, who following practices of reciprocity in his workplace, “takes the rap” for his work-related injury:

> *And the owners thought they were gonna be fined. And they told me to take the rap and they’d pay my fine. So, because, doing it that way it’s not on record that they’re negligent. On record that I was negligent.* ***If I want to keep my job that’s what I have to do…. Well, what would you say?*** *If it’s a matter of keeping your job, what would you say?….you agree to it, right?*

In another instance, Hami, who is back to work part-time, is pressed by his employer to go off compensation and simply be paid by his employer for full time work. Hami feels that if he refuses he would not be helping his boss minimize compensation costs for the company, and would violate informal understandings of mutual reciprocity by betraying his moral obligation to his boss for past confidence in him. At the same time Hami knows that such a move could be seen as failure to ‘cooperate’ within the terms of ESRTW, which might put in jeopardy his relationship with WSIB and his claim to future disability support. He thus struggles to resist his boss’s entreaties while performing his ‘co-operation’ in other ways, such as putting in more hours than his better judgement tells him is safe.

The decision regarding how soon to go back to work after injury is another site for demonstrating co-operation. Workers typically have few benchmarks for making this decision. In theory they are to be guided in this regard by medical opinion, and compensation professionals, but the information and advice they receive can be vague, or conflicting, or inconsistent with their own bodily experience. Some workers say that the doctor has ‘left it up to’ them to decide when they are well enough to go back to work, or that the doctor has no understanding of the conditions of work. Some receive mixed messages, being warned of the dangers of re-injury at the same time as being told that rapid return was ‘healthy’ and in their best interests. Some hesitate to voice their fears of re-injury in the workplace in case this be interpreted as weakness or duplicity.

Workers report (also indicated in our discussions with RTW professionals) that they are encouraged by their compensation board contacts to immediately ‘think’ return to work, and to position themselves appropriately in terms of complying with the ESRTW format and documenting their actions. For example, workers are advised to make an effort to visit the workplace as soon as they are able in order to display their willingness and good motivation (even, in once instance, by stopping by the workplace on the way home from the hospital).

In small workplaces, where, as we have seen, the loss of a worker can sometimes cause havoc with the business, workers feel tremendous moral and material pressure from their employers to get back on the job. Workers report having to express the desire to return to work in order to demonstrate their commitment to their employers and the firm, and to offset nascent negative moral imputations about their character as workers or their willingness to cooperate.

Also a litmus test of 'good' co-operation is how workers respond to offers of modified work and how they function in these jobs. In small workplaces the opportunities for modified work can be very limited: there are few unfilled duties, few physical or social spaces for occasional work, and little financial capacity to absorb marginally productive work. Thus, in many small workplaces, injured workers cannot be accommodated at or near their pre-injury jobs, and they may find themselves expected to 'cooperate' with work that involves profound social dislocation.

For example, blue collar manual workers accustomed to working outside in all male environments may find themselves assigned to a clerical job, inside, in a mostly female environment where working conditions and culture are not what they are familiar with: different clothing, different ways of talking and interacting, different work schedules. Such class and gender dislocation can be profoundly challenging to injured workers. Tony, who does delivery work, describes some of these sorts of social dislocations when he is given modified work in the office, or 'in a cubicle' as he sees it. First, he notes that he has not before had to work with co-workers, only with customers. He finds the office environment overwhelming,

> *It's a lot of stress in the office. Hey, you got the customers complaining, upper management coming down, 'Why isn't this done? What's this, what's that?' The drivers screaming 'No, I don't want work 'til six, seven o'clock tonight!' - you know. And the phones are ringing, you have to input all of it. I'm going crazy here and I'm making twice as less…*

He especially misses the solitude and freedom of his delivery van,

> *I was on my own basically…you work on your own, you're out on the road, the day goes fast, right? You're here, you're there, if you want to stop to pick up a coffee you stop. You put on the heat, you're warm, you got the radio, you do your own little thing, right?*

Other forms of social dislocation can also adhere to modified job arrangements. Although the ESRTW system strives to equalize pay differentials, modified work involves other sorts of losses for workers, including the informal, less visible financial and social 'perks' of former jobs, such as tips or use of a truck for personal use and other social status returns.

Less tangible but of no less significance is the loss of the sense of competence that can accompany modified work. Injured workers speak movingly of their experiences in jobs that require different skills than the ones they had in their pre-injury work (e.g. Tony does not have experience as a dispatcher and the thought of taking it on terrifies him), or no skills at all (one worker's modified job is to check that workers wear their sanitary 'booties' on the shop floor). Jobs of substantially lower social status than pre-injury ones,

and ones where there is 'nothing to do' can be particularly difficult and degrading for workers. As Tony describes,

> *They stuck me out at the gate, to watch people coming in… I am on 'light' duties standing up all day in the heat in the middle of summer in a little room 2x2 waiting for someone to come by so I can push the button (to open gate), which they just as easily could do themselves.*

Transcribed words cannot communicate the humiliation conveyed in tone of voice and physical demeanor. Workers spoke of such problems to the researchers, but it is unlikely that they are able to express such social and moral concerns within a RTW system based primarily on physical accommodation, or within a climate that could convey to injured workers' that they should be grateful to have any job at all. By complaining about modified jobs workers risk jeopardizing their self presentation as 'cooperative' and above suspicion of ulterior motives or 'abuse'. Although we cannot document such a relationship in this research, it would not be surprising if the distress occasioned by modified work in such circumstances affects the injured worker's recovery process and possibly also the speed and success of return to work.

The problem of credibility and the need to perform 'co-operation' in the process of early return and modified work can bruise more than the identity of the individual injured worker. They can also precipitate and fuel breaks in the social relations of work.

<u>Moral rupture</u>

As do employers, injured workers also experience disruption in the moral relations of work, albeit in a different way. Earlier research has shown how illness and injury in the context of work can disrupt existing patterns of social relationships between small business employers and workers and initiate a breakdown in trust (Eakin & MacEachen, 1998). The practices of ESRTW can sometimes invoke similar effects, damaging social relationships between workers and their employers (Williams, 1991), and between workers and their co-workers.

For example, John, a printer, feels betrayed when he sees that his employer is absorbed more with avoiding liability than with accommodating John's disability from a hand crushed in a printing press. He is embittered by the absence of an offer of modified work, and his ultimate lay off; he expected more for his twenty years of work and his experience: '*I was doing the job of four people, or five people: production manager, plant manager, purchasing, everything, okay?*'

Hami's experience represents an even broader 'moral rupture' than John's. His injury disturbed what was a comfortable and mutually satisfactory and trusting relationship between him and his boss. There is no evidence in the data to suggest that his relationship with the other workers was not also harmonious before his injury. The events surrounding his accident and its aftermath, however, appear to have fundamentally altered personal and work relations. He is morally offended by the pressure his employer puts on him to return to work quickly, by his apparent doubt about the extent of his disability, and by his appearing to care more about the business than about him as a person. He feels duped by his former confidence in his boss, and devastated by the rift

that develops between himself and another employee whom he saw as taking the side of the boss to protect his own liability and that of the company.

Erosion of moral relationships with co- workers occurs in other ways beside that typified by the case of Hami. The data contain many references to the way in which injured workers see their modified work as breeding resentment from other workers.

> *When I was in the dispatcher they (co-workers) 'Why is this guy sittin' in the back of the chair, answering the phones and playin' on the computer while we're out here sweatin' our ass off…They were a little bit ticked off at first, they had to do more work.* (Tony, delivery)

Modified jobs can be seen by workers (and employers, as we have shown) as conferring unfair and unearned privilege on injured workers, as representing 'favoritism' and special status. In small workplaces, since alternative jobs are often not available, accommodation often takes the form of working fewer hours, or getting assistance from other workers. This form of modified work, however, increases the workload of the non-injured (especially in small workplaces) and compounds possibilities for resentment. In other words, the system of modified work sets the structural conditions for the perception of inequality, which can drive moral wedges between workers and their fellow workers. Thus, for workers, 'co-operation' can have contradictory effects – it might satisfy the employer, or compensation authorities, but it can risk damaging relations with co-workers, which in turn can accentuate the perceived potential for 'abuse' and intensify the performance of credibility and compliance. On the other hand, if injured workers hesitate to take on, or refuse modified work to avoid chafing other workers, they may be considered uncooperative and be put at risk for losing their institutional support.

In our data, moral ruptures in the social relations of work are sometimes associated with workers' perceptions of having been 'had' and the resolve to learn from the experience and avoid replays in the future. Responses to such learning parallel the social 'hardening' noted in employers.

<u>Social hardening and 'playing it smart'</u>

Hami's distress colours his subsequent interpretation of his boss' earnest efforts to accommodate his injury. Instead of appreciating the offers as generous and helpful, he begins to see them as exploitative and unreasonable and in the interests of the company rather than himself. That is, moral disillusionment sets the context for his understanding of the modified work offered to him and of his employer's 'motivation' to help him, and ultimately prompts his resistance to many of the gestures of accommodation extended to him.

Other workers respond to their frustration ('*You gotta prove everything, gotta prove you're breathing!*') by adopting a more overtly combative stance vis à vis employers and the compensation board, which of course only serves to throw oil on the fire by furnishing additional evidence of lack of co-operation. In some cases, social hardening takes the form of deciding to 'play it smart' or 'play the game' by being more assertive about availing themselves of legislative rights and entitlements. John, a printer who is dismayed at a co-worker who he believes 'lied' to WSIB about how his injury occurred, and at his boss who he thinks 'indirectly caused' his injury, says: '*I finally started to play*

it smart and let the government retrain me'. Playing it smart, however, sometimes has the effect of raising the level of suspicion of the worker's motives within ESRTW. Social hardening thus can contribute to a spiral of discontent and further moral rupture with employers (and in some cases also with professional advisors).

The preceding discussion illustrates the complex social roles and interactions engaged in by injured workers as they maneuver themselves through the ESRTW process. Such a process would be difficult for anyone at the best of times, but can be particularly challenging for injured workers under the 'early' return policy.

<u>Limited 'time out' and the public gaze</u>

The classical sociological notion of 'sick role' refers to the set of rights and obligations governing the temporary release of sick or disabled individuals from normal social responsibilities (Parsons, 1975). The sick role functions as a societal mechanism for giving incapacitated persons a protected (but controlled) social 'niche' in which they can legitimately be relieved from regular duties while they recover. It also gives incumbents some space and time to deal with the physical and psychological challenges of altered bodies and functional status.

With ESRTW, however, this socially protected place is curtailed, sometimes dramatically. Workers get restricted 'time out' after injury (some hardly any at all) and are urged to go back to work as soon as physically possible, often while still in a fragile and vulnerable physical and emotional state. Their status is ambiguous – they are not 'normal', but they are at work; they are injured, but expected not to act so; they get some of the rights of the sick role, but not all. The practical implications of this are suggested in Joe's indignation over expectations regarding his travel to and from his place of work and the medical facilities he was attending for treatment.

> He (adjudicator) says "Well, take the bus to physiotherapy or the doctor". I said "I live out in the country you dope, there isn't a TTC bus out here!" It's thirty kilometers one way to the hospital, where do I get a bus? …Now I'm on crutches, no weight bearing, I'm supposed to take my own vehicle to go to the hospital and it's a standard. You tell me, how do you drive a standard shift transmission with a cost and crutches?

Injured workers must deal in 'public' with their suffering and altered social and physical circumstances and medical care under the gaze (indeed even scrutiny, as we have seen) of their employer, co-workers and government authorities. We have already seen that small employers do acquire knowledge of the injured worker's diagnosis and treatment, and that this can have consequences for workers - employers question the need for certain medical tests, or use treatment refusal as evidence of non-co-operation. The rendering 'public' of an injured worker's medical situation and care may be additionally likely to occur in small work environments where workers' personal lives may in any case be more visible and generally known.

Our analysis suggests that in some instances limited access to the social functions of the sick role and early exposure to public scrutiny might compound the difficulties injured workers experience with injury and RTW. Some workers have barely emerged from the acute phase of injury when they are hustled back to work, propelled into a complex and

demanding situation in which they must simultaneously manage medical care issues, learn the ‘ropes’ of an unfamiliar bureaucratic compensation system, defend themselves from the discourse of abuse, and negotiate their way through a social minefield of contingencies that have the potential to profoundly influence their lives and futures. Their vulnerability at this time, combined with a not-surprising preoccupation with bodily matters and medical care, clearly sap injured workers’ capacity to meet the demands of ESRTW - to be self-reliant, able to assert legal rights within the workplace, and resilient to the moral threats and social dislocations associated with the process.

In sum, then, injured workers experience a range of difficulties with early return and modified work, mostly of a social nature. In particular, worker’s responses are governed by the discourse of abuse and the socio-politics of ‘co-operation’, and the need to defend their moral status and credibility, and thereby also their right to the sick role and to compensation.

COMMONALITIES OF EXPERIENCE

Work-related injury and ESRTW have fundamentally different primary meaning and consequence for workers and employers. For workers they constitute matters of body, livelihood, and moral identity. For employers, they constitute matters of business economics and managerial autonomy. Despite their different standpoints and different stakes in injury and return to work, many of their experiences are linked or even converge.

Both workers and employers have to manoeuvre through social minefields in the course of ESRTW, workers risking discreditation of their claims, social stigma, and alienation from other workers and their communities, and employers risking financial loss and disadvantage, disruption of relations with other employees and invasion of managerial autonomy.

Both workers and employers were deeply enmeshed in the discourse of abuse. Both perceived the other as misusing the system. Employers often suspected injured workers of malingering or taking advantage of their situation; while workers often saw their employers as using injury and RTW provisions in the interests of the business rather than in the interests of worker recovery. Both could experience the erosion of trust at what they perceived to be the betrayal of moral understandings in the workplace, and both could ‘harden’ around such experience and alter their stance to ‘play it smart’.

Their experiences are interdependent (both take shape in relation to the other, both create the conditions for the other’s experience) and converge around common concerns – such as the maintenance of credibility and the performance of compliance. The interdependence and convergence of their experiences stem from their common institutional origin - the structure, policy and practices of compensation and ESRTW - and from their common organizational location – in small workplaces. That is, their experiences are both closely tied to the common social contexts that frame them.

CONCLUSIONS AND IMPLICATIONS

Summary

This research attempts to understand, from a sociological perspective, the process of return to work in small workplaces, from the standpoints of both injured workers and their employers. In particular, the project seeks to shed light on how Ontario's ESRTW strategy and its focus on 'early' return, 'modified work' and management of ESRTW by the workplace, actually gets played out and experienced in the workplace.

When delegated to the workplace, the implementation of ESRTW is superimposed on and becomes part of the everyday social organization, interactions and customs of the workplace ('how things are done around here'). The requirements of ESRTW are filtered through the logic of the workplace and 'adapted' to the needs and standpoints of the parties involved. For employers, ESRTW is a business problem, with significant administrative and managerial challenges, that can draw them, often involuntarily, into the disciplinary and medical management of RTW. Compliance with ESRTW and compensation regulations can impose an administrative burden, conflict with workplace norms, undermine their managerial authority, and damage relationships with the injured worker and with other employees. For workers, ESRTW can be a struggle to protect their personal credibility and integrity, and to reconstruct their physical and working lives within the ambiguous and contested terms of 'co-operation'. Workers suffer under what we call the 'discourse of abuse' – persistent, pervasive imputations of fraudulence and 'overuse' of rights. Surveillance and its effects can extend into the injured workers' homes and family life. During the vulnerable and fragile stage of bodily injury and recovery, workers confront a range of social difficulties in determining when they should return to work, in managing issues of loyalty and commitment to the firm and employers, and in engaging in modified work that can be meaningless or socially threatening. For both employers and injured workers, damaged moral relationships and trust can trigger snowballing of social strains, induce attitudinal 'hardening' and resistance, and impede the achievement of mutually acceptable solutions to the problems of injury and return to work.

Generalizability

It is critical for the findings of this study to be understood in the context of the research methodology used. Qualitative methods are about the *nature* rather than the *distribution* of phenomena. Thus this study is designed to provide *insight* into how ESRTW occurs and is experienced in a particular set of workplaces, but does not tell us to what extent our findings are generalizable to other individuals, workplaces, times or locations. Other kinds of research are required for this.

Although the findings of this research cannot be *statistically* generalized, they do have *conceptual* generalizability. The concepts and explanations developed in our analysis offer a theoretically and empirically grounded basis for further research. Moreover, even at this point, they provide a basis for reflection on the core features and assumptions underlying current policy and practice. The ESRTW approach, particularly the transfer of

responsibility for the day-to-day management of RTW to the workplace and the concepts of 'early' return and modified work, is based upon many considerations including economics (cost reduction), rehabilitation philosophy (reduced disability), and theory of governance (self determination, decentralization of authority). Underlying all are assumptions about the nature of workplaces, disability, management practices, employment relationships, organizational psychology and individual motivation. Our findings speak to several of these considerations and assumptions, and thereby have implications for the policies and practices built upon them.

Cost 'savings'

ESRTW, it is hoped, will reduce cost to the compensation system by reducing the severity of disability, the direct provision of rehabilitation and other services, and the time over which disabled workers require compensation support. There is indeed evidence in the literature that early return and modified work programs are cost-effective in terms of increasing rates of RTW and reducing the number of lost work days (Krause et al., 1998). However, because the studies included in this review were based mainly on large work organizations, it remains unclear if modified work 'works' as well in small work settings. Moreover, Kraus et al. note that the literature addresses only a limited set of cost outcomes, and does not consider the costs of outcomes related to physical functioning, quality of life, earning capacity, satisfaction and re-injury (Krause et al., 1998). Some of these missing outcomes are touched upon in our study. Although our study was not designed to assess cost-effectiveness, our findings raise the possibility that ESRTW might be generating costs of a different order, and/or are merely being transferred elsewhere.

For example, some of the costs of ESRTW are now being absorbed by employers whose time and energy must now be devoted to implementing the strategy, including, as our data show, to 'proving' compliance and co-operation. New costs are also generated, especially in small workplaces, by the loss of economies of scale in knowledge and experience. Administration of ESRTW is divided up among many individual workplaces where employers each have to 'learn the ropes', and indeed re-learn them again the next time, since injury does not happen so regularly in individual small worksites.

The intensification of adversarial relations often associated with the demands of early return and modified work may also affect the distribution of costs. The economic costs of strained employment relations and of time spent resolving conflicts is borne by employers, and workers, and may even generate costs for other welfare institutions, such as the health care system and the welfare system. ESRTW may even be generating costs for injured workers' families, for example in the case of spouses assisting an injured worker with getting to work and in a couple of cases in our data, even with executing modified work tasks on their behalf .

The point is that a meaningful appraisal of the ultimate cost savings of ESRTW strategy needs to take into account the full range of costs, including those borne by workers and employers and other social institutions, and those associated with the unintended social dislocations noted in this study.

Social hazards

ESRTW is envisaged as an improved approach to the prevention of chronic disability. It is believed that early return decreases social isolation and loss of socially supportive aspects of work such as relationships with co-workers, and that 'safe' modified work can avoid problems of re-injury. Our study casts some light on these expectations.

In RTW safety is largely conceived in *physical* terms (Staal et al., 2002). For instance, the language of 'light work' connotes the physiological demands of work like intensity and duration of physical output, and 'safe' connotes labour that does not risk the physical re-injury of the recovering worker. Without in any way diminishing the relevance of physical considerations in RTW, our study suggests that 'safety' might be framed in broader terms to incorporate its psychosocial dimensions. 'Safe' RTW should include both physical and social security, and would be alert to the ways in which modified work and early return can be hazardous in psychosocial terms. In some contrast to the belief that early return to work is of psychological benefit to workers and might hasten recovery, our findings reveal the possibility of less salubrious outcomes, such as alienation between injured workers and their co-workers and employers.

Such negative social experience may have physical implications. For example, the pervasive concern with illegitimate representation of injury and misuse of services (the 'discourse of abuse'), and the need it creates to publicly demonstrate and validate disability, may have the effect of retarding return to work and abetting chronicity. The issue of legitimacy in health-related behaviour is widely recognized in the sociology of health, and has elsewhere been linked to work-related disability and rehabilitation outcomes (Reid et al., 1991; Tarasuk & Eakin, 1994; Smith, Tarasuk, Shannon & Ferrier, 1998). It is plausible that the emotional strain associated with the experiences documented in our study could play a role in extending disability and impeding return to work. The repeated necessity to prove the veracity of one's pain and disability, to defend one's moral integrity, and to remain ever vigilant of discrediting meanings that might be attributed by others to one's behaviour, can become so engrained in day-to-day practices that the resumption of non-defensive roles becomes progressively more difficult.

In the evaluation of RTW programs, a shift in conceptions of 'safety' to include social security could focus more attention on a different and important set of factors – social and organizational - that affect disability and rehabilitation outcomes, and may point to new sites and opportunities for intervention and change.

Perversities of self-reliance

Ontario's ESRTW approach is grounded in the policy of self-reliance whereby government sets the objectives, establishes a 'motivational' structure to ensure the parties do what they are supposed to, and then leaves individual workplaces to make the detailed responses according to particular workplace characteristics and contingencies of the case. The transfer of responsibility for RTW management to the workplace is expected to improve the implementation of RTW strategy by allowing a standardized system to be adapted to local conditions and to local solutions. It is believed that a measure of 'self-determination' is a good strategy for ensuring the active participation of workplace

parties and for ensuring 'buy in' to system goals. Local administration also provides an avenue for increasing 'motivation' to comply, for example, by rendering financial incentives and sanctions immediate and visible. It is assumed that workplaces can be made to comply with the ESRTW requirements and that administering a RTW program would be feasible in small workplaces. Both assumptions, however, are brought into some question, at least in the case of small workplaces, by our study.

First, a self-reliance model can have unanticipated outcomes because small workplaces (indeed workplaces in general) are not blank slates upon which the government's mission and strategies can be written. Nor are they just technical systems for the production of particular goods or services. Workplaces are social systems with distinct organizational and cultural formations. Thus the 'localization' of the management of RTW means that an externally defined set of requirements and objectives is super imposed on an existing social system and on individuals with differing interests and goals. The governing institution's interests and priorities (e.g. reduce compensation costs) are not necessarily the same as those of small employers (e.g. stay in business, make a profit) or of injured workers (e.g. minimize suffering, make the best of loss).

On behalf of the state, small employers find themselves assisting, often involuntarily, in the control of fraud and non-compliance and in the mediation of various external professional inputs into the process - even though these roles are time-consuming and carried out without the supports that exist in large organizations. Employers' roles can also conflict with the demands of running a small business, and can violate internal workplace norms, infringe on managerial authority, and strain relationships with workers. Workers also find their assigned role in ESRTW can conflict with their self-interests. They are expected to 'cooperate' with an institution whose goal they may see as the minimization of compensation costs, and with employers whose main priority is the business. They may find themselves returning to work before they feel secure, accepting humiliating and disadvantageous modified jobs, and being inhibited from taking 'advantage' of their misfortune to leave unhappy work situations or to start new careers.

Therein lies a structural tension of ESRTW. Although on the surface all the players have a stake in getting injured workers back to work fast, the nature of their 'stakes' are very different, and the various players are in significantly different positions of power. Thus government institutions have the most power by virtue of their regulatory power and control over access to compensation, and they use this power to try to make the other parties – the employers and the injured workers – carry out institutional objectives on their behalf. The workplace parties mostly do so because they legally are obliged to, but they try to do it on their own terms and to suit their own ends, and using whatever power they have to define the process in ways favorable to themselves. Moreover, since the provisions of ESRTW are often unrealisable in small work settings, or disrupt social relationships and work organization, goodwill can be damaged, and illegal solutions resorted to. Such an outcome then calls for additional vigilance and intervention on the part of system authorities, which merely heightens the discourse of abuse and its damaging sequelae.

Self administered RTW is also problematic in small workplaces because it assumes a

'level playing field' for negotiating the arrangements of return and modified work. In small workplaces workers for the most part do not have the support of unions to help balance the distribution of power. Much of the distress communicated in our interviews with injured workers was related to their sense that the system was unfair and not set up in their interests, Most importantly, they felt powerless to make it work better for themselves except in ways that put them at risk of further harm.

However, employers in our study also feel that the system is unfair to them, and favours the injured worker. Thus both employers and workers perceive the system as tilted in favour of the other. Moreover, both feel that the ESRTW regime fails to 'understand' them and is ill designed for the day-to-day realities of working life. Our interpretation of this finding is that in small workplaces ESRTW can disadvantage both parties, in different ways.

A final and related problem with self- regulated ESRTW in small workplaces arises in the resolution of conflict. ESTRW is heavily dependent upon the existence of harmonious employment relations in the workplace. Conflicts occur – indeed self-reliance in ESRTW may even contribute to their occurrence. Small workplaces, however, are generally poorly positioned to manage conflict beyond the arbitrary exercise of power by the employer. Without union involvement and other organizational structures that play a role in dispute resolution, such as health and safety committees, small workplaces lack fair means of being self reliant in the resolution of conflict. Small workplaces also have other characteristics, such as family involvement, that can complicate the social relations of work, and make effective management of conflict even more challenging. Of course, under ESRTW policy it is intended that WSIB should play a role in conflict resolution, and mediation assistance is available. In practice, however, it appears, at least in our data, that this may only happen when conflict is full-blown and largely intractable. External mediation may not be a practical remedy for handling the front-line, day-to-day tensions and conflicts of interest spawned in the course of ESRTW.

One size fits all

Our findings suggest that many of the problems of ESRTW in our sample are related to workplace size and all that that entails by way of place in the economy, workplace culture, administrative structure, and social relations of work. We propose that ESRTW is primarily designed for larger organizations which have the organization, resources and employment relations to support it, and that the model may in many respects not be appropriate to small enterprises. In other words, one size does not fit all. We believe that the case for such a conclusion is relatively strong. Indeed, we suggest that the principles and policy of RTW need to be carefully tailored to the structural conditions of work and social relations of small enterprises.

In adapting policy and practice to small workplaces, however, care must be taken to not fall into the same one-size-fits-all mentality. Not all small workplaces are the same. For example, the notion of 'small business', which is the usual term used to describe work organizations with small capital or small numbers of workers, evokes images of small, family-run, for-profit enterprises selling a product or a service. Such organizations may, or may not, have much in common with, for example, small professional partnerships, or small not-for-profit organizations that are engaged in human service work with a mix of

paid and unpaid workers. Self-employed professionals are different from 'independent' trades persons sub-contracted to a large company. Temporary employment agencies and franchise operations might be expected to have their own unique organizational circumstances and possibilities regarding return to work. More needs to be known about the diverse nature of the 'smalls' in order to design and implement setting-appropriate return to work schema.

Beyond size

Although this study is focused on the small workplace sector, our findings have relevance to workplaces more generally. Some of the social challenges of early return and modified work and accommodation of disability that we have described have been observed, to varying extent, in workplaces of all sizes (Harlan & Robert, 1998; Niemeyer, 1991; Strunin & Boden, 2000; Williams, 1991). Indeed, some of the issues we explored, such as the discourse of abuse, are problems that transcend the domains of RTW and occupational health and are present in social welfare systems more generally, particularly in times of neo-liberal economic and political rationalities (Tarasuk & Eakin, forthcoming) .

Appendix 1

The Literature on Return to Work in Relation to the Current Project

There is an extensive literature on RTW and disability management that spans a multitude of disciplines (medicine, rehabilitation, OHS) and focuses on a broad range of illness and injuries, some of which are work-related (e.g. musculoskeletal disorders, traumatic injury) and some non-work related (e.g. organ transplant, cardiovascular disease, spinal cord injury, and now even HIV/AIDS). Much of the literature is practice and policy oriented, rather than research based, and describes policy, legislation and management systems, particular RTW programs, best practices, evaluation tools and so on (Bruyere & Shrey, 1991; Gunderson, King, & Gildiner, 1998; Johnson, 1987; Lacerte & Wright, 1992; Watson Wyatt Worldwide, 1997).

The research literature is largely oriented to identifying the predictors of RTW (Crook & Moldofsky, 1994; Gallagher et al., 1989; Linton, 1991; Sinclair, Sullivan, Clarke, & Frank, 1995) and the outcomes of therapeutic and workplace interventions (Brooker et al., 1998; Butler, Johnson, & Baldwin, 1995) including modified work programs (Krause et al., 1998). The empirical literature is largely quantitative/epidemiological in nature. A range of different factors have been identified as central to RTW, including worker and injury characteristics, rehabilitation interventions, work /workplace characteristics, and broader socio-economic policies and regulations (Brooker et al., 1998). Modified work programs have been found to increase substantially the rate of RTW of both temporarily and permanently injured workers (Krause et al., 1998). Type of injury (Butler et al., 1995) , compensation levels (Butler), organizational commitment and management support (Akabas & Gates, 1990; Shoemaker, Robin, & Robin, 1992) work relations (Krause et al., 1998) and expectations of treatment professionals (Catchlove & Cohen, 1982) have also been associated with disability accommodation and RTW.

Although this literature offers valuable overview perspective and suggestive findings, there are certain gaps and limitations. First, much of the literature has a polar focus on determinants and outcomes. The process in the middle remains a black box. For example, Butler's (Butler et al., 1995) study of post-injury employment of Ontario workers reports that 85% of injured workers did initially or on repeated occasions, get back to work, but that only 50% of them remained employed over the longer term. The fact that initial getting back to work is often followed by further time off work and ultimately withdrawal from the work completely (Morgan & Langer, 1994) points to the need to know more about what happens in the black box between injury and 'outcome'- that is, what happens in the workplace when workers go back to work after injury.

A second observation on the RTW literature is that much of it uses relatively crude concepts and indicators. Partly, this reflects a reliance on existing sources of data which are designed for specific purposes, usually not research ones. Analyses tend, unavoidably, to revolve around indicators, such as time on benefits, claims status, standard medical reports and so on, all of which of course embody particular political and administrative purposes, and are difficult to interpret. Although the use of such measures is perhaps the only way to get population and trend level information, which is important,

it cannot capture much of what is actually going on, including the process, the quality of phenomena, the nature and meaning of the experience, or events that lie outside institutional records.

This limitation has been compounded in some of the literature by the rather unspecific use of concepts and terms that are widely used but which are generally 'unproblematized' (their meaning or denotation is not questioned, they are taken at 'face value'). Frequently used terms such as 'good communication', 'workplace culture', "participation', 'workplace climate', 'trust' are examples. Other terms, like 'fitness to work' and 'modified work' are used in ways that refer to specific procedures, defined by specific players in RTW, without the recognition that the empirical forms of such phenomena may not look at all like the formal characterizations, or that the meaning of such terms may vary substantially between different workplace parties. The dominance of a particular and taken-for-granted 'discourse' in the RTW field restricts our capacity to understanding the process.

A third limitation of much of the current literature on RTW is that it takes the individual as the point of analytic departure. The focus is on socio-demographic or psychological attributes of the individual (age, education, attitudes, motivation) that predict various RTW outcomes. Most RTW interventions involve exercise, worker education, behavioural therapy and ergonomic measures, with only a small minority including a workplace-level intervention (Staal et al., 2002). Although there has been some attempt to review the psychological dimensions of return to work (Cay & Walker, 1988; Niemeyer, 1991), sociological perspectives, which would emphasize the attributes of the social and organizational *situation* of RTW are infrequent. The significance of broader socio-economic and structural factors, such as the steering effects of compensation, insurance and medico-legal systems on the process, and gender have not been linked to individual level experience.

A fourth observation on the RTW literature is its emphasis on the material, or physical dimensions of work in relation to RTW. The psychosocial dimensions of work - for example control over work, authority and participation, the social relations of employment, relations with co-workers - are much less frequently considered as influences on the RTW process. Baril (Baril et al., 1994) notes that research on RTW has been dominated by a biomedical perspective, and is 'embryonic' regarding the psychosocial aspects of RTW. Neglect of the social and psychological dimensions of RTW has important research implications. For example, 'type of injury', a key variable in much of the research, is typically conceived only in biomedical terms (clinical severity, body part). Conceived from a social perspective, however, (e.g. in terms of its legitimacy in the eyes of others, symbolic significance of the body part, visibility of symptoms, whether blame is attached etc), 'type of injury' might play a quite different role in RTW. Indeed, researchers at the Institute for Work and Health have found that the legitimacy of the condition and perceptions of job vulnerability are associated with the prognosis, including RTW, of musculoskeletal disorders (Smith, Tarasuk, Shannon, & Ferrier, 1998).

In contrast to quantitative 'factors affecting' literature, other research approaches have taken a different approach to understanding RTW. The HEALNet "Work-Ready" studies

being carried out by investigators at the Institute for Work and Health and collaborators in Quebec and Manitoba (Clarke, 1999; Friesen, Yassi, & Cooper, 2001; Stock, Deguire, Baril, & Durand, 1999)include a set of qualitative studies that have much to contribute to our understanding of the RTW landscape. These projects have ears closer to the ground than many other research efforts, and have documented some of the day-to-day problems of RTW. They identify a number of psychosocial and interactional dimensions of RTW, such as the contradictory role of supervisors, the resistance of co-workers, the stigma associated with modified work. The work also clearly identifies different perspectives on the problem: various 'stakeholders' in RTW are included, such as employers, workers, union representatives, health care professionals, human resources personnel and so on. The experience of workers is also included, which is relatively rare in the literature as a whole.

Baril et al's (Baril et al., 1994) analysis of RTW of injured workers in Quebec has particular relevance to our study of RTW. This research involves statistical analysis of 279 files of injured workers involved in various rehabilitation programs and in-depth qualitative interviews with workers and other players in the rehabilitation process. The contributions of this research the knowledge of RTW is considerable. First, it provides a conceptual model for representing the RTW process – a very useful contribution to a field that is not well conceptualized or theorized. Secondly, it offers important insight into many aspects of the RTW process, including the experience of workers. Of significance is the analysis of worker's experience in terms of the loss and resumption of personal and work identities, issues of dignity and shame associated with the disabled role, biological rupture in self images, and the hiding of symptoms to manage the contingencies of RTW. This analysis also signals the importance of the work situation for successful adaptation, including the importance of various administrative and professional supports and arrangements. However, Baril et al's study does not elaborate how experience might vary in workplaces of different sizes and social dynamics, and it raises questions about the nature of worker experience in workplaces without the administrative infrastructures that are found to be so important in the Quebec study. Moreover, all of the workers were on or had been on compensation, and engaged in systematic processes of rehabilitation. It is unclear what might be the experience of injured workers who are not so engaged.

As a whole this qualitative research was an important complement to existing knowledge. However, the door was left open for development of these approaches. First, although the research documented various stakeholder perspectives, it did not analyze the relationship between the different perspectives, nor account for them, nor link them to RTW outcomes. Second, some of the qualitative projects tended to miss opportunities for discovery by pre-conceptualizing the 'problem' too much. The terms they used for approaching the subject were strongly researcher- or system-driven. For example, they were oriented to uncovering 'barriers' and 'facilitators' to RTW, notions that are imposed on the situation from without, and which tend to pre-determine the way respondents think about the topic, and perhaps preclude the emergence of more 'local' frames of reference. Third, although the qualitative literature clearly gets at the workers' perspective more than much of the earlier literature, we still do not know much about how workers perceive, respond or adapt to work-related injury and the process of RTW. The PI's research with Valerie Tarasuk (Tarasuk & Eakin, 1994) looked at workers on compensation for work-related back injury and found that issues of legitimacy (workers

perceiving that their symptoms and suffering were believed and taken as ‘real’ by co-workers and supervisors) were central to the injured workers’ attitudes towards going back to work, and the possibilities for recovery. This study, however, did not include workers who had gone back to work yet, so much of the RTW experience remained unexamined.

Of most significance for the research here, however, is the fact that the qualitative studies mentioned did not address the problems of RTW in small workplaces. Most, if not all, of the respondents in the various qualitative studies were drawn from large organizational contexts. The perspectives elicited tended to be rooted in the world views of participants in large, unionized workplaces, and in the conceptualization of RTW in ‘program’ terms. Small workplaces do not tend to have formal RTW ‘programs’ (O'Leary & Dean, 1998) and can be expected to have quite different, more informal, conceptualizations of and responses to RTW, and to be less framed by compensation and regulatory considerations.

Appendix 2

Literature on Occupational Health and Safety in Small Workplaces

Over one third of the labour force in Canada and in Ontario is employed in firms with fewer than 50 employees (Statistics Canada, 1993). This sector includes a very diverse array of workplaces, including restaurants, retail stores, manufacturing, construction/ repair services, printing and office services, and publicly funded non-profit organisations such as social service and health care agencies.

In terms of occupational health and safety, small workplaces are of significant concern because they have higher rates of injury and illness than do larger workplaces (Mayhew and Quinlan 1997;Walters 1998; McVittie, Banikin, & Brocklebank, 1997; Nichols, Dennis, & Guy, 1995; Oleinick et al., 1995). Further, they employ a disproportionate number of workers who are considered to be 'at risk' because of their lack of experience, knowledge, and vulnerability in the labour market, such as young workers, immigrants, and unorganized workers (Sutcliffe & Kitay, 1988). Small workplaces (particularly the very small ones) tend to be less well served by existing occupational health laws and services because they are often exempted from health and safety legislation, and because their vast numbers preclude much direct supervision and assistance. A major constraint on efforts to address health and safety issues through education and service in such workplaces is the fact that there are few organized points of contact or system of leadership and representation for reaching either employers or workers. Few workers in this sector are unionized, and large numbers of employers do not belong to trade or business associations. Recent trends in the restructuring of work and labour markets has lead to an increase in part-time employment and sub-contracted and casualized work particularly in the small business sector (Quinlan, 1997), which in turn has complicated the management of occupational health and safety (Mayhew & Quinlan, 1997)

The philosophy, assumptions and structures of our regulatory, health and safety management, and compensation/rehabilitation systems are sometimes ill-suited to the small workplace sector (e.g. the internal self-regulation philosophy depends to a large extent on workers being organized, and on the existence of management systems). Despite widespread recognition in the field – internationally and in Canada - that existing OHS strategies are often ineffective for small workplaces, there has been little systematic research on how small organizations differ from larger ones, or on the implications of this difference for the prevention and management of work-related ill-health and injury.

There is considerable literature on occupational health issues in small business. There have recently been several reviews of this literature (Canadian Centre on Substance Abuse, 1997; Champoux & Brun, 1999; Ontario WCB, 1996; Mayhew, Young, Ferris, & Harnett, 1997). The literature is primarily oriented towards the management of occupational health and safety in small businesses with an emphasis on identifying the relationship of workplace size to injury rates, levels of compliance with health and safety provisions, and administrative, organizational, financial and motivational reasons for a perceived lack of management attention to such matters, and implications for the delivery of services (e.g. (Stokols, McMahan, Clitherow, & Wells, 2001).

Regarding the employers' OHS perspectives and practices, the literature suggests that employers have a generally low level of awareness of their legal duties and the risks involved in their work (Eakin 1992); they see compliance with government regulations as one of the most difficult problems they confront as small employers (Lamm, 1997); they have difficulty complying with OHS regulations because of a lack of personnel, inability to spread their compliance costs, a short-term orientation, a focus on production, a lack of management skills, and insufficient access to and use of professional assistance (Franklin and Goodwin 1983; Wilthagen 1994). The PI's own research on small business employers points to the significance for OHS management of work organization, managerial style, normative 'culture' in the workplace, and the employer's relationship to their employees (Eakin, 1992; Shain, Eakin, Suurvali, & Currie, 1998).

Much less has been published about small workplace health and safety from the standpoint of workers, and what has been done tends to focus on characteristics of the worker rather than on characteristics of the physical and social context that shapes worker experience. Some research has explored conceptions of risk and hazard among workers in the construction industry (Haas, 1977; Holmes & Gifford, 1997) and demonstrates the ways in which OHS-related behaviour is linked to patterns of social interaction and group norms in the workplace. The PI's previous research with small business workers in Toronto identifies key characteristics of the social relations of work, particularly the relationship between workers and their supervisors, and associates them with workers' responses to work-related ill-health and injury (Eakin & MacEachen, 1998). 'Personal' relationships in small work settings, and the generally lower level of hierarchical distance and polarization of interests between employers and employees, were central to workers' OHS behaviour.

In the professional literature and in the policy/practice arena, the 'problem' of small workplaces is typically understood as a function of lack of knowledge, resources and motivation on the part of the management or the workers, and of the inability of the workplace health system to reach this sector. Attempts to address health and safety in small workplaces frequently do not acknowledge their distinctive social and organizational characteristics or dynamics, treating them as if they were simply smaller versions of the large, unionized, industrial organisations in which the great majority of research and practice in the field has been done. Recent work has begun to shift this characterization. However, as in Walters' (Walters, 2001) review of European strategies for managing improvement in small enterprises, and in Eakin et al's (Eakin et al., 2000) international analysis of differing approaches to addressing health problems in small work settings.

Appendix 3

Description of Qualitative Research Process

As is the practice in most types of qualitative research, the analysis of the data in this project was conducted simultaneously with data collection. Mutually informing, case selection was guided by the emerging conceptual development, and the analysis was developed through strategic 'theoretical sampling'. The analytic process was largely iterative (back and forth from data to theory) and inductive ('bottom up', initiated by the data). Transcribed verbatim interview transcripts were read line by line and coded and re-coded according to an evolving coding schema. Data were summarized and reconstituted in numerous, cross-cutting ways (e.g. overall short summaries, categorized, combined with others into typologies and matrices etc.). Interpretations and explanatory linkages between concepts and data were developed through systematic interpretive procedures. Data were interpreted through careful attention to the context in which they were said, and to other cues in the interview as a whole and between the lines and in silences. Interpretations were made also with careful consideration of the role of the interviewer (and the analyst) in influencing what is said and what is read into. 'Narrative' analytic techniques were used to bring into perspective the construction of the interview and of the data by the participant. The analysis aimed at determining how the participants themselves saw and understand the 'facts' and their circumstances, and at 'making sense' of their logic and their practices.

The documentary data were analyzed using methods of documentary content analysis (Altheide, 1987; Hammersley & Atkinson, 1983) and discourse analysis (Wetherell et al., 2001) and used as a point of reference for understanding the relationship between the 'public' conceptualization of issues (how issues are framed, underlying assumptions and expectations, concepts used) and empirical experience in the workplace.

In the later stages of the study data collection and the analysis became more focussed on what was identified as core issues. Literature of broader theoretical scope than the narrow topic of RTW or OHS (e.g. disability, discourse analysis, governmentality and other social theory) in search for theoretical insight of relevance to the data. The notions of abuse, legitimacy, performance, moral rupture, for example, emerged in this way.

The final product of this kind of analysis is a theoretical account that is 'grounded' in empirical data. The 'findings' are not generalizable in the statistical sense of the term. In-depth qualitative analysis of qualitative data from a few select cases provides a quite different kind of knowledge than does broad statistical analysis of quantitative data from many cases. What is generalizable, however, are the concepts and theoretical propositions generated by the study. The procedures of qualitative analysis should ensure that the interpretations made are convincingly supported by the data, that enough of the context and circumstances are provided for readers to make informed judgements as to their applicability to other individuals or groups, time and circumstances.(Eakin & Mykhalovskiy, forthcoming) Further research of a different order would be needed to confirm such applicability, or to determine matters of how findings are distributed in a broader population.

APPENDIX 4
Characteristics of Participants and Their Workplaces

4a. Injured workers: Socio-Demographic and Injury Characteristics

	n
Total	22
Gender	
Male	16
Female	6
Age	
20-29	2
30-39	8
40-49	4
50-59	6
60 or over	1
Unknown	1
Education level	
Less than high school	1
High school	9
Trade/apprenticeship	3
Post-secondary education	6
Unknown	3
Place of origin	
Canada	15
South Asia	2
Europe	3
Africa	1
Middle East	1
Type of injury	
Fracture	3
Cut, crush	4
Back sprain, strain, disc	7
Neck sprain, strain	1
Shoulder/arm/ hand soft tissue	5
Leg or foot soft tissue	2
Time off before first RTW[7]	
<1 week	2
~ 1 month	4
~ 2 months	3
3 – 6 months	7
1 –2 years[8]	3
Unknown	3
Visible or invisible injury	
Visible	7
Invisible	15

[7] Classification is imprecise respondents did not provide precise estimates, or the data were unclear. At the time they were interviewed, four workers had had additional work absences due to their injuries subsequent to their initial return to work. These estimates refer only to the time off before the first return.
[8] Two of these were in an LMR (Labour Market Reentry) program.

Appendix 4 cont'd

4b. Injured workers: Workplace Characteristics

	n
Total	22
Size of company (# of employees)	
5 or less	4
6-10	3
11-20	9
21-30	2
31-40	0
41-50	2
Over 50	1
Unknown	1
Industrial sector	
Construction	6
Health Care	1
Manufacturing	6
Services	5
Transportation	4
Unionization of workplace	
Unionized	3
Not unionized	18
Unknown	1
Employed in family-owned business	
Yes	12
No	9
Unknown	1
Type of employment	
Casual	1
Full-time	18
Part-time	2
Unknown	1
Payment type	
Hourly	15
Salary	4
Hourly + commission/bonus	2
Piecework	1

Appendix 4 cont'd

4c. Injured workers: Source of Referral

	n
Total	22
WSIB	13
Personal contact	2
Clinician	2
Legal/community clinic	5

4d. Employers: Socio-Demographic Characteristics

	n
Total	17
Gender	
Male	10
Female	7
Age	
20-29	0
30-39	6
40-49	6
50-59	1
60 or over	4
Education level	
Less than high school	1
High school	8
Trade/apprenticeship	1
Post-secondary	6
Unknown	1
Place of origin	
Canada	15
Europe	2

Appendix 4 cont'd

4e. Employers: Workplace Characteristics and Past Injury Experience

	n
Total	17
Size of company (# of employees)	
5 or less	3
6-10	1
11-20	5
21-30	2
31-40	2
41-50	1
Over 50	2
Unknown	1
Industrial sector	
Construction	6
Health Care	1
Manufacturing	3
Services	2
Transportation	5
Family-owned business	
Yes	12
No	4
Unknown	1
Payment of workers	
Hourly	7
Salary	1
Piecework	1
Mixed	7
Unknown	1
Unionization	
Yes	2
No	15
Self report number of 'serious' injuries in	
company in the past	5
1	6
2	4
3	1
4	1
5	

Appendix 4 cont'd

	n
# of WSIB claims in the company in the past	2
0	3
1	3
2	0
3	2
4	3
5	2
More than 5	2
Unknown	
Injury type (of key case under discussion)	
Fracture	3
Soft tissue injury	11
Cut, crush	1
Head injury	1
Unknown	1
Visible or invisible injury (of key case)	
Visible	4
Invisible	11
Unknown	2

4f. Employers: Source of Referral

	n
Total	17
WSIB	9
Personal contact	3
Office of Employer Advisor	2
Safety Association	1
Cold calls	1
Other	1

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