

**Employees' Perceptions of Employers' Response  
After Workplace Injury**

by

Nancy S. Patrick

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**Employees' Perceptions of Employers' Response**

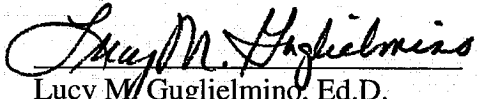
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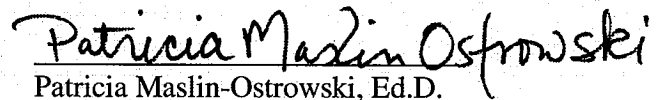
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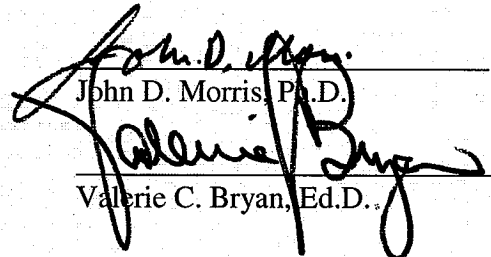
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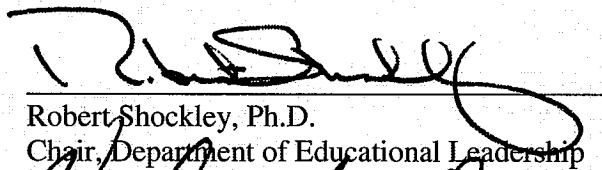
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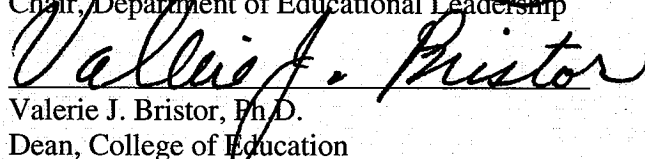
  
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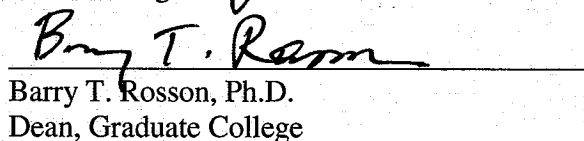
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## **Abstract**

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The purpose of this study was to (a) explore the lived experiences of school district employees who have sustained on-the-job injuries with specific attention to employee perceptions of employer response after injury and (b) examine whether purposeful empathetic response from the employer after workplace injury was related to changes in employee perceptions of employer response.

This study included both qualitative and quantitative methods. In Phase 1, the sample for the interviews included nine workers from a large school district in South Florida who had active injury claims within two years before the study began. The Phase 1 findings were that the level of assistance and type of support received after reporting an injury varied among participants, despite working for the same employer; that the perceived response from the employer was more influential in affecting the participants' experience of workplace injury than participants' perception of the response

of their coworkers; that the reaction from a majority of the school district employees (6 of 9) who were injured at work mirrored perceived employer response; and that more than half of the nine participants had unmet expectations of their employer with respect to how they were treated after experiencing workplace injury.

In Phase 2, the 91 subjects that participated in the organizational response survey (See Appendix E and Appendix F) were employees from the same school district who were injured during an eight-week period. Data from three subscales (organizational support, return-to-work policies, and post-injury job satisfaction) on the survey instrument were compared between two groups. An experimental group received purposeful empathetic response from both the employer at the local school or department level as well as contact from the employer's Risk Management department. Analysis of variance was used to compare responses of the groups. A Bonferroni adjustment of  $.05/3$  or  $.017$  was applied; the result was non-significant. This finding suggests that purposeful, empathetic contact alone was not enough to significantly affect the participants' scores.

## Table of Contents

<b>List of Tables</b> .....	x
<b>List of Figures</b> .....	xi
	<b>Page</b>
<b>Chapter 1: Introduction</b> .....	1
Problem Statement .....	3
Purpose.....	5
Research Question and Hypothesis.....	5
Question .....	5
Subquestion A.....	5
Subquestion B .....	5
Subquestion C .....	5
The Null Hypothesis .....	5
Significance of the Study .....	5
Definitions.....	8
Role of Researcher .....	10
Delimitations.....	10
Limitations .....	11
Phase 1 Qualitative Limitations .....	11
Phase 2 Quantitative Limitations .....	11
Organization of the Study .....	12
<b>Chapter 2: Literature Review</b> .....	14
History of Workers' Compensation .....	17
Florida Workers' Compensation.....	19
Major Changes and Well-Intentioned Reforms in Florida's System.....	20
Indirect Cost.....	22
Workers' Compensation Studies.....	23
Workers' Compensation and Job Security.....	25
Longevity as a Predictor of Workplace Injury.....	26
Job Satisfaction and Workers' Compensation .....	26
Stress, Anxiety and Psychological Influence on Injured Worker .....	28
Return to Work, Stay at Work .....	29
Increased Overall Cost and Duration of Claims .....	33
The Role of a Safety Program as a Preventative and Proactive Strategy .....	34
Safety Training.....	37
Training to Address Workplace Diversity .....	40
Chapter Summary .....	43

<b>Chapter 3: Methodology</b> .....	47
Research Design.....	47
Research Setting.....	48
Phase One.....	48
Sampling Plan.....	48
Sample.....	49
Procedures.....	49
Data Collection.....	50
Data Analysis.....	52
Phase Two.....	53
Sampling Plan.....	53
Sample.....	54
Procedures.....	54
Instrumentation.....	57
Data Collection.....	58
Data Analysis.....	59
<b>Chapter 4: Findings</b> .....	60
Findings From Employee Interviews, Phase One.....	60
Assistance and Support.....	61
Employer Response versus Coworker Response.....	66
Mirroring.....	74
Unmet Expectations.....	78
Finding from the Organizational Response Survey, Phase Two.....	82
Characteristics of Participants.....	82
Hypothesis Testing.....	83
The Null Hypothesis.....	84
Discussion with Supervisors.....	86
Chapter Summary.....	87
<b>Chapter 5: Discussion, Implications and Conclusions</b> .....	89
Overview of the Study.....	89
Restatement of the Purpose.....	89
Research Question and Hypothesis.....	89
Question.....	89
Subquestion A.....	89
Subquestion B.....	90
Subquestion C.....	90
The Null Hypothesis.....	90
Conclusions.....	90
Supervisors' Role as Pivotal.....	90
Supervisors' Missed Opportunities for Positive Influence on Claim Outcomes.....	94
Impact of Empathetic Purposeful Response.....	98
Practical Implications.....	99
Implications for Injured Workers.....	99



Implications for Workers' Compensation Providers .....	101
Implications for Employers.....	102
Limitations of the Study.....	106
Suggestions for Future Research .....	107
Final Comments from the Researcher.....	108
<b>Appendix A</b> .....	110
<b>Appendix B</b> .....	112
<b>Appendix C</b> .....	113
<b>Appendix D</b> .....	115
<b>Appendix E</b> .....	118
<b>Appendix F</b> .....	120
<b>Appendix G</b> .....	121
<b>Appendix H</b> .....	123
<b>Appendix I</b> .....	124
<b>Appendix J</b> .....	125
<b>Appendix K</b> .....	127
<b>Appendix L</b> .....	129
<b>Appendix M</b> .....	130
<b>Appendix N</b> .....	132
<b>Appendix O</b> .....	134
<b>References</b> .....	135

## List of Tables

Table 1. Participants in the Study .....	50
Table 2. Initial Code Examples.....	51
Table 3. Assistance and Support.....	62
Table 4. Perceived Employer and Coworker Response.....	68
Table 5. Participant Perception of Employer, Coworker Response.....	75
Table 6. Participant Reaction Mirrors Employer Response, 6 of 9 .....	76
Table 7. Examples of Unmet Expectations, 5 of 9 .....	79
Table 8. Participants' Suggestions for Improving the Response to Injury .....	81
Table 9. Age Intervals by Group.....	83
Table 10. Time with School District by Group.....	84
Table 11. Gender by Group .....	85
Table 12. Employment Type by Group .....	85
Table 13. Job Type by Group .....	86
Table 14. Independent Samples <i>t</i> -Test for Subscale Scores .....	86

## **List of Figures**

Figure 1. Employer, Employee Benefits of Return-To-Work Programs .....	31
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## Chapter 1

On-the-job injuries, generally covered by state required workers' compensation laws, affect employers and employees in a myriad of ways. Direct and indirect costs related to medical bills, wage payments, employee turnover costs, and productivity losses can range on a continuum from merely inconvenient to devastating, depending on the frequency and severity of the injuries. While the frequency of workplace injuries has been decreasing in recent years (Jones, 2007; Mealy, 2008), the U.S. Department of Labor (2009) reported over 3.7 million non-fatal injuries in 2008 as well as over 5,000 workplace fatalities. Annual workplace injury costs are estimated as high as \$171 billion (Huang, Shaw, & Chen, 2004). States such as New York, California, and Florida are constantly striving to reform requirements for employers related to workplace injuries in reaction to historical trends of escalating costs (Ceniceros, 2008; "In Brief," 2009a; "In Brief," 2009b). The State of Alabama's economic outlook was recently reported to be negatively affected by specific factors, including its high workers' compensation costs (Debutts, 2009). Further, the recent economic downturn is expected to increase employer costs of on-the-job injuries (Ceniceros, 2009).

"The aim of the workers' compensation system is to help workers recover from work-related accidents and illnesses and return to the workplace" (Chandra, Bush, Frank, & Barrett, 2004, p. 33). The literature related to workers' compensation generally

focuses on studies that target strategies employers can use to mitigate injury costs (Chandra et al., 2004; Deeb, 1999; Friesen, 2005; Huang et al., 2004; Mosely, 2003; Sorenson, 2007) including multiple studies which seek to identify cost drivers that predict early return to work (Fishbain et al., 1993). These studies examine topics such as early return-to-work programs (Franche, Baril, Shaw, Nicholas, & Loisel, 2005; Friesen, 2005; Krause, Dasinger, & Neuhauser, 1998; Mosely, 2003), modified or light duty (Krause, Frank, Dasinger, Sullivan, & Sinclair, 2001), the influence of employer-sponsored safety initiatives (Deeb, 1999; Tesluk, 2006; Wurzelbacher, 2006) and how the relationship between employer and employee impacts workplace injury costs (Aas, Ellingsen, Lindøe, & Möller, 2008; Huang et al., 2004; Shaw, Robertson, Pransky, & McLellan, 2003; Väänänen et al., 2003).

Very few studies related to workplace injury focus on the experience of injured workers. Calvey and Jansz (2005) conducted a phenomenological study focusing on how Canadian women encountered workplace injury and how their journeys differed from men with respect to a nationalized healthcare system. Strunin and Boden (2000) found that half of the 204 workers interviewed in an ethnographic study reported feelings of indifference and hostility after a work-related back injury. There is, however, a need for additional research concerning employees' experiences after workplace injury (Dembe, 2001; Fallenbaum, 2003; Franche et al., 2005; Huang et al., 2004). The researcher is specifically interested in how employees perceive their employers' response once injury occurs and whether a general lack of concern is perceived by the employers' most valuable resource, their employees (Deeb, 1999). Of particular interest to the study are employees' perceptions of employer response after reporting an injury. In order to

navigate the confusing arena of workers' compensation (Fallenbaum, 2003) with its rules, regulations and statutory limitations, it is reasonable to assume that employees look to employers for guidance, understanding, and empathy during a time of uncertainty (Hall & Kaleta, 2005; Pennachio, 2008b). Employers may also find that providing an empathetic response will affect employee perceptions. Employees' perceptions of the employers' response after workplace injuries may affect the direct and indirect organizational impact of those injuries, and ultimately, the cost. Donahue noted that navigating the workers' compensation is so complicated it is almost necessary to retain a lawyer which ultimately drives employers, costs ("Nurses Want," 2010).

### **Problem Statement**

Employers are concerned with the financial and productivity losses after employees sustain on-the-job injuries (Deeb, 1999; Franche et al., 2005; Mosely, 2003; Spence, 2007). In light of the enormous economic impact workplace injuries have (Huang et al., 2004; Mealy, 2008; Vercillo, 2008), virtually all employers are searching for ways to reduce the costs associated with workplace injuries (Chandra et al., 2004; Huang et al., 2004; Spence, 2007) such as costs associated with missed work days. The U.S. Department of Labor (2010b) cites the median number of days missed following workplace illness and injury in 2008 as 8 days for state and local government workers.

Much research has been done with regard to preventing injuries as well as mitigating the cost after injuries occur (Deeb, 1999; Friesen, 2005; Jackson, 2008; Loisel et al., 2005; Mosley, 2003); however, little research has been done on the lived experience of the employee. Employers could benefit from improved understanding of the lived experience that employees encounter and could modify their response to the

employee after injury to mitigate emotional responses of guilt, shame, powerlessness (Friesen, 2005), discontentment, and general unhappiness that employees feel in addition to dealing with the actual impact of physical injury (Fallenbaum, 2003). These negative responses have been documented in the literature (Fallenbaum, 2003; Friesen, 2005; Roberts-Yates, 2003). Improving employees' perceptions of employers' response to employees after an on-the-job injury may also prevent or reduce the need for employees to seek legal counsel, whose presence has been associated with higher claim costs (Jackson, 2008; Mealy, 2008; Pennacio, 2009; Shafer, 2006; Spence, 2007). Seeking legal counsel is also a negative predictor of returning to work (Nguyen, 2010). This study sought to provide a fresh approach to lowering costs of employers by gaining some understanding of employees' perceptions of employer response after workplace injury and determine if an empathetic response after injury had a significant effect upon injured workers' perception of organizational support after workplace injury. Understanding how employees view their employers' response after workplace injury could serve to improve the response, thereby improving the relationship between employer and employee and lessening what is already a stressful time in the employee's life.

Finally, it has been suggested that communication between the injured worker and his/her employer is critical to encouraging an early return to work (Aas et al., 2008; Franche et al., 2005; Spence, 2007). Employers may not fully appreciate the range of employee emotions that follow workplace injury, as their focus is traditionally on the cost of injuries (Ceniceros, 2008; Chandra et al., 2004; Deeb, 1999; Friesen, 2005; Mosely, 2003; Sorenson, 2007). Further research is needed to establish a better understanding of

the employees' lived experience after workplace injury and to determine if a purposeful empathetic response improves employees' perceptions of their employers' response.

### **Purpose**

This study (a) explored the lived experiences of school district employees who have sustained on-the-job injuries with specific attention to employee perceptions of employer response after injury and (b) examined whether purposeful empathetic response from the employer after workplace injury was related to changes in employee perceptions of employer response.

### **Research Question and Hypothesis**

**Question.** How do employees make meaning out of their experiences after workplace injury?

*Subquestion A.* How do employees perceive their employers' responses to their workplace injury?

*Subquestion B.* How do employees describe the emotional significance of being injured at work?

*Subquestion C.* How do employees wish to be treated after workplace injury by their employer?

**The null hypothesis.** There is no difference between employees' perceptions of organizational support, return-to-work policies and job satisfaction after workplace injury in an experimental group receiving purposeful empathetic employer response compared to the measure of employees' perceptions of employer response in a comparison group.

### **Significance of the Study**

The National Safety Council (n.d.) reported over 16.9 million disabling workplace



injuries in 2007. Milano (2007) reported an annual cost estimated at between \$155 and \$232 billion spent by U.S. employers related to workplace injuries. The indirect cost of replacing injured workers due to rehiring and retraining can also be staggering, but is often overlooked; it has been reported as between .75 and up to 4 times the annual cost of the replaced worker's annual salary, depending upon his or her position (Heinrich, 1959; Jones & Gates, 2007).

Gaining an understanding of the employees' perspective can inform the way employers are trained to respond to injured workers, whether that injury is slight or significant. How employers treat employees after an injury may impact whether employees seek legal representation as well as how quickly they are willing and able to return to light duty and ultimately full duty work (Chandra et al., 2004; Nguyen, 2010). Jackson (2008) found that attorney involvement was associated with longer disability times (43 weeks versus 16 weeks). Assisting employees after injury may serve to reduce employees' need to seek legal representation (Spence, 2007), which may result in lowering employer costs (Fishbain et al., 1993). Further, empathy and concern for employees serves to support a culture of safety more than rules and regulations (Williamsen, 2007). A small pilot study conducted prior to this study suggested that communication, some positive but mostly negative, as well as in some cases, a complete lack of communication from employers was perceived by injured workers.

If injuries are serious, employees may be missing work; some may return to work at a reduced capacity or may not return to work at all. If employees are unable to return to gainful employment after workplace injuries, this loss of productivity not only impacts employers financially (Krause et al., 1998; Mosely, 2003), but burdens society as a whole

(Huang et al., 2004; Manuele, 1997; Spence, 2007). Therefore, employers can not only reduce costs by gaining understanding of how they are perceived by employees after an injury occurs, but may also serve to improve overall job satisfaction; which has, in itself, been linked to both lower workers' compensation costs (Bigos et al., 1992; Chandra et al., 2004; Huang et al., 2004; Martin, 2007) and improved safety performance (Erickson, 1994). Erickson (2008) found that the "way in which employees are treated is the factor most significantly related to the level of safety performance" (p. 36). Listening to the stories of injured workers, especially by someone who is connected with their employer, can inform improved communication by giving voice to those who researchers say feel ignored, especially by those who should be concerned with their well-being. "Claims become exaggerated when a worker gets hurt, gets frustrated...and no one is talking to him or her" (Pennachio, 2008b, p. 66). It is the intention of the researcher to apply any lessons learned in this research in the training of employers and further the work of "investigating and changing employer attitudes and practices that impede return-to-work and rehabilitation for injured workers" (Pransky, Shaw, & McLellan, 2001, p. 131).

This study was designed to help employers begin to understand their employees' psychological and social needs after on-the-job injuries occur so that early intervention strategies can be applied toward successful return-to-work outcomes (Strunin & Boden, 2000). Employers may not fully appreciate the range of employee emotions that follow workplace injury, as their focus traditionally is on the cost of injuries (Ceniceros, 2008; Chandra et al., 2004; Deeb, 1999; Friesen, 2005; Mosely, 2003; Sorenson, 2007). Limited research has illuminated the plethora of negative emotions of injured workers (Calvey & Jansz, 2005; Fallenbaum, 2003, Roberts-Yates, 2003). Those emotions

included depression, fear of being stigmatized or labeled as a malingerer or a fraud (Fallenbaum, 2003; Roberts-Yates, 2003), job insecurity (Franche et al., 2005), and uncertainty. Employees need to deal with their emotions in addition to their physical pain and possible financial loss (Dembe, 2001; Fallenbaum, 2003). The qualitative research design (Phase 1) assists employers in better understanding the lived experience (Byrne, 2001) of employees who have sustained workplace injury. Creating an atmosphere that engenders empathy and encourages employees to want to return to work at the earliest opportunity could improve job satisfaction and reduce overall costs related to workplace injuries (Chandra et al., 2004; Huang, Pransky, Shaw, Benjamin & Savageau, 2006; Mosely, 2003; Strunin & Boden, 2000). Understanding how employees make meaning out of their lived experiences could inform future research efforts in supporting employers' empathy toward injured workers and thereby create an environment where employees want to return to work quickly (Chandra et al., 2004). It has been suggested that "the greatest barriers as well as opportunities to achieving RTW (return-to-work) outcomes exist at the workplace" (Pransky, Gatchel, Linton, & Loisel, 2005, p. 455). Finally, a "mixed methods research design (will) provide results that are simultaneously broad and deep" (Crossman, Crossman, & Lovely, 2009).

### **Definitions**

Assumption of risk - The risk was so obvious or so dangerous that the employee should have known he/she may be injured.

Common law - Decisions based upon precedent versus statutory law, based upon unwritten English law during the reign of King Henry II (Common law, n.d.)

Contributory negligence - A common law doctrine which prevented the injured party from pursuing a claim due his/her own fault or portion of fault, no matter how minor.

Direct costs - Costs which are directly attributed to on-the-job injuries. Examples include medical bills, lost wages, insurance premiums and the cost of hiring substitute employees (Bose, 2008; Chandra et al., 2004; Spence, 2007).

Exclusive remedy - “In the absence of negligence, it is the sole remedy for compensation from work-related injuries” (Wertz & Bryant, 2001, p. 133). The remedies offered by employers, codified in state statute, limit an injured employee’s right of recovery to those specified benefits.

Experience modification factor - “In computing insurance premiums, refers to a provision for premium adjustment that recognized the merits or demerits of individual risks” (Deeb, 1999, p. 19).

Indirect costs - Unquantifiable and hidden costs associated with workplace injuries, such as lost workdays, loss of productivity, and increased premium costs (Bose, 2008; Chandra et al., 2004; Spence, 2007). Indirect costs could also include the cost of hiring and training new employees if injured employees do not return after injury.

Organizational response - “...includes all employee interactions, personnel actions, and labor management communications that result from a reported injury” (Huang et al, 2006, p. 76).

Secondary gain - The social, occupational, or interpersonal advantages that a patient derives from symptoms. A patient’s being relieved of his or her share of

household chores by other family members would be an example of secondary gain (Secondary gain, n.d.).

Somatization - Defined by Merriam-Webster as “conversion of a mental state (as depression or anxiety) into physical symptoms; *also*: the existence of physical bodily complaints in the absence of a known medical condition” (Somatization, n.d.)

Workers’ compensation - “Financial support system established under law to provide income, medical care and rehabilitation to employees for illness, injury or death arising out of, and in the course of their employment whether or not the employee was at fault (Workers’ compensation, n.d.). Generally, each state specifies the level of benefits. In Florida, the program is mandated by Florida Statute 440 (Florida Department of Financial Services, n.d.).

### **Role of the Researcher**

The researcher has selected the topic and study design based on a passion to assist injured workers in the organization where the researcher is employed. Through first-hand exposure to employees who have had a wide range of injuries, the researcher brings ten years of informed perspective, knowledge and intuition (Merriam, 1998) to this study. Along with experience and passion, the researcher acknowledges bias as a limitation. To reduce the impact of such bias, member checking and peer review was necessary.

### **Delimitations**

The purposeful sample for the qualitative study, Phase 1, was limited to employees that work for one large, south Florida K-12 school district and had open workplace injury claims within two years of the beginning of the study.

The sample for the quantitative study, Phase 2, was limited as follows: for the comparison group, surveys were sent to employees who had reported an on-the-job injury within eight weeks of the beginning of the study. The experimental group was limited to those reporting a workplace injury for the eight week period after the beginning of the study and who had the benefit of purposeful empathetic communication from the supervisor and employees of the risk management department. Phase 2 relies upon a single survey instrument to gather data (Appendix E, Appendix G, and Appendix K). All participants in Phase 2 were employees that work for a large, south Florida K-12 school district.

### **Limitations**

**Phase 1 qualitative limitations.** The qualitative sample size was small; between eight and 10 participants were targeted. Those that agreed to participate might have done so because they had a negative experience after injury at work. If all participants had negative experiences, the results may not be representative of all employees who have had on-the-job injuries, especially those that have sustained only minor injury. However, minor injuries that result in rapid return to work are not the injuries that affect employers financially and in terms of productivity. Although the participants' identities were kept confidential, participants may not always have responded with complete candor, as some participants may have had fears about whistle-blowing, reprisal, or job security.

**Phase 2 quantitative limitations.** Language and education level of perspective participants may have posed a limitation on fully comprehending and responding to a survey; participants' literary competency was not evaluated in English or in any other language. The school district did not capture data concerning which language was a

prospective participant's first language. Education level was collected for newly hired employees, but it was not a reliable or accurate source of data. Further, employees of a school district that become injured within any given eight week period may not necessarily be representative of other employers with respect to the types of occupations they hold. Further, subscale 3 on the survey instrument had a reliability of .69, which is acceptable, but not excellent.

Finally, the data were analyzed through the lens of the researcher who has worked with injured employees for ten years. The researcher worked as a liaison between employees and a large school district employer and may have held pre-conceived notions about how employees and employers respond after workplace injury. The researcher was hoping to gain valuable insight that will be used to support an improved positive organizational response after injury, ultimately through the revision of professional development programs. Revision could include specifying what employers should do following workplace injuries to improve the employees' perceptions and in turn, job satisfaction and thereby encourage early return to work, thus reducing employer costs (Chandra et al., 2004; Strunin & Boden, 2000). The concept of simple employer interventions is supported by Loisel et al.'s (2005) review of the literature. Loisel reported that efficient and effective solutions that are practical to implement, despite multiple barriers and multiple stakeholders, are needed.

### **Organization of the Study**

This study is organized into five chapters. Chapter 1 introduces the study, identifies the problem, specifies the purpose, research questions, and significance of the problem, describes the role of the researcher, and provides definitions, delimitations, and

limitations. Chapter 2 provides a comprehensive synthesis of the literature related to workplace injuries, including studies that describe how workplace injuries affect employers, employees, and their families as well as other parties such as supervisors and co-workers. A brief history of workers' compensation is also included. Chapter 3 describes the design of the study, including data on participants for both qualitative and quantitative phases; the interview guide; the survey instrument; and the procedures. Treatment of the data through statistical and qualitative analysis techniques is also described. Chapter 4 presents the findings as related to the research questions; the qualitative and quantitative findings are handled separately. Chapter 5 summarizes what was learned in the study, presenting conclusions and recommendations for future research.



## **Chapter 2 - Literature Review**

Employee injuries and illness affect employers annually with the resulting costs, attributed primarily to medical costs and wage loss, estimated at \$87.4 billion in 2004; a 7% increase from the previous year (Sengupta & Reno, 2007). The benchmark for indirect costs was established by Heinrich in 1959 and has been estimated at four times that of direct costs. Indirect cost of workplace injuries has more recently been estimated at between .75 to 4 times higher than direct costs (Bose, 2008; Heinrich, 1959; Pransky et al., 2001). Workplace injuries affect millions of employers, employees and their families (Milano, 2007), between workplace accidents and workplace deaths. The National Safety Council (n.d.) an organization that seeks to promote safety for both work and non-work related injuries, reported over 16.9 million disabling workplace injuries in 2007. Milano reported an annual cost estimated at between \$155 and \$232 billion spent by U.S. employers related to workplace injuries. Jasontek (2006) and McLellan, Pransky, and Shaw (2001) cite costs to businesses of over \$171 billion per year attributed to occupational injury and illness.

In addition to staggering direct costs, productivity suffers when employees miss work or return to work in a reduced capacity due to physical limitations. It has been estimated that workplace injuries result in lost work days in over 10% of all incidents but those claims represent 80% of the costs (Hofmann, 2010). Time away from work due to serious injury can lead to significant lost work days and may even result in permanent

withdrawal from employment (“Preventing Needless,” 2006). The direct and indirect productivity cost of employees missing work is not the only cost of workplace injuries; the cost of medical care is significant.

Medical care costs associated with on-the-job injuries were forecasted to rise in 2008 from 4.4% of the 2007 Consumer Price Index to 5.5% (NCCI, 2008) and represent 59% of total workers’ compensation claim costs. Actual costs were later reported at closer to 60% of claim costs (NCCI, 2009). Many states’ medical costs exceed 65% of total costs (Mealy, 2008). The increase in medical costs is of particular concern because of a corresponding decrease in the number of claims reported. Recently, there has been a decrease in the frequency of reported injuries, which has been associated with the slowdown in the economy. Pennachio (2008a) attributes this decline to “the hard work of safety professionals and engineers” (p. 30) along with technology and the establishment of the Occupational Health and Safety Administration (OSHA) in 1970. However, this decline in the frequency of claims has been challenged by several researchers who believe that the change in the way accidents are required to be reported by OSHA accounts for this decline (Friedman & Forst, 2007; Rosenman, 2007). Pennachio is quick to point out that despite the decrease in claim frequency, the medical over-utilization of each claim has grown 45% for all diagnoses, and has increased to 80% for knee and leg sprains, in particular. If employers can better manage workers’ compensation claims, including evidence-based treatment plans (Pennachio) which result in a decrease in the duration of claims, the organization can better “optimize resource deployment” (Turner & Zizzamia, 2008, p. 54).

As a claims specialist with a large school district, the researcher has spent the last 11 years working with a variety of school district employees who have been injured on the job. Observation of injured employees has been from the time they are injured, through the duration of their workers' compensation claims. Most heal within a reasonable time period and return to work quickly (Turner et al., 2004); however, some never fully recover. This process can be a difficult and costly one for the employer, the employee, and the employee's co-workers and family. Many people, other than the person injured, are negatively impacted (Boden, Biddle, & Spieler, 2001; Calvey & Janz, 2005; Dembe, 2001). Dembe stated:

Although the injured worker is normally the person most directly affected, workplace accidents also potentially impact on family members, coworkers, medical care providers, insurance administrators, and a host of other individuals and groups. The repercussions of an occupational injury or illness reach beyond the boundaries of the victim's workplace and home, extending into hospitals, courts, and the local community (p. 403).

This literature review includes the history of workers' compensation and an examination of Florida's workers' compensation system as well as a review of recent studies concerning workplace injuries. A review of the research demonstrates that studies fall into two distinct areas; those that examined efforts to reduce or prevent workplace injuries before they occur and research that reviewed post-accident strategies that attempt to mitigate or prevent costs once injury takes place. The studies can also be viewed as those that focus on the psychosocial aspects of workplace injuries (job security, job satisfaction, stress and anxiety) and those that focus on employer-based programs such as return-to-work/stay-at-work, litigation, medical management and safety/training initiatives. It will examine what areas of workplace injury have been empirically studied

and identify opportunities for further research. Although few theories are discussed in the literature, two theories: The Domino Theory of Accident Causation from the 1920s and the Heinrich's 300:29:1 Theory (Heinrich, 1959; Heinrich, Petersen, & Roos, 1980) will be discussed within the context of recent studies. Of particular interest to this study was the role of organizational response to employees after workplace injury and its opportunity for future education and training in the workers' compensation and workplace safety arena for employers.

### **History of Workers' Compensation**

By most accounts, the origins of workers' compensation can be traced back to Chancellor Otto von Bismarck in Germany, prior to 1885; England followed suit shortly thereafter, in 1897 (Clayton, 2003-2004). The United States began to adopt laws protecting injured workers beginning in 1910. Workers' compensation is mandated at the Federal level but adopted and regulated at the State level. By 1948, all States had some form of "workmen's" compensation legislation. Alaska and Hawaii did not actually achieve statehood status until 1958 and 1959 respectively (Harger, n.d.), but also had workers' compensation laws.

Prior to the adoption of workers' compensation laws, common law prevailed. Workers had no avenue to obtain employer-paid medical benefits quickly and without regard to fault. An injured worker would be forced to find adjudication through the court system, as injured parties are required to do today if injured outside of the workers' compensation system. Prior to this type of no-fault system, legal defenses such as contributory negligence and assumption of risk had the effect of further delaying necessary medical attention. In litigation that ensued during the implementation of

workers' compensation laws, employers argued that employees were in the best position to safeguard themselves against on-the-job injuries. Employers believed that loss of managerial control was at the heart of such legislation (Witt, 1998). In exchange for employer-paid benefits, the employee lost the right, with few exceptions, to sue his employer; the element of chance was eliminated (Breen, 1998). Workers gave up their right to sue the employer in exchange for specified medical benefits and payment for loss of wages. This doctrine is known as exclusive remedy.

Workers' compensation has been described as America's first social program (Jerrell, 1997), which paved the way for other social programs such as Medicare, Social Security and unemployment (Fishback & Kantor, 2000; Kantor & Fishback, 1996). New York and Maryland were among the first states to enact workers' compensation laws. Injuries resulting from New York's garment industry served as an impetus to bring attention to the plight of those injured on the job. America's industrial revolution (resulting in a focus on the need for workplace safety standards) is thought to have been an important factor as well (Jerrell, 1997). Most states quickly followed suit, although Florida did not enact such a law until 1935. The federal department of Occupational Safety and Health Administration (n.d.) was established in 1970 under President Richard Nixon and remains the enforcement arm of regulatory safety today. Early studies of the effectiveness of inspections and penalties enforced by OSHA were not convincing. However, later studies show that the threat of fines, even minor ones, was enough to gain attention and subsequent action of employers (Hopkins, 1995) with respect to safety programs.

**Florida workers' compensation.** The state of Florida was not as quickly impacted by America's industrial revolution as those states in the Northeast due to its lack of industry and relatively sparse population. This may explain, in part, why it was one of the last states to pass laws which provided workers access to benefits that were both prompt and guaranteed. It was mid 1935 when the workers' compensation law was introduced; the law was passed in September, 1935. Wendall C. Heaton was appointed the first chairman of the Florida Industrial Commission at an annual salary of \$4,200 (Harger, n.d).

Benefits and limitations on benefits were specified, many of which are mirrored in current law. This important law saw minor changes between its inception in 1935 and the major revisions, which came about in 1978. A maximum weekly benefit was established (\$18 per week) and a floor (\$4) was also specified. This concept of minimums and maximums continues today. Florida's maximum weekly benefit for 2010 is \$772. Medical benefits and disability payments were specified as well and have been increased over time to reflect current standards of living.

By 1938, the amount doctors were paid by workers' compensation was established in a fee schedule that remains in effect today, although it has been amended over time as the cost of medical care continues to rise. In 1955, an employer-paid fund called the Special Disability Trust Fund was established to encourage employers to re-employ previously injured workers who had limitations but were able to perform some type of work. Having employees return to some type of work has long been thought to reduce the overall cost and duration of claims. This connection is well documented in the

literature (e.g. Bloch & Prins, 2001; Clayton, 2003-2004; Fishbain et al., 1997; Mosley, 2003; Spence 2007; Wertz & Bryant, 2001).

**Major changes and well-intentioned reforms in Florida's system.** Prior to extensive changes introduced in 1978, benefits were paid based upon the nature and severity of the injuries sustained. After 1978, the amount of wages an injured worker lost was taken into consideration rather the type of injury sustained. Initially, this change reduced costs for employers. Over time, other cost savings measures were introduced such as the Drug Free Workplace incentive in 1990 and a program dedicated to pursuing fraudulent claims. In 1993, the concern with rising medical care costs resulted in the introduction of Managed Health Care Arrangements. Managed care effectively manages and directs employees to the most appropriate care by limiting over-utilization of medical services through oversight (Sorenson, 2007). Managed care has also been used to direct medical claims outside the workers' compensation arena. Although managed care may show cost reductions, Dembe (2001) reports patient dissatisfaction with the loss of ability to direct one's own care. Despite dissatisfaction, employers cannot ignore the cost savings. Using managed care as a predictor of cost and lost time reductions, Bernacki, Tao, and Yuspeth (2005) report significant cost savings as well as significant differences in number of work days lost in a study of 1,481 workers' compensation lost time cases in Louisiana.

In October 2003 the workers' compensation law was amended by legislators, which served to reduce costs to employers as a function of limited benefits to employees. Those changes included limiting the allowable benefits for exacerbation of pre-existing injuries, a reduction in the duration of psychiatric care as well as other limitations in the

calculation of benefits for those injuries that result in permanent and total disability (Whittington, 2004). It is logical to suggest that employees, through training, can understand how such limitations will impact their treatment and satisfaction with the workers' compensation system. Understanding of such limitations can lead to a reduction in duration of claims.

One limitation that was successfully challenged at the judicial level was a reduction in the amount of maximum allowable attorney fees. In the case of *Murray v. Mariner/ACE Health USA* (2008), an injured worker suggested to the court that the effect of eliminating the ability to challenge the level of benefits by obtaining counsel is, in effect, limiting a worker's access to the court system. If attorneys have no avenue for collection of fees by virtue of limitations on allowable fees, it was argued, that attorneys will decline to pursue justice on behalf of injured workers who believe they have been wronged by the workers' compensation system; workers who might otherwise seek legal challenge to limitations on benefits. The legal challenge to fee limitations was decided in favor of the employee by the Florida Supreme Court. The injured worker argued that without the presence of counsel to assist, there was substantial negative impact on the ability of workers to challenge the level of benefits through litigation. The Court never directly addressed the issue denial of access as was argued by Murray; they simply ruled that the language concerning fees was ambiguous and therefore unenforceable. While the Murray decision had served to reverse the intent of the original reform, the Florida legislature rewrote provisions of the law to effectively reinstate the intent of the original reform ("Did Florida's 2003 Reform," 2009), effective July 27, 2009.



Some reforms have not stood up to challenges or have simply failed to produce the intended results, as was demonstrated in a review of two 1993 Florida program reforms designed to encourage employers to re-employ previously injured workers (preferred worker program) and including language specifying an obligation to rehire. Jewett (2001) asserted that inadequate incentives and little enforcement would not achieve the original intent of both programs. She noted that as of five years after program implementation, not one employer was fined (as intended by the obligation to rehire program) for failure to re-hire injured workers and only one business was given an incentive for hiring a previously injured employee (as intended by the preferred worker program). LaDou (2006) stated that the workers' compensation system is so broken only a complete abolishment will fix it. LaDou strongly advocated for the replacement of workers' compensation with a national healthcare system due to issues of secondary gain, including less than forthright motivations of those involved: employees, healthcare providers, and their lawyers as well.

### **Indirect Cost**

Boden et al. (2001), point out the non-economic effects of workplace injuries including reduced self-confidence and self-esteem, stressed family relationships, and pressure on work relationships. Boden et al., include fear, mistrust and stigma as part of the indirect cost injured employees pay. Dembe (2001) stresses the complexity in measuring indirect and social costs including "anger, depression, sleep disturbances and pain which have no discernible financial correlates" (p. 406). Several authors write of the psychosocial effects of on-the-job injuries (Boden et al., 2001; Dembe, 2001; McLellan et al., 2001). "...workers may feel blamed, discouraged or penalized after a work injury

in the absence of adequate supervisory intervention” (McLellan et al., 2001, p. 36) leading to increased duration of absence and, therefore, increased costs. The employer/supervisor response to injured workers is pivotal and was examined in this study. The indirect cost of replacing injured workers due to rehiring and retraining can also be staggering but is often overlooked; it has been reported as between .75 and 4 times the cost of the replaced worker’s salary, depending upon his or her position (Heinrich, 1959; Jones & Gates, 2007). The indirect costs of employee turnover are not fully appreciated by most employers (Argrusa & Lema, 2007).

### **Workers’ Compensation Studies**

Most studies involving workers’ compensation (Bernacki, Yuspech, & Tao, 2007; Dembe, 2001) highlight the costly economic aspects of a system which was constructed to guarantee quick and appropriate medical benefits for employees while simultaneously removing the threat of litigation against employers (exclusive remedy). Employers are continually seeking ways to reduce the direct financial impact of claims in order to more appropriately allocate resources that must be spent complying with state workers’ compensation laws after injuries occur. States are continually seeking amendments to workers’ compensation laws. In August of 2007, despite 104 pieces of proposed legislation that year, only 30 of those were actually signed into law; however, employers find costs continuing to escalate (Sorenson, 2007) despite well intentioned, but inadequate attempts at reforms.

If the employer is a governmental agency, taxpayers rightly expect their tax dollars to be appropriated for beneficial services for all citizens, not spent on preventable injury claims (Hamilton, 2002). Likewise, most employers strive to keep employees

healthy in order to remain at work and contribute to the mission of the employer.

Although the majority of studies highlight the economic effects of workplace injuries (Dembe, 2001), one phenomenological study (Calvey & Jansz, 2005) reported the experiences of eleven women, four of whom had positive recovery experiences after being injured at work. In a contrasting study, Imershein (1994) reported only 10% of those studied had a positive experience (as cited by Dembe, 2001). Imershein's study found support from Fallenbaum (2003), who described the often destructive impact of workers' compensation programs on nine women undergoing psychotherapy as a result of workplace injury. Kampmeier (2007) provided additional support by reporting on 282 injured workers from Illinois who reported an "overwhelmingly negative experience" after workplace injury (p. 115).

Research into what drives workers' compensation costs has also included job insecurity (Chun, 2007; Quinlan, 1996), job burnout and stress (Bersamin, 2006), psychological status of injured workers (Better, 2006) and how socioeconomic status may affect injured workers. Others have chosen to examine what occurs prior to the filing of a claim, such as safety measures including prevention and intervention (Loebbaka, 2008; Tesluk, 2006) and perceived safety climate (Loushine, 2007). A limited amount of research has explored the supervisor's role in improving disability outcomes (McLellan et al., 2001) although the role the employer plays after injury and its connection to costs needs further exploration (Dembe, 2001; Franche et al., 2005). "...It is conceivable that management's response to an injury could impact a worker's perception of management's commitment to safety and worker well being" (Loushine, 2007, p. 2).

**Workers' compensation and job security.** Recent work (Chun, 2007) examined the relationship between filing a workers' compensation claim and low job security. Chun theorized that there would be negative consequences for employees with job insecurity if they were to file an injury claim against their employer. The real or perceived fear prevented employees from obtaining the benefits they were legally entitled to. Results indicate that workers whose jobs have low security (as defined either through previous experience with unemployment or by insecure contract) are less likely to file for injury claims. The researcher suggested that workers with job insecurity need protection from employer reprisal. This supports earlier conclusions of Quinlan (1996), who studied how low job security among women contributed to the fear of filing claims. It was further suggested that failure to report claims and collect legitimate benefits represented a cost shifting from employer to employee (and his family) as well as to society. Chun's study illuminated the need for more education for both employers and employees and is supported by McLellan et al., (2001), who suggested that even a brief supervisor training can have demonstrable effects on disability outcomes. Employers need to understand how best to protect themselves from litigation resulting from creating an environment where employees fear reporting legitimate claims (Dembe, 2001) as well as to understand the repercussions for such activity under state regulations. The study, which included a large population (N = 3,280), also reported on the relationship between severe injury, job insecurity, low income, and manual jobs as a function of how likely injured workers were to lose wages as a result of filing a claim. Chun finds support from other studies which describe the incidence of inequity and social injustice reported by immigrants and migrant workers who file job-related injury claims (Dembe, 2001).

**Longevity as a predictor of workplace injury.** While Chun (2007) reported hesitancy of workers with low job security to report legitimate claims for fear of reprisal, a contrasting study by Hamilton (2002) reported that those with tenure of less than three years, and between the ages of 22 and 31 reported the most injuries in a study of Knox County government employees who were injured from 1995 to 2000. The purpose of this study was to analyze the workers' compensation program of Knox County, TN, as well as to suggest steps to improve it in order to reduce employer claim costs. Hamilton's study further establishes the need for additional training and education in the area of safety, prevention and workers' compensation. Hamilton's findings were supported by a study of 302 California State University employees (Martin, 2007), which primarily focused on the relationship of claims costs and job satisfaction but also found that time in position was negatively correlated with number of employee injuries. Martin suggested the need for education of employees who are new in position related to training and prevention of workplace injury. Torres (2008) concurs with this position by suggesting that seasoned employees can be mentors; they can model safe work practices to younger employees. In sum, both studies find support for further research in the area of training and education of employers concerning workers' compensation.

**Job satisfaction and workers' compensation.** Review of the research demonstrates a surprising number of factors not traditionally recognized by employers which increase the duration and severity of workplace claims. Traditionally, employers have focused on unsafe conditions and unsafe behaviors as major accident causing influences (e.g. Downing & Norton, 2004; Hopkins, 1995; Krause, Hidley, & Hodson, 1990; Montante, 2006; Swartz, 2006; Weaver, 2006; Williamsen, 2007). Unsafe acts and

unsafe conditions suggest behavior-based solutions; Krause et al. (1990), posited that 80-95% of accidents are a result of unsafe acts and unsafe conditions. As early as 1959, Heinrich posited 88% of all accidents were caused by human error in the form of unsafe acts; however, behavior-based theory is now being contested in the safety arena. Over the past decade, researchers have broadened the area of study to include other avenues to predict (and ultimately prevent) workplace injuries. A multi-year study reported by Kim, McInerney, and Alexander (2002) suggested that job satisfaction may be equally as important as eliminating physical hazards. Kim et al. further stated that consensus among safety professionals is overwhelmingly supportive of behavioral factors as drivers of occupational injuries. When evaluating job stress and job satisfaction, no statistical significance was found in aggregate data (Martin, 2007), but when data were disaggregated by department for employees at California State University, negative correlations could be supported between workers' compensation costs and increased job satisfaction, decreased job stress, increased age, length of service, and satisfaction with supervisor. Barling, Kelloway, and Iverson (2003), asserted that the high-level quality jobs have both direct and indirect effects on occupational injury "through the mediating influence of job satisfaction" (p. 277). A job was determined to be of high-quality when employees were able to engage in a variety of tasks and perceived some level of autonomy. The level of job satisfaction as a significant predictor of an injured employee returning to work has been supported by Fishbain, Butler, Rosomoff, Khalis, and Steele-Rosomoff (1997) in a study that examined how 128 individuals with chronic pain rated their job satisfaction. The perceived pre-injury job satisfaction was found to have influenced the desire to return to work. According to Betters (2006), job satisfaction is a

factor that cannot be influenced once the injury has occurred. “Individuals will either have found or not found their employment satisfying prior to their injury” (Better, 2006, p. 14). The work of Fishbain et al., focused on the intent of the injured worker; indeed, if intent not to return to work was verbalized during rehabilitative pain treatment, this was highly predictive of the employee not returning to work. Workers’ compensation patients may actually do less well in their rehabilitative treatment as a result of pessimistic beliefs (Fishbain et al., 1997). These studies were further supported by in a study of 3,000 Boeing workers whose job perceptions and psychological traits were predictive of whether a back injury was reported or not after an occurrence (Kamp, 1994). Those that reported not enjoying their job tasks were more than 2.5 times likely to report a back injury than those that reportedly enjoyed their job tasks.

**Stress, anxiety and psychological influence on injured worker.** Better (2006) examined how effects of stress, anxiety and psychological influences affect a person’s workers’ compensation claims. He inquired whether rehabilitation counselors should identify and address psychological conditions in order to decrease the duration of absence following workplace injury. The study did not support any relationship between age and gender as predictors of depression in injured workers. The level of pain interference (how pain interferes with daily activities) and lower levels of satisfaction with insurance company claim handlers were determined to be predictors of pain somatization. Somatization was seen as a barrier to the rehabilitative process.

In a study of over 700 workers, Harvey, Stoner, Hochwarter, and Kacmar (2007) found that supervisor abuse as perceived by the employee was reported in as many as a third of those surveyed. The results suggested that employees who perceived their

supervisors as dishonest and making negative comments were more likely to experience the effects of job tension, exhaustion, and depression as well as mistrust (Harvey et al., 2007; Sujansky, 2007). While the researchers were concerned with discovering what actions employees could take to lessen the effects of supervisor abuse, it is conceivable that the more negative a work environment, the less likely that an employee is motivated to return after injury. Fishbain et al., (1997) concur that these negatives can affect employees' job satisfaction and in turn, influence their intention to return to work. Treadway et al. (2004) discussed the importance of perceived organizational support by employees, finding that the political skill of leaders could be used to cultivate their subordinates' perceptions of organizational support. An empathetic organizational response may indeed modify an employee's duration of absence after injury. Empathetic response after injury was examined by this study.

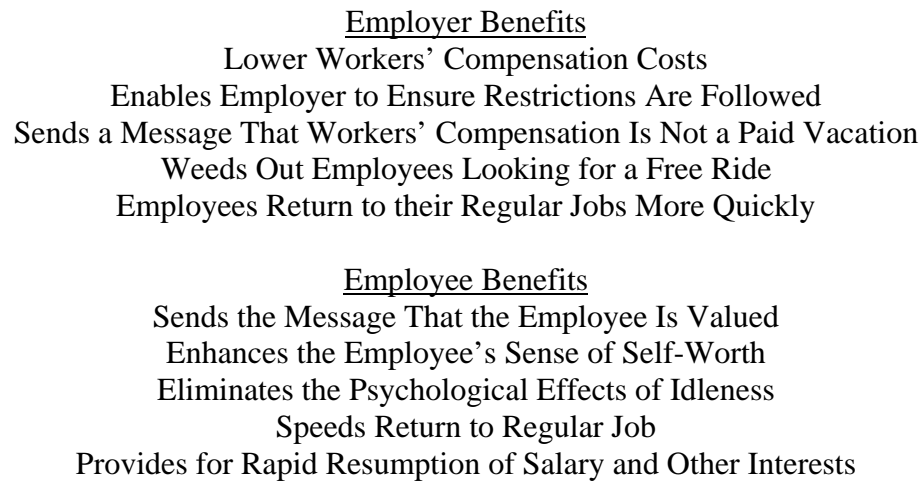
**Return to work, stay at work.** Returning employees to work expeditiously is thought to be one of the most effective strategies for employers to realize claim savings. It is also one of the most discussed programs in the literature (Bloch & Prins, 2001; Boden et al., 2001; Clayton, 2003-2004; Fishbain et al., 1997; Fishbain et al., 1993; Habeck, Scully, VanTol, & Hunt, 1998; Hopkins, 1995; Jewett, 2001; Mosley, 2003; Spence 2007; Wertz & Bryant, 2001); however, there are few recent research studies that measure its direct significance to cost reduction. A meta-analysis of existing studies was published in 1993 (Fishbain et al., 1993). The researchers examined 79 studies whose results were published between 1983 and 1990 involving chronic pain patients; a synthesis of these studies and results conflicted in identifying which variables were the best predictors of returning to work after treatment for pain. Fishbain et al. (1993) found



the studies as a whole were inconclusive. This finding was further supported by a more recent review of over 8,000 articles by Fadyl and McPherson (2008), who also found inconclusive results; “There remains a lack of clarity about what factors are most influential on whether or not someone will experience difficulty returning to work” (p. 262). Examples of the type of variables included were demographic, medical history, physical examination, diagnosis, functional status, compensation/litigation, pain, and psychological testing. The researchers identified “work variables” as those that should be considered an important variable for future research. Work variables included such things as duration of no employment, decreased hours of lifting, after work fatigue, time at job, job availability, patient attitude toward return to work, and job satisfaction. Fishbain et al. (1993) also recommended comparing the pre-injury job to the post-injury job and any changes should be noted in future research. Habeck, Scully, et al., (1998) furthered the research on early return to work. Fewer lost work days were associated with proactive employer programs including safety diligence and training as well as return to work programs in a study of 220 Michigan employers (Habeck, Hunt, & VanTol, 1998). Proactive intervention after workplace injury in the form of empathetic response was included in this study.

Employers often resist the idea of an integrated return-to-work program. Initially, they do not see the value of returning employees back to the workplace unless previously injured workers are at 100% capacity. Employers are quick to cite reduced productivity, morale problems, and fear of re-injury that would serve to prolong the current claim, exacerbate existing injuries, or perhaps cause new injuries. Without support of management and labor, return-to-work programs cannot fully succeed (Bose, 2008;

Habeck, Scully, et al., 1998; Hall & Kaleta, 2005; Mosley, 2003). What employers fail to realize is the more time employees spend away from their job, the higher the cost to employers and the less likelihood that the employee will ultimately return to work at full duty if at all (Boden, 2001; Hall & Kaleta, 2005; Mosley, 2003). A clearly-stated return-to-work program, supported by a well-written policy will enable workers, supervisors and managers to understand their role in the program (Hall & Kaleta, 2005; Spence, 2007). Wertz and Bryant (2001) gave a succinct list of employer and employee benefits for a comprehensive return-to-work program, displayed in Figure 1.



*Figure 1.* Employer, employee benefits of return-to-work programs (Wertz & Bryant, p. 124).

Legislative initiatives designed to moderate out-of-control costs could be seen in nearly every state between the late 1980's and early 1990's (Jewett, 2001). In 2006, 35 states enacted reforms (Sorenson, 2007). Many of these initiatives were related to the implementation of managed care programs, stemming fraud and the reduction of medical benefits. Return-to-work programs, while often seen as a critical avenue of cost reduction, were included in just six state reform initiatives. States such as Oregon and

Florida have encouraged employers to utilize the concept of early return to work by removing some of the risk of re-employing previously injured workers through incentives. The State of Florida introduced two such programs; preferred worker program, and the obligation to rehire program. Early intervention in order to encourage return to work quickly is seen as critical. Employees who lose even some time from work do not have as positive outcomes as those who never lose time from work (“Preventing Needless,” 2006). Employers and employees must understand that return-to-work programs can benefit both parties. Understanding of the implications of not returning to work must be conveyed via training and education (Hall & Kaleta, 2005; Spence, 2007; Wertz & Bryant, 2001). As Hopkins (1995) stated succinctly, “If claims can be managed in such a way as to reduce the length of time off work, there are dramatic savings to be made” (p. 32). Reducing the number of at-home days related to workplace injuries may be a more mitigating strategy for employers than even reducing medical costs (Shafer, 2006). It is conceivable that organizations can employ strategies that will both reduce costs and simultaneously improve the experience of injured workers.

When injured workers are off work recuperating, they often watch television as a way to pass the time. Daytime television and radio commercials often include aggressive advertising from legal firms, suggesting that injured workers can collect substantial sums from their employer through the employer’s insurance company after an on-the-job injury (Van Yoder, 2000). This is another incentive for employers to offer a return-to-work program; avoiding solicitation by, at times, those who have unscrupulous motives will further limit unnecessary costs. Spence (2007) believed that employer-based strategies

can reduce the likelihood of employees becoming involved in workers' compensation litigation.

**Increased overall cost and duration of claims.** Reducing the need for employees to seek legal counsel, which often results in an increase in the duration of the claim or a decrease in expeditious return to work (Nguyen, 2010), can strategically reduce employer costs. Hopkins (1995) reported that it is much easier to find cost savings by reducing claim duration than by eliminating or reducing the actual number of claims through preventative measures. Fishbain et al. (1993) posited that the perceived potential financial gain by employees through litigious means is relative to how likely the employee will be to return to the job. In other words, if employees believe there is great financial incentive in staying home after an injury, they will not be motivated to return to work quickly, if at all. This is one example of secondary gain.

While the literature reports a great deal of speculation on the effect of litigation on claims costs (Bernacki et al., 2007; Shafer, 2006; Spence, 2007), few empirical studies have been done to support this conclusion. Anecdotal accounts include one Texas employer that has been in litigation for years over workers' compensation claims; to resolve all issues it was estimated that it would take over 1,000 years. The plaintiffs' law firm had incurred fees and costs in excess of \$27 million at the time the article was written, with no end to the litigation in sight (Adams, 1996). Well-publicized lawsuits can cause immeasurable damage to the reputation of the company by tarnishing its good name in the community (Milano, 2007). Recently, a welder was awarded \$20.5 million after becoming sick by inhaling fumes on the job (Smith, 2008); this type of press can never cast favorable light on an employer.

Ambiguities in the law can also fuel litigation and increase employer costs (Wertz & Bryant, 2001). A July, 2009, case in point involves the city of Orlando; following an eight year legal battle over the amount of workers' compensation benefits due to one of its firefighters, the City could be responsible for up to \$1 million in legal fees (Schlueb, 2009). Alternatively, Shafer (2006) opined that aggressive attorneys can extend the time employees spend away from work, resulting in an increase in claims costs but only to a limited extent. Shafer believes that employers have other avenues of claims mitigation that are well within their control. Cost driving litigation can arise, not only directly from the administration of benefits, but also from sources such as safety violations, third-party suits and medical malpractice (Fishbain et al., 1993). Spence (2007) posited that the total package of reducing costs associated with workplace injuries includes employer strategies to reduce the likelihood of employees becoming involved in workers' compensation litigation as well as a return-to-work program integrated with efforts to prevent injuries (safety program).

**The role of a safety program as a preventative and proactive strategy.** While much is written about the aftereffects of workplace injuries, the role of a well-run safety program designed to prevent or reduce avoidable accidents should not be ignored. Loebbaka (2008) suggested that "the elimination and control of workplace hazards in an effort to promote wellness and reduce risk" defines safety (p. 1). Measures put into place pro-actively allow employers to eliminate some claims and reduce the frequency and severity of others, thus reducing the necessity for extensive post-accident measures. Heinrich (1959) discussed the domino theory of accident causation, suggesting that intervention of unsafe acts or physical hazards will interrupt a sequence of events, which

leads to injury. Traditional safety programs still subscribe to this theory. To the extent that organizations can exert influence on unsafe acts of employees or unsafe conditions (Hopkins, 1995), it can proactively prevent injury. The relationship between the proactive nature of an organization's safety program and its measure of safety performance was significant (Loebbaka, 2008).

Proactive measures traditionally include establishing safety committees whose members can review work orders, conduct safety walks, suggest ideas for future trainings, and work on creating a safer work environment in a positive way. Other duties could include accident investigation and job safety analysis. A ten-year study "examine(d) the effectiveness of employee safety committees on safety outcomes" (O'Toole, 1999, p. 43). The results of the study revealed that the existence of safety committees reduced the rate of OSHA-recordable incidents. A secondary finding suggested that voluntary safety committees received more employee participation; the voluntary committee was viewed more positively and had a more consistent effect on lowering injuries than safety committees mandated by the employer, which lowered injuries in some cases but not others. Both mandatory committees and voluntary committees served to reduce the rate of injuries. Between 1992 and 1997, 26 states added safety initiatives, many including safety committees, in their workers' compensation legislation reforms (Smitha, Oestenstad, & Brown, 2001). Organizational safety initiatives may increase employee job satisfaction by demonstrating a commitment to the safety and health of workers. Dobson (2006) noted that commitment to the safety and health of an organization's employees just makes good business sense and improves the

bottom line of the organization. Hopkins (1995) asserted that in states with higher benefit levels, attention to accident prevention will be more of a priority to employers.

Safety observations are one example of a proactive function for safety committees. When employees engaged in performing safety observations, they were more likely to influence positive changes for those they were observing as well as changing in their own behavior (Alvero & Austin, 2004; Sasson, Austin, & Alvero, 2007). Results of these studies suggested the use of employees for safety observation rather than using outside consultants due to the “observer effect” (Alvero & Austin, 2004, p. 456). Geller, Purdue, and French (2004) also support one-on-one observation and feedback as long as it is nondirective and not punitive in nature. “In other words, s/he provides specific behavior-based feedback for the observee to consider. There is no pressure to change. The only accountability is self-accountability” (Geller et al., 2004, p. 45). Even self-observation has been shown to improve safety consciousness when no punitive consequences were taken (Krause et al., 1990).

The benefits of employee safety observation and self-observation can be understood in reference to the theory of critical reflection described by Mezirow (1991) and Brookfield (1987). Critical reflection allows adult learners to combine experience and technical knowledge, and examine underlying assumptions. This examination, in turn, allows new ways of thinking and can lead to new behaviors (Stein, n.d.). In the area of safety and loss prevention, altering future behavior based on experience and insight may prevent avoidable losses from occurring. The use of safety committees staffed by employees suggests the establishment of proactive employee involvement. Proactive involvement can result in long-term behavioral changes that improve the climate of safety

within an organization. Safety committees can use incentives programs such as rewards to encourage and promote safe behavior (Downing & Norton, 2004). The way incentives are structured is critically important so as not to discourage the reporting of legitimate claims (Fell-Carson, 2004). However, “The best incentive program cannot make a bad safety program better” (Downing & Norton, p. 63). Conversely, Smith (1999) does not subscribe to behavior-based systems involving rewards and consequences including observation. “Having someone watch an employee perform his/her job often creates anxiety and confusion; the long-term consequences are usually negative” (p. 40). Stajkovic and Luthans (2003) examined the way money, feedback, and social recognition could be used in the workplace to bring about behavioral change. A money incentive was described as impersonal, but when feedback was added to money and social recognition, change of behavior effectiveness was increased by 26.8 times.

Most safety programs have training as an integral part of a comprehensive effort to avoid and reduce workplace accidents. “Ideally, safety and health training should be provided before problems or accidents occur” (Wertz & Bryant, 2001, p. 30). Smith (1999) posits that training, among other things “plays a greater role in (preventing) accidents than (focusing on) unsafe acts” (p. 40).

**Safety training.** Training can address problems that currently exist in the workplace as well as alert workers to new exposures that have been introduced due to organizational or technological changes. Employers seek not only to reduce the cost of workplace injuries but are concerned with the general welfare of their employees and do not want accidents to occur. According to the Center for Disease Control (2008), 7% of workplace accidents in 2001 resulted in fatalities. According to the U.S. Department of



Labor Statistics (2010a), workplace fatalities numbered 4,340 in 2009, a decrease from 2008. Training, as a part of an overall safety program, can help prevent accidents and educate employees about the procedures that reduce the likelihood of serious injury or even death. OSHA (n.d.) has encouraged employers to focus on workplace safety since its inception in 1970; this agency is the regulatory body which mandates inspections, promotes the establishment of workplace safety and training programs, and has the authority to levy fines for violations. Heinrich (1959) long ago suggested that under his 300:29:1 statistical prediction, out of 330 accidents, 29 will result in injury and 1 will result in major injury. Training seeks to reduce frequency of accidents as well as severity of injury.

Safety training also demonstrates that the organization cares about its employees (Barling, 2005). According to separate studies, Barling (2005) demonstrated how transformational leadership can influence safety: employees “will believe that management cares about them when management engages in safety training because they want to, not because they have to” (p. 39). A transformational style of leadership or what Geller (2008) calls “People-Based Leadership” (p. 29) can encourage employees to hold themselves accountable for safe behavior. “It is important to distinguish between managers who hold people accountable and leaders who inspire people to be responsible or self-accountable” (Geller, 2008, p. 29).

Geller and Wiegand (2005) have explored the role of personality as it influences injury prevention. They concluded that with respect to injury proneness and how it relates to internal personality traits, efforts to change through training will be difficult. However, with respect to preventing injury, an example of external intervention is

accountability. Kamp (1994) posited that a pre-employment screening which identifies applicants with high-risk personal traits is not unreasonable. It is logical to assume that identifying and avoiding applicants with high-risk traits is desirable prior to offering employment. Kamp drew a connection between the influence of personal traits and how those personal traits influence injury claims. He described such traits as hypochondria, poor work ethic and the ability to handle stress and how those traits contributed to the filing of some types of workplace injury or illness claims. Geller and Weigand went further by describing how the organizational context and work environment can be influenced by external intervention, such as accountability; in an ideal work environment, employees will be motivated to hold themselves accountable, even when no one is looking. It is logical to assume that supervisors, through targeted training, could be influential in supporting the type of work environment that is conducive to “increas[ing] the occurrence of safe behavior and/or decreas[ing] the frequency of at-risk behavior” (Geller, 2009, p. 43).

Training delivery is in a constant state of flux due to ever-changing technological advances. Delivery options range from traditional face-to-face (in a group setting or individually), to variations of online training methods using web based applications. In a study cited by Bessette (2007), 100 workers were trained to use earplugs to reduce or avoid long-term hearing loss. Those that had received individual training used the earplugs significantly more than those trained in group settings. Educational training coupled with motivation was a good predictor of performance (Bessette, 2007).

Conversely, Nakayama (2006) asserts that web-based safety training methods (self-study and interactive models) outperformed a traditional face-to-face training of 224

participants. How can new training methods better utilize technology to accommodate our diverse workforce?

### **Training To Address Workplace Diversity**

Training of a diverse workforce must recognize its unique make up. Age diversity plays a role concerning safety in the workplace. The Bureau of Labor Statistics forecasts growth in the over 55 age groups at a rate of 4.1% annually (Jones, 2007). This growth rate is four times that of the labor force overall. As the workforce ages, employers must recognize that older workers need special accommodations for age-related issues in order to maintain a safe work environment. One example is a gradual change in visual acuity. Torres (2008) described one employer with two-thirds of its employees within 10 years of retirement. The Bureau of Labor Statistics (as cited in Torres) reported that baby boomers, born from 1946 through 1964, make up roughly 1/3 of our workforce. Special accommodations could include task lighting, prescription safety glasses, and respirators fitted with special prescription lens inserts in order to accommodate gradual vision degradation that comes with age. Torres is quick to point out the advantages of having older workers mentor less experienced workers with respect to material handling and safe operation of equipment. In fact, how employers manage the expanding employee age range is becoming a new area of opportunity for research.

The multigenerational workforce requires employers to address the varying needs and concerns, including safety concerns, of Baby Boomers, Generation X (ages 32 to 42) and Millennials (those born between 1977 and 1994) (“Millennials,” 2008) all at once. For example, the younger workers may respond more to training which is delivered through technology rather than in traditional face to face ways. Regardless, employers need to

understand and respect the unique needs of the diverse employee population and tailor training programs in order to both assist diverse workplace populations as well as deliver the message of working safely.

Diversity in the workplace includes those whose native language is not English. OSHA has targeted Hispanics for special programs to improve safety in the workplace after finding that 25% of fatalities were related to language or cultural barriers (OSHA, 2004). Special outreach programs include education centers, training in Spanish and alliances with regional groups who assist Hispanics in local neighborhoods. Ekkens (2007) argues that effective training programs, including an English skills class, will reap rewards to the employer such as improvements in quality of work and attitude toward work and a decrease in workplace injuries, errors including misunderstandings, and a decrease in turnover and absenteeism. However, after a ten-week English skills training class for non-native speaking employees (n=36), supervisors (n=12) did not report any changes to absenteeism and safety; attitude and job skills were rated higher than before the training. According to Martin and Lomperis (2002) employers are concerned with employees understanding and giving safety instructions, such as those limited-English employees who work aboard cruise ships. Failure due to language barriers could result in loss of lives, litigation, death benefits, fines, and negative publicity and consequently result in loss of future business. It is logical to suggest that language barriers could also cause employees to misinterpret organizational response after workplace injury.

The critical nature of safety training becomes evident when considering non-native English speakers working in the healthcare field (Ekkens, 2007). Safety instructions and chemical labels delivered in English may be useless to employees who

are using harsh chemicals to complete their daily job tasks. Employers may find that better and safer delivery of goods and services, decreasing accidents, and improving job satisfaction are all byproducts of meeting the needs of diverse populations (Ekkens, 2007; Martin & Lomperis, 2002). “The U.S. workforce is becoming older and more racially and ethnically diverse” (Smith, Perry, & Moyer, 2006, p. 20). Smith et al., assert that non-native speaking workers are more like to be involved in service type jobs, construction, and transportation; workplace injuries and fatalities are higher among Hispanics and non-native workers than in any other group. Not restricted to the healthcare field, language barriers are generally thought to interfere with workers’ understanding of instructions and, therefore, their safety. Fear of losing jobs can serve to keep workers silent – fewer questions asked may result in what is usually an avoidable accident. According to Lin, Williams, Shannon, and Wilkins (2007), limited English proficient workers are particularly subject to illness and injury in the workplace. “ESL workers with limited English proficiency also may have difficulty reading warnings, safety manuals and instructions in their workplaces” (Lin et al., 2007, p. 380). According to Hong (2001), non-English speaking immigrants represent 25% of those who are at the lowest literacy levels. Employees with low literacy skills “experience work related accidents more frequently” (Hong, 2001, p. 21). Lin et al. go on to suggest that legitimate claims may be unreported due to fear of reprisal. This fear of reprisal is also supported by Dembe (2001). Lin et al.’s phenomenological study of 10 Chinese immigrants to Canada suggested that a resigned attitude toward ill effects of work on their health, made adults whose first language was not English more at risk for workplace injury. Lin argued that adult English language learners were more at risk for not

understanding or pursuing their rights with respect to workplace injuries. Fear of loss of employment has been reported to apply to both minorities and women in the workplace (Quinlan, 1996). Dembe suggested that the impact of language difficulties on the safety of undocumented injured workers is not well researched. Effective communication with injured workers in a diverse workplace is critical to an appropriate organizational response after injury. Learning styles and preferences, which may be culturally based, should be recognized and addressed when planning and evaluating training programs (Martin & Lomperis, 2002). This may include, for example, more hands on training as well as group learning situations (Smith et al., 2006) depending on learner preferences. Employers with a high population of non-English speakers may also be able to efficiently deliver training in employees' native language in order to maximize transfer of learning. Supervisors must be engaged in alerting management to what makes sense for the organization's unique mix of employee population. Holding supervisors accountable to create the culture of safety within the organization demonstrates the organization's commitment by supporting a healthful environment for its workers (Williams, 2008). "Effective leaders enrich their work culture and help workers become self-directed, self-accountable and self-motivated" (Geller, 2008). Exploring the lived experiences of injured workers may well uncover some perceived barriers to becoming self-directed, self-accountable and self-motivated when it comes to workplace injuries.

### **Chapter Summary**

The effects of workplace injuries, including financial and social costs, on employers, employees and their families can range from negligible to devastating. The financial loss to all parties can be mitigated, if not eliminated, by two types of

interventions: pre-accident interventions through safety training and helping employers understand their critical role in the organization's response. Post-accident interventions through cost-saving measures include return- to-work programs and medical care management strategies. The employer's response to injured workers once they return to work can have a significant impact upon the employees, which may impact both direct and indirect costs. The direct costs of workplace injuries are staggering. The indirect costs are estimated at up to four times that of direct costs (Heinrich, 1959; Jones & Gates, 2007); the impact of indirect costs to individuals, businesses and society regarding workplace injury deserves further study (Dembe, 2001).

Pre-injury programs include identification of personality traits (Geller & Wiegand, 2005; Kamp, 1994), creating a environment where it is evident that safety is valued (Geller, 2008), cultivating leaders to respond to the needs of their unique workforce in order to meet their training needs (Jones, 2007; "Millenials," 2008; Torres, 2008; Williams, 2008) and inspiring motivation as well as self-directed behavior concerning safe work practices (Geller, 2009; Bessette, 2007; Harvey et al., 2007). Creating a work environment where job satisfaction is high and stress as well as job tension is moderated with positive affect may influence how quickly employees can better learn to respond to the stress (Harvey et al., 2007) of workplace accidents if injuries do occur. Employers who cultivate a work environment where employees believe organizational members care about them may influence how quickly employees get back to work once an accident has occurred (Geller et al., 2004). This is considered a pre-accident strategy because it cannot be easily influenced once the employee is injured, especially if the relationship is venomous prior to injury (Pennachio, 2009). Other pre-

accident strategies include safety incentives (Downing & Norton, 2004; Van Yoder, 2000) and behavior-based programs (Geller, 2008).

Once an accident has occurred, the strategies used by employers can include medical case management (Pennachio, 2008a), and aggressive return-to-work programs (Mosley, 2003; Spence, 2007). Employers cannot rely solely upon legislative reforms to address the high cost of workplace injuries (Jerrell, 1997; Jewett, 2001) but must proactively seek new strategies to meet the needs of their workers while reducing costs in order to better allocate their resources. New strategies could include training supervisors to provide a better post-accident response, thus improving employee perceptions.

Need for more in-depth understanding of how employees view employer response after injury is indicated by a small number of studies which focus on the lived experience of injured workers (Calvey & Jansz, 2005; Fallenbaum, 2003). A carefully designed study which seeks to allow individuals a safe haven in which to tell their stories would further the research in this area. Secondly, there is a need for research designed to determine whether providing purposeful and empathetic contact immediately following injury by an individual's direct supervisor as well as an administrator makes a significant difference in the way employees perceive the organizational response following workplace injury. Studying these two aspects of the injured worker experience may assist employers in understanding the critical nature of their role as stakeholders in the expensive arena of workers' compensation. Additionally, such a study could serve as a foundation for future training and research. "Mixed qualitative and quantitative research methods are underutilized in RTW [return-to-work] research in general and deserve much



more consideration” (Krause et al., 2001, p. 476). The methodology for such a design follows in the next chapter.

## **Chapter 3 - Methodology**

### **Research Design**

This study employed a mixed methods design. In Phase 1, designed to answer research question 1, qualitative data were collected in order to capture the lived experiences of employees who are injured at work, and more fully appreciate the emotional significance of their journey (Strunin & Boden, 2000). The qualitative research design used in-depth, semi-structured interviews of employees who have experienced on-the-job injuries. By using a qualitative design in Phase 1, the researcher attempted to capture the essence of the human experience (Creswell, 1998; Merriam, 1998). This experience is most often viewed by employers quantitatively, measuring direct and indirect costs through number of lost work days along with cost of wages, medical costs, and loss of productivity. Quantitative measures do not fully take into account the psychosocial experiences of individuals contextualized in their environment including “substantial noneconomic effects of quality of life” (Boden et al., 2001, p. 398), the impact of which is “inadequately studied and understood” (Boden et al., 2001, p. 398). Finally, responses in Phase 1 served to inform the script used during the empathetic intervention with participants in the experimental group during Phase 2. For example, the participants in Phase 1 indicated that they would have liked to have been contacted by the school and the district administration – both to have procedures

explained as well as to check on the condition of their injury. That was anticipated and communicated to the supervisors of injured workers in Phase 2.

During Phase 2, quantitative data were collected using the Post Injury Employee Survey (Huang et al., 2004) in order to compare responses of employees in an experimental group to those in a comparison group. Three subscales (perception of organizational support, return-to-work policies, and reported job satisfaction) were used to investigate employees' perceptions of employers' response after workplace injury.

### **Research Setting**

All Phase 1 and Phase 2 participants were recruited from a large, K-12 south Florida school district, which included over 175 urban, suburban, and rural employment locations. The district employed over 22,000 employees when the study began. At the time of the study, the district had an experience modification rate of 1.23. The experience modification rate, calculated by the State of Florida, is used as a benchmark that allows employers to compare their workers' compensation experience with other employers. At the time of this publication, the school district had lower modification ratings than two peer districts of the same size but were higher than two others of similar size. This employer reported an average of 1,544 injury claims annually over the five years preceding the study: 198 lost time claims along with 1,346 medical claims involving no missed work days.

### **Phase One**

**Sampling plan.** Participants for Phase 1 were recruited based on a purposeful sample and prospective participants' willingness to participate. Nine injured workers from a large Florida K-12 school district were recruited by email or verbally using

recruitment materials included in Appendix A and Appendix B. Their injury claims were active within two years of the interview. Those who agreed were interviewed for up to 60 minutes using open-ended, semi-structured questions. The snowballing technique of recruiting participants was also employed; snowballing involves asking participants to recommend other eligible candidates for a study (Bogdan & Biklen, 2007). The researcher also recruited employees who had concerns with their current workers' compensation claims and called for assistance.

**Sample.** Nine school district employees, as described in Table 1, were interviewed using open-ended, semi-structured questions. Their interviews were recorded and transcribed. The researcher also mailed participants their transcripts and re-contacted them if any questions arose when reviewing the transcript in order to ensure accuracy of meaning through member checking.

After studying the transcripts and listening to the recordings, the researcher coded the data. Through analysis of an initial 90 codes (See Appendix D), the participants' responses emerged into three broad themes and three sub-themes. The researcher ascertained patterns by synthesizing the responses of the participants. Exploration of these responses identified the differences and similarities of the participants' perceptions after experiencing the phenomenon of workplace injury. Table 2 displays examples of initial codes.

**Procedures.** After obtaining University approval through the Internal Review Board process and recruiting the sample, the researcher contacted the participants by phone to schedule a recorded interview arranged at a mutually convenient time. The

interviewer met the participants at the location of their choice, either on campus or at an alternate site.

Table 1

*Participants in the Study*

Pseudonym	Gender	Job Title	Years with Employer	Age
David	Male	Police Officer	19	62
Nellie	Female	Teacher	18	54
Nuncia	Female	Teacher	21	53
Ivan	Male	Custodian	19	59
Rena	Female	Manager	35	61
Patti	Female	Bus Aide	2	19
Gail	Female	Payroll Tech	14	51
Donna	Female	Teacher	16	57
Chip	Male	HVAC Tech	24	53

Interviews were also done over the phone at the participants' request. Consent forms (Appendix C) were explained and signed by participants. Pseudonyms were assigned and the participants' information was kept confidential. Relative information gathered during a small pilot study as well as in Phase 1 concerning employer response was used to inform the script for purposeful empathetic response in Phase 2.

**Data collection.** Participants in Phase 1 were interviewed for up to 60 minutes in person or by phone, at a time agreed upon in advance. Signatures on an approved consent form

were obtained prior to beginning the interview, stressing the voluntary nature of participation in the study. Interviews were digitally recorded with consent from

Table 2

*Initial Code Examples*

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Code	Description
CRA	Colleague response, took action
DC	Didn't care
EA	Employer accommodates
ER-JT	Employer response, job threatened
PM	Participant, mistrust
PR-NF	Participant response, not fair
S-PW	Supervisor, paperwork
S-CFH	Supervisor, concerned for health
TDTO	Treated differently than others

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the interviewee. Field notes were kept in a journal by the researcher at the time of the interview. The interviewees were instructed to skip any questions they chose not to answer and were assured they could withdraw from participation at any time. The researcher had each interview transcribed as soon as possible after the interview was conducted, coding the transcription. All documents, including the transcribed interviews, were collected and kept in a file, one file for each participant. Digital interviews were

retained on a flash drive as well as a backup file to preserve the integrity of the data. The information was kept in a locked cabinet, and only the researcher had access, unless required by law.

The research was “designed to ask participants to reconstruct their experience and to explore their meaning” (Seidman, 2006, p. 92). The researcher recognized that the participants may have shared aspects of their experience which “may [have] cause[d] discomfort and even some degree of emotional distress during the interview process” (Seidman, 2006, p. 61). If recounting the workplace injury caused emotional distress, the participants were free to withdraw from the interview at any time. All participants were be given the telephone number of Corporate Care Works, the district’s employee assistance program, which was available to provide confidential counseling services at no cost.

**Data analysis.** The interviews were transcribed and analyzed in order to explore the phenomenon of what it meant to be injured at work. Coding the data allowed the researcher to create categories which were analyzed for emerging themes and examined for “phenomena based on these themes” (Byrne, 2001, p. 831). Statements were organized into “clusters of meanings” (Creswell, 1998, p. 55) and tied together in order for employers to “understand what it is like for (workers) to experience” (Creswell, 1998, p. 55) their response after injury through statements, meanings and themes. Member checking was used to enhance internal validity by “taking the data and tentative interpretations back to the people from whom they were derived” to determine if “the results are plausible” (Merriam, 1998, p. 204). Peer review, that is, “asking colleagues to

comment on the findings as they emerge” (Merriam, 1998, p. 204) was also used to ensure plausible interpretation of the data.

## **Phase Two**

**Sampling plan.** After Phase One was completed, participants in Phase Two were recruited for two groups – the experimental group and the control group. Both groups included employees from a large South Florida K-12 school district who reported injuries during an eight week period after the study began; the total number of prospective participants was estimated at 400 based upon an average of previous new claim reports; the actual number of participants was 386. Participants were randomly placed into two groups – the experimental group and the comparison group. The participants were divided into groups based on the alternating days of the week on which they reported their claims. For example, during week one, participants who reported claims on Monday, Wednesday, and Friday were placed in the control group. Injured employees who reported claims on Tuesday and Thursday were placed into the experimental group. The following week, the order was reversed, and so on for eight weeks. At the end of the eight week period, the researcher mailed a survey to each group inquiring about their perceptions of employer response to their recently reported workplace injury. The survey included slight wording differences in the title to differentiate the returned surveys from each group; see Appendix B. The survey was sent in English with a notation on top that the survey was available in Spanish or Creole if requested; see Appendix I and Appendix L. Five surveys were subsequently requested in Spanish and none in Creole. Surveys were mailed in a district envelope to the address on file of school district employees. A consent form and cover letter was included with the survey; see Appendix F, Appendix



G, Appendix I, Appendix J, Appendix K, Appendix L, Appendix M, and Appendix N. Returning the survey implied consent in the event that a signed consent form was not returned along with the survey as indicated in the introduction letter. A reminder post card was sent out two weeks after the survey has been mailed. No participant in Phase One was included in Phase Two.

**Sample.** The survey was mailed to 386 employees with 91 responding, representing a response rate of 23.6%. The subjects consisted of 91 participants; 18 males and 71 females (missing gender data on 2 subjects). Seventy-one participants were employed on a full-time basis; 31 participants had over 15 years of employment time with the district. Twenty-eight characterized their positions as “labor,” five as “management,” and 51 indicated their position as “other.”

**Procedures.** What occurred during the experimental phase of this study was critical to testing research question two. The intervention component of this study consisted of purposeful empathetic contact with employees who reported claims during an eight week period and were randomly chosen for the experimental group. The purposeful empathetic contact was made by the employee’s supervisor as well as one of two individuals in the risk management department. Once the study began, the researcher had risk management workers personally contact newly injured employees in the experimental group shortly after reporting injury. The researcher trained the risk management individuals to ask the injured worker the following questions as guidelines:

I see you have had an injury/fall...how are you feeling?  
Are you getting any better? What is happening now?  
Do you have any questions about the process of workers’ compensation?  
We miss you at work and hope that you can come back soon (if absent)  
Call me back if you think of any questions; my number is.....

If the injured worker was not at home, the risk management worker left a voicemail message with a return telephone number. If injured workers asked questions about the process of workers' compensation, the risk management workers responded to the questions. They were trained by the researcher to demonstrate purposeful employer concern with empathic questions such as, "How are you feeling?" and "Are you getting better?" consistent with what was learned from participants' interviews in Phase One. The researcher provided a brief training to the risk management personnel before Phase Two began. When asked to identify leadership qualities important to injured employees after being absent, Aas et al. (2008) identified these qualities as being the most valued by workers who had been out of work after a workplace injury, "ability to make contact, being considerate, being understanding, being empathic and being appreciated" (p. 335). If the employee was not at work, the risk management personnel were asked to convey to the injured worker that their presence was missed at work; their importance to the organization was stressed. The researcher contacted the injured worker's supervisor and inquired as to whether the supervisor had made contact with the injured worker. If the researcher could not contact the injured worker's direct supervisor, the researcher spoke to the department or school timekeeper, generally the school or department secretary. This person was the one to whom the claim was initially reported and generally was the contact point for injuries at the school or department. The researcher provided a brief training by phone using the following questions as a guide:

I see your employee (name) has reported a new claim...how is s/he doing?  
Have you asked her/him? The research shows that employees really want contact and empathy from their employer after experiencing an on-the-job injury. Your employee is going to be sent a survey in a few weeks to find out how he/she was

treated after reporting an injury. I want you to follow-up with her/him now and at least once per week to make sure s/he is getting their questions answered, feeling like you care about him/her and is not being made to feel guilty for reporting a claim. Call me back if you have any questions or if your employee asks a question that you need help answering. My number is....

The researcher followed up with the supervisor by sending him/her a reminder card which served as a job aid to assist in remembering to give their injured worker an empathetic response (See Appendix H).

According to Strunin and Boden (2000), the supervisor is “typically the face of the employer” (p. 376) to injured workers. Indeed, the supervisor’s response has been found to be critical in reducing the duration of injured employee absences (Aas et al., 2008). The researcher instructed and encouraged supervisors to contact injured workers at least weekly in order to demonstrate the employer’s concern for the employee’s well being, “using supportive language, (and) avoiding negative responses” (Pransky et al., 2001, p. 134), as well as answering any questions. Any questions the supervisors had concerning the return-to-work process or about how to respond to their injured workers were answered. The researcher disclosed to the supervisor that injured workers (in the experimental group) would receive a survey at the end of an eight week period to voluntarily report their perception of employer response. During the eight week period, the researcher contacted a 5% subsample of the supervisors in the experimental group to determine if they actually followed instructions with respect to providing a purposeful empathetic response to their injured subordinate using the following guidelines:

I contacted you shortly after (your employee) was injured to inform you about how important it is to provide an empathetic response to injured workers. Did you follow up with your injured worker to ask them how they were feeling? What was their response? (if no) Can you do that now? What problems/issues/questions did you encounter?

The researcher made note of their answers. If the same supervisor appeared in both the control group and the experimental group, the survey of the supervisor's employee that appeared last was removed from the study. The researcher wanted to avoid contaminating the control group employee response by having a supervisor who was working with both a control group employee and experimental group employee.

At the end of the eight week sampling period, the researcher sent injured employees in the experimental group and the comparison group identical surveys along with an approved consent form. Surveys for the experimental group and comparison group contained slight wording changes in the title in order to reveal which group the prospective participants were in. Prospective survey participants included all employees who reported new injuries within the eight week time frame. The number of employees who were sent a survey was 386. Responses of those in the experimental group were compared with those collected from workers who reported workplace injuries in the comparison group during the same eight week period. The researcher's goal was to determine if there was any significant difference in employee perception of employer response after injury between the experimental group, which received the purposeful empathetic response, and the control group, using three subscales. Ultimately, the inclusion of empathetic response as a training module will be considered. After the 8 week period, those in the experimental group were debriefed via letter. See Appendix O.

**Instrumentation.** The survey used for this data collection were obtained with permission of Huang et al. (2004). The instrument was selected because its questions represented employees' perceptions of employer response after injury. The survey

contains 17 items broken down into three subscales scored on a six-point Likert-type scale from “strongly disagree” to “strongly agree.” The higher the score in each subscale, the higher the perceived organizational support, quality of return-to work policies, and post-injury job satisfaction. Validity and reliability of the instrument was established in previous research using items collected from subject matter experts as well as a literature review (Huang et al., 2004). The questions were originally part of a 34 item survey involving a broad range of topics including corporate health and safety policies. Subscale 1 (Perceived organizational support for injured worker, questions 1a – 1f) has a reliability of .77 and contains six items. Subscale 2 (Perceived quality of return-to-work policies, questions 2a-2c) has a reliability of .76 and contains three items. Subscale 3 (Post-injury job satisfaction, questions 3a-3c) has a reliability of .69 and contains three items. With the researcher’s permission, compound questions on the original instrument were split into six separate questions (see Appendix E, items 1d, 2b, and 3b).

**Data collection.** The survey instrument used in Phase 2 was mailed in a district envelope with a cover letter, postpaid return envelope, and approved consent form to injured workers’ home addresses. The consent form explained the purpose of the study and described confidentiality measures. The researcher used a slight wording difference in the title to distinguish between surveys that were returned from participants in the experimental group from those the comparison group. A reminder post card was sent two weeks after the original survey was mailed to all participants. It included language such as “if you have already returned the survey, thank you.” The researcher allowed four weeks for return of all surveys.

**Data analysis.** Data from three subscales on the survey instrument (perceived organizational support for injured worker, perceived quality of return-to-work policies, post-injury job satisfaction) were compared between the experimental and control groups using an independent samples *t*-test. An alpha of .05 was used. A Bonferroni adjustment was used to test the null hypotheses using a per-hypothesis alpha of  $.05/3$ , or .017.

## **Chapter 4 - Findings**

The purpose of this mixed methods study was to (a) explore the lived experiences of school district employees who have sustained on-the-job injuries with specific attention to employee perceptions of employer response after injury (Phase 1) and (b) examine whether purposeful empathetic response from the employer after workplace injury is related to changes in employee perceptions of employer response (Phase 2).

Through the interviews of nine employees in Phase 1, the researcher sought to more fully understand how school district employees made sense of the phenomenon of being injured at work. During Phase 2, organizational response was examined using a survey instrument administered to two groups, an experimental group and a comparison group of school district workers that were injured during an eight week period. Data from three subscales on a survey instrument were compared between an experimental and control group using an independent samples *t*-test.

### **Findings From Employee Interviews, Phase One**

The data gathered from interviews with nine injured workers emerged into four findings. These findings provided better understanding of how the participants experienced the phenomenon of workplace injury. This data revealed that, first, the level of assistance and type of support received after reporting an injury varied among all participants, despite working for the same employer. Secondly, the study found that the perceived response from the employer was more influential in affecting the participants'

experience of workplace injury than participants' perception of the response of their coworkers. While the researcher was specifically interested in how they perceived their employer's response after injury, the participants also reported on perceived response from coworkers and their own reactions as they navigated their way through unfamiliar territory, in the majority of cases (7 of 9). Next, this study found that reaction from some school district employees (6 of 9) who were injured mirrored perceived employer response. Finally, the study found that some participants had unmet expectations of their employer with respect to how they were treated after experiencing workplace injury. The last finding was based on five of nine cases and was not as strong as the first three findings.

**Assistance and support.** This study found that the level of assistance and type of support received after reporting an injury varied among participants, despite working for the same employer. For this study, level of assistance means how much or how little information and instruction the participant received after reporting injury. Level would also include whether the employer made modified work accommodations, if needed. The type of support means what participants described as empathetic or non-empathetic, as well as positive or negative (barriers). The level of assistance and type of support for those participants described are displayed in Table 3.

All participants worked for the same employer; yet, they reported varying levels of assistance in terms of instructions for navigating the process. None of the participants worked at the same school or department location, yet all worked for the same large school district. Their level of support from the local employer (personnel at the school or



Table 3

*Assistance and Support*

Pseudonym	Level of Assistance	Type of Support	Location
David	Adequate - initially Low – as claim progressed Moderate	Not empathetic	Department Department District
Nuncia	Low – initially Adequate – as claim progressed	Not empathetic Empathetic –as claim progressed	School
Chip	Low Moderate	Not empathetic	Department District
Patti	Low Moderate	Not empathetic	Department District
Ivan	Low	Not empathetic	School
Nellie	High	Not empathetic	School
Donna	Moderate High	Not empathetic	School District
Rena	High	Empathetic	Department
Gail	High High	Empathetic	Department District

department) ranged along a continuum from very low (3 of 9) to those that had as much support as they needed (2 of 9). Those that had little or no prior experience with the system (7 of 9) expected the employer to provide informed and expeditious assistance with the process as well as an empathetic response to their emotional need of support. In

contrast, the two that did have prior experience knew what level of assistance and type of support to expect from their employer.

Consider David, a participant, who described an initially adequate level of assistance from his supervisor, but that level of assistance was not sustained by his department as the claim progressed. He further described a lack of empathetic support from his department. Interestingly, David was not relying upon the employer for assistance and support as much as other participants in the study. David was a school police officer who had experienced multiple claims over his 19-year career with the District; he described a recent shoulder injury claim that occurred during a training exercise. He reported that his direct supervisor knew what to do immediately, suggesting that the initial level of response from his supervisor was adequate. The appropriate paperwork was completed and he was referred quickly for treatment. While his perception of the initial employer response was characterized as an adequate level of assistance, this same characterization of level of assistance from his department was not sustained as his claim progressed. Despite his characterization of a diminishing level of assistance from his employer as the claim continued, David, unlike seven other participants, already knew how to navigate the workers' compensation system when he was injured. He knew what to expect; and in, fact, had assisted other injured workers with procedural questions due to his own experience with injury claims over his years of employment. He was not relying upon his employer as much as other participants with less experience for assistance with navigation. Likewise, his experience taught him that the type of support he would get from his employer would likely not be an empathetic one – and as his experience predicted, he was correct. He expressed his belief that the

employer at the departmental level should be giving both a higher level of assistance, although paradoxically, he, himself, did not seem to need it or expect it, to other injured workers by providing more information as the claim progresses as well as a more empathetic response than he experienced.

Despite his somewhat negative characterization of employer response (moderate to low level and not empathetic), he and another participant, Chip, who reported a low level of assistance by his own department, both reported high levels of assistance when they reached out beyond their local department for additional help through the employers' Risk Management Department, which moderated their perceptions of employer response. Chip was a 24-year HVAC/air conditioning technician who hurt his back moving large equipment. Chip, like David, had also been previously hurt at work, but not as seriously as in the incident he described for this study.

Both Donna, a teacher, and Gail, an accounting clerk, also reported receiving helpful instructions from their employer, which included when they were supposed to return to work as well as how their attendance would be recorded. Donna characterized her level of assistance as moderate while Gail characterized her level of assistance as high. When Gail had additional questions about how her pay was being handled, she, like Chip and David, went beyond her local department and reached out to Risk Management personnel; three of the nine participants had a more positive experience when they inquired beyond their own department, seeking additional information through the District's Risk Management department, despite reporting a low or moderate level of informed assistance from their department. David suggested that generally, most employees did not know that the Risk Management department worked as an advocate

for injured workers. After her interview, Donna echoed this sentiment after finding out that the researcher could answer many of her questions, not related to this research, but specifically to navigating the workers' compensation system. The low or moderate level of response at the school or department level seemed to moderate the perceptions of David, Chip and Donna, despite finding more assistance at the district level.

Conversely, Rena, an administrator reporting to the District office, initially experienced frustration and delay, despite ultimately characterizing her experience as one in which the employer provided a high level of assistance (albeit fraught with error) and support which was empathetic. Her trip and fall accident occurred on a Friday afternoon; the forms used by her departmental supervisor were outdated and had to be re-submitted, and her social security number was input incorrectly. Although she attributed all of these things to human error, she believed that the delay in response due to those errors prolonged her treatment and ultimately, prolonged her return to full capacity. Delayed recovery has been associated with an increase in employer cost (Gaffney, 1997). Interestingly, she described a high level of initial response by her employer but the response later was described as actually delaying her treatment. The type of support she described in very positive and empathetic terms was moderated by the initial errors. Nellie, like Rena, had the exact opposite experience; what was a mostly negative experience in terms of the type of support she perceived from her employer was moderated by the fact that both the school secretary and the insurance company did a good job of walking her through uncertain terrain by assisting her with information about procedures. Her level of assistance was high but not empathetic.

Ivan, a 59 year-old school custodian with 19 years of service, described a very poor experience when attempting to understand how to procedurally navigate the workers' compensation system. His experience was perceived in very negative terms; one of a low level of assistance coupled with a non-empathetic response. The local personnel at school did not seem to know how to respond to his report of a back injury that was not as a result of a single event, but something that occurred over time. Ivan attributed his back injury to continually moving cafeteria tables to accommodate a variety of activities held in the cafeteria. His perceived employer response was reported in entirely negative terms. He related that his initial report of back pain was ignored completely. When he later insisted that his employer record the claim and allow him to seek treatment, he met with resistance and was treated with suspicion. He reported that school personnel actually changed paperwork and signed forms on his behalf. "She ignored me (initially)...I went back again, she make another report, sign my name....I don't know the handwriting." Ivan, however, did not let initial barriers deter him from making his claim. His perception of how he was treated procedurally contributed to his decision to seeking legal representation. He experienced more difficulty with navigation of the system procedurally than the other 8 participants in the study reported. At his school, those at the local level provided neither the level of assistance (informed, expeditious) nor the type of support (empathetic) that was received by participants with the same employer but at different school or department locations.

**Employer response versus coworker response.** The study found that the perceived response from the employer was more influential in affecting the participants'

experience of workplace injury than participants' perception of the response of their coworkers.

It was the participants' common belief that their employer would guide them through, in most cases, uncharted territory; they set what seemed to be realistic ideas of what a reasonable response should be. In recounting the phenomenon of what it is like to be injured at work, perceived employer response was much more influential in their overall experience than that of perceived coworker response. Perceived employer responses ranged from complete silence or periods of silence (reported by 6 of 9 participants) to reports of supervisors and coworkers who called participants to inquire how they were feeling as well as encouraging them to get better and return to work when they were up to it (2 of 9 participants). The continuation of empathetic employer response throughout the course of their claims as reported by Gail and Rena produced a much more positive perception of their employer's response to their workplace injury. Other participations reported negative perceptions ranging from little or no contact with the employer as well as negative responses of employer reaction to their report of injury (7 of 9 participants). Examples of perceived employer and coworker response can be found in Table 4.

The empathetic response from employers that was perceived by participants served as a lens from which they described the experience of workplace injury. Those that had an empathetic response from their employer were able to view the experience in a mostly positive light, despite dealing with painful injuries (2 of 9), whereas those that did not get an empathetic response, viewed their experience in mostly negative terms (6 of 9).

Table 4

*Perceived Employer and Coworker Response*

Pseudonym	Employer Response	Coworker Response
Chip	Negative...no one checked on me...	Negative...coworkers did not inquire
David	Negative...I heard from no one unless I made the inquiries...	Negative...coworkers did not inquire
Donna	Negative...she called to tell me I was not allowed to be on campus	Mixed...some inquired but they were already considered friends
Ivan	Negative...they fired me....	Negative...coworkers ignored him in passing
Nellie	Negative...they called about the report (paperwork), not to inquire about me...	Positive...coworkers called and assisted with tasks
Nuncia	Negative...no one called me, at least to see if I was alive...	Positive...coworkers drove called care home after the accident
Patti	Negative...nothing, no communication in 8 months....	Negative...no
Gail	Positive...they couldn't have done	Positive...assisted with tasks more...
Rena	Positive...I can't say enough about how supportive she was...	Positive...helped with tasks

The remaining participant (Nuncia) described the initial employer response in mostly negative terms due to a lack of concern, but later stated that it improved over the next few weeks when an assistant principal called her at home and superiors at work

seemed genuinely glad to see her once she did return to work. Her characterization of the overall experience was mixed. Despite reports of empathetic response and offers of support and assistance from coworkers, which seemed important to participants, the coworker response did not seem to affect their perception of the overall experience as much as that which they received or did not receive from their employer.

Consider Nellie, whose positive responses from coworkers were completely overshadowed by the non-empathetic response from her principal. Nellie was an 18-year teaching veteran, who, prior to this accident, had what she described as a professional, working-level relationship with her principal. After getting poked in the eye with a rolled up piece of paper by her principal, she had continuing eye problems, as her cornea did not fully heal. Her perception of how she was treated over the next two years by her employer, as she struggled with periodic corneal erosions, was one of the most negative of this study. She did not believe that her principal took any personal responsibility for the injury, describing her interactions as “totally rude” and with a “complete lack of concern.” She did not understand this type of employer response and suggested that the principal began retaliating against her by treating her harshly for things that, in the past, had been considered minor. She reported that the employer minimized her injury, blaming the healing duration to her other health complications, and inappropriately discussed those health conditions with her co-workers. Nellie used the term “retaliation” and described her treatment as “adversarial” and unwarranted. She further believed she was the target of unfounded accusations: “She accused me of missing a meeting, when I was right there.” She, along with Ivan, reported that the injury paperwork filed to report



the claim was subsequently amended to portray the employer in a more favorable light.

She described the employer's response to her injury in this way:

I don't believe that she really took full responsibility for what she did to my eye, she permanently damaged my eye ...she thought that this cornea erosion that I was having was not real. I remember she came into my classroom one day and ... said ...I don't understand what is taking you so long to get better because when I had that, the hairdresser like brushed over my eye and I got over it in a couple of days...I don't know what is taking you so long. And I just looked at her and I said you did not have what I have and that was the end of that conversation.... it seems to me that she was minimizing what actually happened to me because I had also heard some other comments on campus where she had been telling people that (another health condition) is why I was having these problems with my eye ...I did hear some of the teachers make that comment and then when she made that comment to me ...on more than one occasion, it just ...confirmed ...what I heard she had been saying (about me).

The type of negative employer response that Nellie perceived was echoed by the experience of Ivan after reporting a cumulative back injury. Not only were his initial complaints ignored, but as the claim progressed, he reported that his employer continued to ignore him. He perceived that he was treated differently than others who, in his employer's eyes (according to Ivan), had more legitimate injuries. At the time of Ivan's interview, he had already been through the process of having his claim denied, was terminated, filed litigation, won the case, and ultimately obtained the treatment he was seeking originally. He ultimately settled his claim and never returned to the District. After all that had occurred, he still did not understand why his employer ignored him, did not give him light duty opportunities that other injured workers had, and generally treated him like a criminal for attempting to exercise his rights after workplace injury. He related that the employer did not bother him as long as his work was done; yet, after he reported an injury, they responded initially with silence, later by ignoring him, and

ultimately, with a letter threatening his job. They ultimately did terminate him, although the back injury claim was ongoing. He stated that his employer simply refused to take care of him in an appropriate way, which caused him to seek the services of an attorney.

Despite the negative experiences of Ivan and Nellie, both Gail and Rena reported positive responses from those representing the employer at their respective locations. Both reported ongoing instances of demonstrated empathetic response after reported injury, multiple inquiries both by phone and in person inquiring as to their progress of healing, as well as suggesting other ways the employer could make things easier for the injured worker during the healing process. Gail reported that her supervisor asked her if he could fetch anything to minimize her need to walk on an injured knee. He called her at home when she was unable to work, and generally modeled a supportive environment that inspired Gail's coworkers with his actions. Her coworkers also went out of their way to assist her. The employer gave her a reserved parking space and allowed her to keep the spot well over a year after injury. Before reassigning the parking space, the employer asked Gail to let them know if she ever needed to use it again due to any further problems with her knee. Rena's supervisor suggested that she go home and rest at times when she appeared tired, and arranged for her to have access to the building at nights and on weekends to accommodate her healing as well as attend doctor and therapy appointments. Rena summed up her perception of employer response with these words,

Extremely, extremely supportive....(she would allow me to do) whatever I needed to do....(my supervisor) told me, I don't want you to not take care of yourself and then you end up not being able to work at all. If I needed to come in very early....and adjust my hours....she was very flexible like that.

Comments related to empathetic response or the lack of it were reiterated by all 9 participants throughout the retelling of their experiences.

While the study found that participants were affected more by response from employers and those in higher positions of authority, coworker response, while important, did not affect the overall experience as much as employer response. Participants were eager to distinguish perceived response in terms of what they expected from the employer, that is empathetic and informative response; versus what was nice to have, that is, supportive and empathetic response from coworkers. Empathetic response from coworkers was treated by those that perceived it (4 of 9 participants) as a gift and not as obligation or expectation. After Nellie's eye injury, despite having a very difficult time with her employer, she couldn't say enough about how her coworkers had treated her. She described how they called her at home and emailed her to keep her up to date on things going on at the school. During meetings coworkers sat next to her, reading the small print on hand-outs and helping her with lesson plans; they also assisted in getting her room ready for open house. "The staff has been absolutely amazing in what they've done to ...help me." The favorable treatment from coworkers appeared to be overshadowed by the continuing unfavorable treatment from the employer. Nuncia, who was taken from the school by ambulance due to a foot injury, described how her coworkers got her vehicle back to her house since her driving was restricted. Although in the interview, she reported that no one from the employer contacted her, after reviewing the transcript, she called to say that she did remember an assistant principal calling after a few days to inquire about her. She also received phone calls from coworkers who inquired about her progress, and the social committee sent flowers to her home. Both

Gail and Rena described how coworkers showed empathy by calling them at home, but also assisted them in the workplace by fetching items, typing, and taking on extra tasks so the injured worker could rest.

Conversely, 4 of the 9 participants described a lack of empathy by their coworkers. Ivan was surprised at their silence when he was called to the main office to sign some papers. After being out of work, he visited the school and both his supervisors and coworkers walked past him without speaking. His coworkers acted as if they did not know him. He did not understand why. Chip remarked that none of his coworkers contacted him when he was out of work, and when he did return, “some of them looked at you funny and just walked away.” Likewise, Patti, a bus attendant, had been working at a light duty position for 8 months, away from her normal work location when she was interviewed. She expressed with sadness that neither coworkers nor any supervisor had called to check on her with respect to her lower back injury. David attributed the lack of empathetic response from coworkers as a character trait of police officers. “We are a stoic bunch.” He has since made it a point to call coworkers when he knew they were injured on the job because he knew that no one else would likely call them.

Donna, a teacher, described a mixed response from coworkers after falling from her chair and injuring her back. She was out of work for several weeks following the injury. She received empathetic response from those that she considered her friends but expected the same from others, which was not forthcoming. Donna did report that several coworkers contacted her to express concern but attributed that to their relationship as friends prior to the workplace injury. She expressed dismay at the lack of interest or contact from coworkers and was surprised that she did not receive any flowers like others

that had been sick or injured in the past. She expressed an intention to refrain from donating to sick or injured coworkers in the future, “I will not have any part of it...I think it is horrible (the way I was treated)...I really do.” Donna and Ivan were the only participants who seemed to view coworker response as reinforcing of their negative workplace injury experience. In Donna’s case, the positive response of coworkers that were considered to be friends seemed to be discounted or overshadowed by the negative experience overall. In all cases, coworker response, whether negative or positive, whether empathetic or not, was not characterized by participants to be as influential as perceived employer response. Table 5 displays the responses of employer and coworker as perceived by each participant.

**Mirroring.** This study found that reaction from a majority of school district employees (6 of 9) who were injured at work mirrored perceived employer response. Those reactions ranged from cold and distant to responses that were accommodating and described as family-like. For example, when Ivan was treated with mistrust by the employer, he began to mistrust, recounting his experience with great emotion; when Gail was treated like a family member, she responded as she thought a family member would, returning to work before expected. Table 6 displays participant reactions which mirrored responses from their employer. David demonstrates a mirroring of his employer’s response. He was the most stoic of all the participants, and given his occupation as a police officer, this was not surprising. Further, this gentleman reported numerous on-the-job injuries prior to the injury he referred to for this study. He had been through the system many times and knew what to expect as well as how to work within the system to

obtain appropriate and expeditious medical treatment. Through experience, he did not have high expectations of empathetic response, and his expectations were met.

Table 5

*Participant Perceptions of Employer, Coworker Response*

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Pseudonym	Employer Responses	Coworker Response	Participant perception
Chip	Mixed	Negative	Mixed
David	Mixed	Negative	Negative
Nuncia	Mixed	Positive	Mixed
Donna	Negative	Mixed	Negative
Nellie	Negative	Positive	Negative
Ivan	Negative	Negative	Negative
Patti	Negative	Negative	Negative
Rena	Mixed	Positive	Positive
Gail	Positive	Positive	Positive

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He, in turn, mirrored this response by describing in very dispassionate terms, his reaction to the experience. He attributed his reaction to years of dealing with the employer and was not surprised or upset when no one from his employer called him during his time off work. “It didn’t bother me, but it would have bothered others,” he said without emotion when asked how the lack of empathetic response he described had affected him, thus

mirroring his employer’s response. Likewise, Rena’s description of her conscientious effort expended to keep her work up-to-date in order to accommodate her employer

Table 6

*Participant Reaction Mirrors Employer Response, 6 of 9*

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Pseudonym	Employer Response	Employee Reaction
David	Silence, cold	Described experience in stoic terms, expecting Little
Ivan	Mistrust	Mistrusting employer, retaining attorney
Donna	Disrespect	Viewing experience negatively, retaining attorney
Patti	By silence	Silence, did not reach out to her employer or coworkers by phone
Rena	Accommodated	Refused to miss time despite the pain
Gail	Family-Like	Asking doctor to release her back to work quickly, later described her work environment as a family atmosphere

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mirrored the accommodations she received from her supervisor after her fall in the district parking lot.

She described how her supervisor made every effort assist her and likewise, she responded by saying...“I wouldn’t take any time off...I had to keep my job going...I said no (to going home), I have to rest for a few minutes and then get back to work.” She went further by adding, “it gave me a chance to show her (my supervisor) about my work ethic and my commitment [to the job]” by minimizing time off and working

through the pain. Gail, a participant who perceived empathetic and supporting response from her employer stated, "...he (my doctor) wanted me to take a month off, but I told him I could go back in one and one-half weeks." Gail was the participant that described the most positive experience of the study, despite a fall which caused a knee injury that required both surgery and time away from work. She described her work environment as a positive and supportive family atmosphere. When the employer treated them positively, with empathy and a willingness to accommodate their temporary restrictions, these two participants, Gail and Rena, mirrored the positive treatment with a willingness to return to work faster (Gail) or in Rena's case, remaining at work, despite reported pain and discomfort.

Ivan's perception of employer mistrust after reporting cumulative trauma caused him to react, that is, mirror mistrust directed towards his employer. After failing to convince his employer that his injury was as a result of weeks of repetitive trauma, he could see no other course of action but to hire an attorney to assist him in exercising his rights under workers' compensation. He expressed many times during the interview that he did not understand why he was treated in such a poor manner after demonstrating his loyalty as a good employee for 19 years at the same school. His reaction of mistrust of the employer mirrored his perception of how the employer mistrusted his attempt to file what they characterized as a false claim.

Donna described negative relations with her school administration prior to the injury and described her poor treatment after the injury as "more of the same." Donna further stated that her students always performed well in standardized testing and made significant gains during the school year. Despite objective measures of competency as a



teacher, her administration did not respond empathetically after injury as expected. She used the most emotionally charged words of any participant when describing aspects of her injury (“excruciating”) as well as how she was treated (“horrible,” “rude,” and “sarcastic”) to how she reacted (“offended,” and “livid”). Her description of her reaction to the poor treatment was to obtain an attorney to represent her. When later asked if it was something that happened at the school which finally caused her to seek representation or if it was something related to her medical care, she declined further conversations with the researcher.

Patti mirrored her employer response of silence; at the time of the interview, Patti had been away from her primary employment location for 8 months. As a bus aide, she was assigned to work from the bus compound. She was sent from the bus compound to work in a light duty capacity at the media center of a high school, where her physical restrictions of limited bending and lifting could be accommodated. While she had no complaints about the media center where she was currently working, she was unable to understand why no one from the bus compound had contacted her since the injury, over 8 months before.

**Unmet expectations.** This study found that five of the nine participants had unmet expectations of their employer with respect to how they were treated after experiencing workplace injury. Notably, five of the six instances of unmet expectations were related to affective response; one was related to accommodations. While not all nine participants characterized their expectations as unmet, eight of the nine participants had suggestions of how the employer could have treated them to improve the process. Five participants, after experiencing the phenomenon of workplace injury, reflected back

on the journey and expressed that their employers should provide a higher level of education, coaching and communication with employees who experience workplace injuries. Examples of unmet expectations are contained in Table 7.

Table 7

*Examples of Unmet Expectations, 5 of 9*

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Pseudonym	Expectation
Chip	To be treated with decency and civility by his direct supervisor
Donna	To be treated with respect and concern
Ivan	To be treated like someone who has been working there for 19 years
Nellie	The severity of her injury to be acknowledged
Patti	Assistance or placement into a less strenuous position

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The majority of participants (8 of 9), expected to rely upon their employer to proactively assist them during periods of uncertainty, yet in 5 cases this expectation was not met. They wanted to be able to count upon employers when something related to the work environment brings uncertainty or crisis. Some areas where guidance was expected included providing specific direction in terms of medical attention, offering light duty accommodations, assisting with maintaining a sense of security and stability during periods when injured employees are unable to work, as well as at least a very basic level of empathetic response. Those participants that received what they perceived as empathetic response (Rena and Gail) described a much more positive experience as

compared to participants who did not (Donna, Nellie, Ivan, Patti and Chip) but who expected it.

Nellie did not understand why what she described as a serious and ongoing injury to her eye was minimized by her principal. She characterized her unmet expectations in this way, “I would have done everything within my power to try to do anything I could to make things better” (if I injured someone the way she did). In Patti’s case, she expressed an expectation of simply being treated fairly. She did not believe that removing her from the bus compound and not allowing her to return to her job (due to physical restrictions) was fair treatment; she expected assistance with finding a new job. Likewise, Donna expressed unmet expectations of being treated with respect and concern for what she had been through as exemplified in this exchange with her principal: “....This is what really, really aggravated me, I said to him (the principal).... ‘I tried to come to school today and after being injured, after falling yesterday’ ....and he said, ‘That was big of you’ ....”

David was one exception; he had learned through experience not to expect much from the employer. Thus, his expectations of his employer were little to nothing, and those expectations were met. Nuncia gave the most balanced view of all the participants and could be categorized as neutral as far as whether her expectations were met. She described a mostly positive employer response, with several areas of concern. Those areas included confusion about how her paycheck was affected as well as the level of initial employer response shortly after injury.

The majority of participants (8 of 9) suggested what seemed to be reasonable expectations of employers and provided, in many examples, no-cost ways to meet those expectations. Examples of those suggestions are contained in Table 8. Those

participants that did not have a positive experience expected a very basic empathetic response to someone who is hurting; “Just (act) civil,” remarked Chip. Those that had a positive experience (2 of 9 participants) largely attributed it to empathetic response of both supervisors and coworkers.

Table 8

*Participants’ Suggestions for Improving the Response to Injury*

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Pseudonym	Response
Chip	...just (act) civil, ask how you are doing, (say) I hope you’re getting better...
David	...more guidance and direction from the secretary or someone...
Donna	...it should be discussed at principals meetings, how to treat their employees...
Ivan	...make a call to see if the person is ok...
Nellie	...address employee’s concerns more quickly...
Nuncia	...a very easy guide so the employee knows what to expect, let them know how their paycheck will be affected...
Patti	...place (injured workers) somewhere...consistent with work restrictions....
Rena	...supervisors should be compassionate and understanding...

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When asked, Gail had no further recommendations to make because she said she was completely satisfied with her employer’s response; her expectations of how she should

have been treated had been met. In Gail's case, she specifically got her doctor to release her return her to work earlier than originally planned.

### **Findings from the Organizational Response Survey, Phase Two**

Phase 2 used two groups – an experimental group of injured workers as well as injured workers in a comparison group. The response rate was calculated on the number of subjects who completed and returned the survey instrument after an eight week period. Prospective participants included all employees of one large South Florida school district that reported injuries during an eight week period. Of the 386 surveys sent, 91 were returned, representing a response rate of 23.6%.

**Characteristics of participants.** The age intervals of subjects are summarized in Table 9. As displayed in Table 9, almost 60% of participants were over 50 years old, while only 22.4% were age 40 or younger. This may be emblematic of an aging workforce.

Time intervals working for the school district are displayed in Table 10. As indicated in Table 10, over 25% of subjects had worked for the school district in excess of 20 years. Gender data are displayed in Table 11. Nearly 80% of the subjects were female. This is not surprising given the employer is a school district. The type of employment (full time or part time) is displayed in Table 12. Over 80% of subjects reported working for the school district on a full time basis. Type of job (labor, management or other) is displayed in Table 13. Over 60% of subjects did not define their jobs as either "labor" or "management" but "other." For this study it is presumed that "other" may mean teachers.

**Hypothesis testing.** Phase 2 testing addressed whether there is a difference between employees' perceptions of organizational support, return-to-work policies, and job satisfaction after workplace injury between an experimental group and a comparison group. The survey instrument was administered to workers at a large South Florida school district who reported injury during an eight week period after the study began.

Table 9

*Age Intervals by Group*

Age Interval	Comparison	Experimental	Total	Percent
21-25	2	0	2	2.2
26-30	1	2	3	3.4
31-35	3	3	6	6.7
36-40	8	1	9	10.1
41-50	8	9	17	19.1
Over 50	24	28	52	58.4

*Note.* n=89, 2 missing

The scores are reported in three subscales: perceived organizational support, quality of return-to work policies, and post-injury job satisfaction. Validity and reliability of the scores were established in previous research using items collected from subject matter experts as well as a literature review (Huang et al., 2004). Subscale 1 (Perceived organizational support for injured worker, questions 1a – 1e) had a reliability of .77 and contained six items. Subscale 2 (Perceived quality of return-to-work policies,

questions 2a-2c) had a reliability of .76 and contained three items. Subscale 3 (Post-injury job satisfaction, questions 3a-3c) had a reliability of .69 and contained three items.

*The null hypothesis.* There is no difference in employees’ perceptions of organizational support, return-to-work policies, and job satisfaction after workplace injury between an experimental group receiving purposeful empathetic employer response and a non-treatment comparison group.

Table 10

*Time with School District by Group*

Time Interval	Comparison	Experimental	Total	Percent
< 1 year	2	0	2	2.5
1-3 years	4	4	8	9.9
4-6 years	7	6	13	16.0
7-10 years	5	8	13	16.0
11-15 years	9	5	14	17.3
16 – 20 years	3	7	10	12.3
> 21 years	13	8	21	25.9

*Note.* n=81, 10 missing

This hypothesis was tested by applying purposeful empathetic contact to injured workers in the experimental group and comparing their survey responses to those in the comparison group, who had no intervention, using an independent samples *t*-test.

Prospective participants in the experimental group were contacted directly by employees of the employer's risk management department.

Table 11

*Gender by Group*

Gender	Comparison	Experimental	Total	Percent
Male	12	6	18	20.2
Female	43	37	71	79.8

*Note.*  $n=89$ , 2 missing

Table 12

*Employment Type by Group*

Type	Comparison	Experimental	Total	Percent
Full time	37	34	71	82.6
Part time	8	7	15	17.4

*Note.*  $n=86$ , 5 missing

The injured worker's supervisor was also contacted and encouraged to contact the employee. A job aid (see Appendix H) was sent to the supervisor to reinforce the desired behavior. Those supervisors who were identified in the experimental group were removed from the other group, to remove possible contamination of the control group.

All Levene's tests for homogeneity of variances were not rejected; thus this assumption of the  $t$ -tests was tenable. A Bonferroni adjustment was used to test the



Table 13

*Job Type by Group*

Type	Comparison	Experimental	Total	Percent
Labor	12	17	29	33.7
Management	3	2	5	5.8
Other	29	23	52	60.7

*Note.*  $n=86$ , 5 missing

null hypotheses using a per-hypothesis alpha of  $.05/3$ , or  $.017$ . Based on the results, the researcher failed to reject the null hypothesis of no significant difference between those in the experimental group and those in the comparison group, as displayed in Table 14.

Table 14

*Independent Samples t-Test for Subscale Scores*

Subscale	<i>df</i>	<i>t</i>	<i>p</i>
Perceived organizational support for injured worker	69	.09	.93
Perceived quality of return-to-work policies	65	-.66	.51
Post-injury job satisfaction	86	.97	.34

**Discussion with supervisors.** When supervisors of employees in the experimental group were called to instruct them about providing empathetic response to their injured workers, most supervisors were receptive to the idea. Although some

reported that they already provided an empathetic response, but would do so again. If the researcher could not reach the direct supervisor, the researcher spoke to the school secretary, who is generally the school's point of contact for the workers' compensation process. The researcher re-contacted 5% per week in order to reinforce the original instructions. All supervisors in the 5% subsample reported that they had done what was asked; however, several did indicate that this was their normal protocol and they did not need a reminder.

### **Chapter Summary**

Chapter 4 began by describing the results of interviews of nine employees of the same large school district who had in common the experience of being injured at work. The participants differed in years of experience and type of job as well as location of employment within the same large school district. They shared the stories of how they were treated after workplace injury by their employer, their coworkers and their own reaction to the process.

The commonalities and differences of their experiences were described in terms of four findings. For those that reported negative experiences, they portrayed themselves as simply wanting to be treated with empathy and respect. They did not perceive that their expectations were unreasonable and in fact, they simply wanted to recover and return quickly to work. Three of the participants sought legal assistance when they did not perceive that their expectations were met. For those who reported positive experiences, they did portray their employer's response as caring and appropriate, despite, in one case, some initial delay. The participant's experiences of being injured at

work were highly individualized. Although each participant worked for the same employer, the level of empathetic response varied widely from job location to location.

Chapter 4 concluded with the results of the Phase Two study, which compared results of a survey administered to two groups, a comparison group and an experimental group. The experimental group was given purposeful empathetic contact by employees from the risk management department as well as the injured worker's supervisor at the school or department where they worked. The results did not show a significant difference when comparing results on three subscales - perceived organizational support for injured worker, perceived quality of return-to-work policies and post-injury job satisfaction; the null hypothesis was supported by the results. The discussions, conclusions and implications of this research are presented in Chapter 5.

## **Chapter 5 – Discussion, Implications and Conclusions**

This chapter begins with an overview of the study. Major conclusions are then presented and discussed. Next, the limitations of the study are discussed and practical suggestions for injured workers, workers' compensation providers, and employers are presented. The chapter ends with suggestions for future research and concluding remarks from the researcher.

### **Overview of the Study**

**Restatement of the purpose.** This study (a) explored the lived experiences of school district employees who have sustained on-the-job injuries with specific attention to employee perceptions of employer response after injury and (b) examined whether purposeful empathetic response from the employer after workplace injury is related to changes in employee perceptions of employer response on three subscales – organizational support, return-to-work policies, and job satisfaction.

**Research question and hypothesis.** The qualitative portion of this mixed method study addressed one research question and three subquestions. Phase 2 of this research tested one null hypothesis.

**Question.** How do employees make meaning out of their experiences after workplace injury?

**Subquestion A.** How do employees perceive their employers' responses to their workplace injury?

*Subquestion B.* How do employees describe the emotional significance of being injured at work?

*Subquestion C.* How do employees wish to be treated after workplace injury by their employer?

***The null hypothesis.*** There is no difference between employees' perceptions of organizational support, return-to-work policies, and job satisfaction after workplace injury in an experimental group receiving purposeful empathetic employer response compared to the measure of employees' perceptions of employer response in a comparison group.

## **Conclusions**

From this study, three major conclusions emerged. First, the supervisor's role is pivotal in workers' perceptions of employer response when workplace injury occurs. Secondly, supervisors do not always take the opportunity, as initial responders, to positively influence the outcome of injury claims both initially and during the development of the claim. Third, in this study, differences in empathetic purposeful response were not significant when measured on three subscales, organizational support, return-to work policies, and post injury job satisfaction, between an experimental group and a non-treatment comparison group. However, because the power of statistical tests was inadequate to provide a reasonable chance of detecting a false null hypothesis, these results are inconclusive: While the results may accurately reflect a true null hypothesis, the results may also be due to the lack of power to detect a false null hypothesis.

**Supervisors' role as pivotal.** The study concludes that supervisors play a major and pivotal role in injured workers' perceptions of employer response to a work-related

injury. In this study, participants described their direct supervisor as the person with whom they had the most contact after workplace injury. During the claim duration, the injured worker will come in contact with a myriad of individuals who play a role in the workers' compensation system, such as family, friends, supervisors, employer management, coworkers, medical providers, claims adjusters, and possibly, union representatives and lawyers ("Preventing Needless," 2006; Roberts-Yates, 2003). To the extent employers can recognize the importance of and subsequently support their supervisors' role in assisting the employee after workplace injury has occurred, the more positively they can influence the often bureaucratic process and often unsatisfying outcomes.

Unsatisfying outcomes can take the form of extended disability resulting in the loss of income and potentially the loss of employment, the inability to obtain needed information about the workers' compensation process, and a change in job satisfaction. Direct supervisors have a unique opportunity by virtue of their role as "first responder" to positively influence the outcome of workplace injuries. It is important that employers support supervisors in this critical role. In this study the level of assistance and type of support received from supervisors after reporting an injury varied among participants, despite working for the same employer. The research was conducted at a large, South Florida school district that had 187 schools and over 150 departments. Given that injured workers deal with personnel at their local school or department after injury, it was not surprising that the organizational response was inconsistent between employment locations.

Experience with workplace injury may have moderated the participants' perceptions of the support and assistance they received from their supervisor. Out of nine participants, only two had previous experience with workplace injury. Those participants seemed to know what to expect and how much or little support they were likely to receive. Both experienced participants, David and Chip, expressed dissatisfaction with the response they received at the departmental level, but both knew how to reach out to the district level and resolve that which was unresolved at the local level. Their willingness to reach out and ask for more assistance than what was initially given at the local level may have moderated their perceptions of employer response. If employers can support the supervisor's role by communicating what resources are available to all employees both at a local level and at a district level, all injured workers will have the same level of assistance, which may prove valuable in terms of cost. Franche et al. (2005) state, "Supervisors are in a unique position to be the link between upper management and worker...and communicate a positive message of concern and support" (p. 533).

Those who do not feel they are getting an adequate amount of assistance and support can certainly seek it outside of the employer in terms of legal representation, which has been shown to increase employers' claim costs (Adams, 1996; Jackson, 2008); "Preventing Needless," 2006) and decrease satisfaction to the injured worker (Better, 2006). Those who seek legal representation remain on disability longer (Jackson, 2008); legal representation has been estimated to increase claim costs up to 20 times ("Preventing Needless," 2006). "Employers don't want a situation where the only place the employee feels comfortable going for help is to an attorney" (Pennachio, 2009, p. 66). Other researchers have stressed the importance of the supervisor's role in management of

the disability process (Aas et al., 2008; Akabas, Gates, & Galvin, 1992; Pransky et al., 2001; Roberts-Yates, 2003). While meeting the needs of the employee is generally examined through the lens of workers' compensation system, such as medical providers, the results of this research indicate the need to focus on the importance of the role of the supervisor as the initiator of the process. The supervisor is the injured worker's first line of contact, the gatekeeper of the information that relates to the process. This study concludes that line supervisors may not understand that their role could be pivotal in the workers' compensation process and that employers should not rely upon coworkers to provide information and support after injury occurs. Even though Rena had some initial glitches, caused by her supervisor, related to paperwork which resulted in a delay in treatment, the incident did not diminish her very positive view of how her supervisor accommodated her and provided empathetic support for the duration of the claim. In this study, participants stressed the importance they placed on the role of supervisor; they did not place the same importance on the response of coworkers. However, it is logical to assume that empathetic support from supervisors and coworkers could be included in criteria that embody job satisfaction, and thus be associated with lower workers' compensation costs, especially empathetic response from supervisors. The findings of this study comport with Herzberg's Hygiene and Motivations Theory, which says that hygiene factors, such as supervision, interpersonal relationships, and working conditions can act to prevent job dissatisfaction but cannot increase motivation (Herzberg, 1966). In this study, employees reported unhappy or negative feelings when their supervisor did not provide the level of assistance or type of support expected. In Phase 2, we see that when purposeful empathetic support was applied, it did not result in a significant



difference in how the employee viewed organizational support, return-to-work or job satisfaction. The results were indeterminate.

**Supervisors' missed opportunities for positive influence on claim outcomes.**

Responses of this small sample group led to the conclusion that most supervisors (7 of 9) did not avail themselves of the opportunity to positively influence claim outcomes, both initially and during the life of the claim as perceived by participants. While the majority of participants (7 of 9) seemed to indicate that the response they got was consistent with how they were normally treated by their employer, it was surprising to learn that two of the nine participants perceived much worse treatment after workplace injury (Nellie and Inel). Prior to injury, a custodian (Inel) reported that as long as he got his work done, he was treated in a fair manner. After injuring himself on the job, he was not given the opportunity to work in a light duty capacity as others had been; and, in fact, felt ostracized by responses of silence from superiors as well as colleagues. With some employers, "...anyone filing a claim is treated with cynicism or suspicion" ("Preventing Needless," 2006, Section 10, para. 1). Nellie, a teacher with over 26 years with the employer, characterized the relationship with her boss as a professional, "working relationship," yet after becoming injured, she felt as though she was being retaliated against for asserting her rights under workers' compensation. If supervisors could learn the appropriate, empathetic responses and apply responses consistently among employer locations, perhaps most, if not all, injured workers could report the positive perceptions that were reported by two participants, (Rena and Gail). Both participants perceived very positive supervisor responses. They described the type of support and the level of assistance they received after on-the-job injury from the supervisor and coworkers. This

finding concurs with the assumptions made by Aas et al. (2008), which identified *understanding* and *empathy* among the top five most valuable qualities of supervisors reported by participants who had experienced workplace injury. Taking the opportunity to demonstrate support for employees and providing assistance to them in times of need, such as when they are injured at work, is essential for management and those with supervisory responsibilities (Aas et al., 2008; Bose, 2008; Chandra et al., 2004; Deeb, 1999; Erickson, 1994; Hall & Kaleta, 2005; “Preventing Needless,” 2006). In the arena of workers’ compensation, multiple opportunities exist initially and as the claim progresses.

When employees become injured at work, in most cases, as supported by this study, many are wholly unfamiliar with the rules and regulations of workers’ compensation. They are relying heavily on their employer to guide them through uncharted territory. The communication responses received from the supervisor in this study were reported as positive, negative or mixed by participants. The responses that were perceived negatively by participants were, in many cases, related to lack of information or complete silence from the supervisor about what the participant needed to do to get expeditious treatment. Perhaps supervisors do not feel comfortable addressing issues of health due to privacy concerns. This inaction represents a missed opportunity by the supervisor to demonstrate support and assistance, thus possibly influencing the outcome of the claim. Pransky et al. (2001) state, “The immediate response of an employer or supervisor to a worker reporting a work-related injury may ...significantly influence the length of disability” (p. 132). This impact contrasts with the way participants characterized perceived responses from coworkers from whom they expected

little. Those that did perceive positive responses from coworkers seemed quite pleased but focused more importance on that which was or was not provided by their supervisor. Positive responses from coworkers were characterized as nice to have, but not essential. Thus the supervisor must not rely upon the coworker, whose influence is not deemed critical by this study group, but take advantage of the opportunities initially as well as throughout the claim duration to assist injured workers through the process, which by itself is burdensome.

Another aspect of missed opportunity is the idea that supervisors could use the concept of mirroring to produce better claim outcomes. This study found that reaction from a majority of school district employees (6 of 9) who were injured at work mirrored perceived employer response. Although a direct mirroring effect was seen in the majority of participants, those that were not identified with direct mirroring also had mirror-like responses. The opportunity to improve claim outcomes exists in this way: if the supervisor is perceived as making every effort to accommodate an injured worker, that employee may respond in kind, such as returning to work at the earliest opportunity. Conversely, those that perceived a negative response from their employer responded in kind by staying out of work longer or obtaining an attorney. Extended time away from work following an injury is associated with higher workers' compensation costs for employers (Chandra et al., 2004; Franche et al., 2005; "Preventing Needless," 2006). In two cases in this study (Inel and Patti), the retaining of counsel was as a result of a perception of not being heard, attended to, or accommodated. "Most workers seeking counsel do so only after a problem arises" (Preventing Needless," 2006, Section 11, para. 2). Retaining an attorney increases employer costs (Adams, 2006; Coffin, 2007; Jackson,

2008). Employers have the ultimate goal of economic viability (Franche et al., 2005), so identifying ways for employers to save costs in the area of workers' compensation will contribute to employers' better utilization of sometimes scarce budgets.

Finally, there appear to be abundant opportunities to improve claim outcomes by addressing and managing unmet expectations. This study found that five of the nine participants had unmet expectations of their employer with respect to how they were treated after experiencing workplace injury. There seems to be a perception among injured workers that the employer will take care of everything, especially when the cause of their injury is related to work. Participants wanted to rely on their supervisor to guide them during periods of uncertainty and crisis. "Employers...often neglect to inform injured ...employees ...about how their disability benefit programs work, what to expect, and how to make the process work smoothly" ("Preventing Needless," 2006, Section 3, para. 1). Three of the participants that had unmet expectations discussed them in terms of social needs. Dembe (2001) states "understanding the social consequences of workplace injuries and illnesses is essential in order to appreciate the full impact of workplace accidents, minimize their repercussions, and plan appropriate preventive measures" (p. 414). In this study, participants Chip, Donna, and Ivan discussed their unmet expectations by describing such things as lack of respect, an expectation of basic civility, and acknowledgement for many years of productive service. These comments support the research on the importance of recognition of social needs when dealing with injured workers (Boden et al., 2001; Dembe, 2001; Huang et al., 2004; Shaw et al., 2003; Strunin & Boden, 2000). Employers typically focus on the cost drivers of claims, medical expenses, and wage loss (Franche et al., 2005; Friesen, 2005; Krause et al., 1998); in this

study most supervisors did little to find out what injured workers expected or needed. Employers need to seek to determine, through supervisors, how employee expectations can be met and managed in areas of both social needs and practical needs. Practical needs could include both information and transitional accommodations to ease the return-to-work process and speed full recovery.

**Impact of empathetic purposeful response.** This study found that there was no significant difference in employees' perceptions of organizational support, return-to-work policies, and job satisfaction after workplace injury between an experimental group receiving purposeful empathetic employer response and a non-treatment comparison group. This finding differs from the results of Huang et al's (2006) study, which concluded that organizational support and return-to-work policies were associated with post-injury job satisfaction in two industries, transportation and construction. In this study, applying empathetic and purposeful response after workplace injury from both local school personnel, including supervisors, and employees from a risk management department did not produce a significant difference in the scores on a measure of three subscales of workers' perception of employer response to injury. The results were indeterminate: The sample size was too small to tell the difference between a true, non-significant difference and a real difference that was undetected due to the lack of power. Another possible explanation for the results is that, for the study sample, purposeful empathetic contact alone was not enough to significantly affect the participants' scores. Herzberg (1966) might put this into the category of a "dissatisfier" or hygiene factor. If absent, lack of empathetic response caused dissatisfaction. If present, it was not enough to significantly affect participants' perceptions of employer response. Perhaps the

empathetic contact was viewed as disingenuous. Another possibility is that the purposeful empathetic contact was applied too early in the life of the claim. These postulates present the opportunity for further research. The Huang study found that organizational support and return-to-work policies were correlated with job satisfaction. In addition, the Huang study did not include purposeful empathetic contact applied after injury; it simply measured what normally occurred after injury using employees from two industries - transportation and construction. This study's result is incongruous with the literature which suggests that more research is needed in examining if empathetic response is simply a hygiene factor or could indeed, make a significant difference in employees' perception of employers' response after workplace injury occurs.

### **Practical Implications**

The practical implications of this study are discussed in three areas: for injured workers, employers, and workers' compensation providers.

**Implications for injured workers.** Employees who are injured at work may have previous experience with the workers' compensation system. Those that have experienced frustration with the workers' compensation system in the past and are reinjured should understand the importance of verbalizing their needs and expectations to their employer; they will have the benefit of better understanding of the process and can manage their own expectations, but may benefit from expressing their needs if they have not done so in the past. It is even more important for those injured workers who do not have experience with the system to ask questions and demand understandable answers before turning to legal representation out of frustration or anger.

Injured workers should investigate whether employers, especially large employers, have resources beyond the local level to assist after injury occurs, such as a risk management department, employee advocate, or a union representative. State programs often have an ombudsman for the injured who will guide confused workers, many times at no charge. Deeb's study (1999) suggests that school districts have the opportunity to make organizational changes for the benefit of prioritizing and improving risk management issues. His study found that, in the opinion of school district risk managers, school leadership did not place a high degree of importance on reducing costs in the workers' compensation area.

Injured workers may not express their needs for social support, not only from family and friends, but also from their employer. An employer with an aging population may find that older workers are not comfortable with expressing their needs. However, expressing their needs may improve the communication of expectations and allow the employer the chance to respond appropriately. Local supervisors may not understand their critical role in assisting injured workers and "may limit or censor their interactions with injured workers after the filing of a claim because they believe their involvement may interfere with an exclusively medical and/or legal process" (McLellan et al., 2001, p. 34). Finally, previously injured workers can provide assistance and support to newly injured workers, demonstrating a caring attitude while providing practical assistance with tasks during the recuperation period in order to make things easier for the injured worker. Peer assistance can be accomplished even if the employer is not willing or able to provide such a response, or if injured workers are relying more on employers for such a response. Those that have been through the process may be willing to share their experiences and

provide informed assistance to their coworkers. Solutions that always come from the top down may not be as well received as that which comes from peers. More research is needed to determine what, perhaps in conjunction with purposeful empathetic response, is important to injured workers in terms of organization support after injury.

**Implications for workers' compensation providers.** Supervisors are typically the first line of contact for injured workers. Providers of workers' compensation services typically include medical providers and claims adjusters who represent the second and third line of contact with injured workers, respectively. By understanding what response the supervisor should provide to the injured worker (empathetic response, appropriate levels of assistance and types of support) claims adjusters can support optimal interactions between employers and injured workers. Claims adjusters are in contact with both parties, and can assist by providing valuable feedback or a bridge of communication. Employers and claims adjusters have frequent contact concerning the progress and expected duration of an injured workers' claim. All parties (employers, medical providers and claims adjusters) can work together to provide the needed information and assistance to assure the optimal response for injured workers. "Workers are typically left alone to cope regardless of their situation and their coping skills" ("Preventing Needless," 2006, Section 3, para. 3). It is in the interest of claims adjusters to close claims expeditiously, thereby reducing workload, so it is reasonable that if employees can return to work at the earliest time, facilitated by empathetic and informative support from employers, the life of the claim and associated costs will be reduced to the benefit of all parties. Of course, return to work must always be in conjunction with medical clearance. Employers and claims adjusters are also relying on good communication from medical



providers to identify the opportune time to return to work and what accommodations should be made in order to ease the injured worker back to full capacity. Thus, recognition by workers' compensation providers about the critical role employers play in this process will help them understand how to better support and facilitate an environment in which employees are able and willing to return to work at the earliest opportune time.

**Implications for employers.** Participants in this study described varying levels of assistance and types of support as they moved through the claim process. In two cases, participants knew what to expect by virtue of their experience with previous workplace injuries. In other cases, injured workers assertively reached out, beyond their local employment location, in order to have questions answered that were not or could not be answered at the local level. Employers, especially large employers, must endeavor to provide a consistent level of informed assistance to injured workers, not only to satisfy their needs after injury, but to prevent injured workers from seeking outside assistance, that is legal counsel, if same could be avoided by providing an adequate response initially. Injured workers “who feel they have been ill-served and retain lawyers get involved in an adversarial system that hardens and polarizes positions, prolongs needless disability, and increases the likelihood of poor functional outcomes” (“Preventing Needless,” 2006, Section 11, para. 2). A “one size fits all” approach may not be effective; informed assistance could be modified based on the needs of the individual; workers who have been injured in the past may not need the same level of information as those who may be experiencing the workers' compensation process for the first time. Targeted literature which instructs the injured worker what to do after 1 week of injury,

after 2 weeks, and so on, may be a way to somewhat individualize the information and deliver it “just in time.” Perhaps injured workers who are satisfied with the level of assistance and type of response they receive from their supervisor would not seek legal counsel, which has been associated with higher claim costs. When discussing the California system, Donahue states, “It’s such a complicated system, you have to know how to (navigate it)...you almost have to hire a lawyer” (“Nurses Want,” 2010, para. 15). The justification for additional training for employers or the availability of information through company websites, newsletters, and other forms of communication would be the emphasis on cost reduction, which appears to be in the forefront of employers’ priorities. McLellan et al. (2001) noted that supervisors’ ability to respond appropriately to injured workers after attending a 1.5 hour training course was found to decrease lost work time in a study of 108 supervisors.

Similarly, employers must be aware that supervisors’ response to injured workers holds more weight and influence with the injured worker than the response of colleagues. Supervisors should not rely upon coworkers to provide empathetic response, but should realize that empathetic response is an important element of the dealing with workplace injury. There are mixed results within this study as to the importance of empathetic response. In the qualitative study, participants suggested that empathetic response from employers was very important, even more important than perceived coworker response. However, when tested in Phase 2 of this study, purposeful empathetic response from the employer alone was not enough to make a significant difference in the injured workers’ perception of employers’ response. The findings from Phase 1 and Phase 2 are somewhat incongruous. Employers need to be aware that the signals supervisors send out, either

consciously or unconsciously may be mirrored in employee response. Pennacchio (2008b) states, “medical issues are further exacerbated by social and psychological factors” (p. 66). Therefore, if a supervisor sends either overt or covert signs of mistrust to an injured worker, the employee may begin to mistrust the employer (Boden et al., 2001), which may ultimately affect the employee’s job satisfaction. This creates a no-win situation, which may prolong the claims duration and increase claim costs (Chandra et al., 2004). Conversely, it is reasonable to assume that those treated with respect and empathy and provided job accommodations will similarly respond in a positive manner, returning to work and to full productivity at the earliest opportune time. “Supervisors are involved in the return-to-work process by shaping workers’ perceptions of employer support” (McLellan et al., 2001, p. 34). The use of job aids in the form of automatic emails, laminated flip charts, or short training modules using technology may allow supervisors access to this type of information as needed when the need is there. FAQ’s (frequently asked questions) for supervisors and employees located in a strategic spot can assist in the delivery of needed information which can be accessed as the need occurs. Using technology to send automatic emails to supervisors and employees may be useful in the delivery of information and where to find assistance. A variety of delivery methods may be indicated, especially when dealing with an aging workforce.

As injured workers begin to feel frustrated with the abundance of rules and regulations that exist with the workers’ compensation system, it is important for supervisors to assist them in managing expectations. While some unmet expectations may be partially or fully under the control and purview of the employer, thus giving supervisors the opportunity to respond; some unmet expectations may simply be related

to the workers' compensation system, which typically includes "delays in payments, lack of information, and a lack of coordination of services" (Calvey & Janz, 2005, p. 292). If supervisors can help employees better understand how to successfully navigate within the system, some of these unmet expectations can be reduced or even dispelled. Pennachio (2008b) states, "While injured workers need encouragement and nurturing, the employers' reaction – or lack of action – can aggravate the situation" (p. 66).

Supervisors and employees can form a collaborative partnership in seeking expeditious and quality medical treatment towards the goal of returning injured workers to full capacity as soon as possible. Job aids which indicate what a reasonable response time should be may assist. This approach will ensure that injured workers do not experience a reduction of wages any longer than necessary. It would also nurture belief, through purposeful and demonstrated action, that employers really do have the best interest of employees at heart and are not simply seeking to reduce costs at the expense of those that are injured. Fostering an environment where employees are encouraged to express their expectations will allow supervisors to dispel the myth that all injured workers are seeking to extend the duration of their disability for secondary gain. "Employers need to understand that workers' compensation is not strictly a financial issue but a people issue" (Pennachio, 2008b, p. 66). To the extent these activities can affect job satisfaction for injured workers, they may also reduce the ultimate cost of claims.

Finally, employers must understand that empathetic and purposeful response alone is not enough to make a significant difference in how injured workers view the organizational response. Improvement in other areas such as availability of information, job accommodations as well as empathetic and purposeful response can be made in order

to demonstrate to employees that employers, even large employers, not only want to reduce claim costs, but actually seek to assist employees return to pre-injury status. Improvements in meaningful and significant response, other than purposeful and empathetic response, may be the subject of future research.

### **Limitations of the Study**

It is acknowledged that the following limitations could have affected this study: Those that agreed to participate in the Phase 1 of the study may have done so because they had a negative experience at work. Some prospective participants declined due to fear of retribution from the employer or fear of legal ramifications. Limitations inherent in qualitative research, such as limited generalizability (Bogdan & Biklen, 2007), are applicable to this study.

The participants in Phase 2 were limited to those reporting an injury during an eight week time period. This time period included six weeks when school was in session and two weeks after the school year ended. This may have affected the number and type of injuries included during the study period.

Although the survey instrument was available in English, Spanish, and Creole, no accounting was made for any employees that could not read either in English or in their own language. The level of literacy of the participants was not addressed or measured in this study. Only two Spanish surveys were returned, and no Creole surveys were returned.

The small number of subjects in both phases of the study may have limited this research. A larger sample size may suggest more conclusive results, especially given the non-significant result in Phase 2.

No attempt was made in this study to examine why over 50% of participants were over age 50; further, no correlation to the larger employer population was made.

In Phase 2, the short time period of eight weeks may not have been sufficient to allow claims to mature to the extent that questions could be answered fully. For example, some subjects did not answer all the survey questions. One subject wrote on the page next to Item 1b (“Employees are contacted regularly by their supervisor/manager when they are out of work”), “n/a, I was not out of work.” The survey was mailed in the ninth week after the study began; some of the claims had eight weeks to mature, while other injuries had just occurred.

### **Suggestions for Future Research**

The following are suggestions which may assist future researchers that are interested in this topic.

The type of occupations or employers included in Phase 1 may be broadened to other industries. Other industries may have contextual environments which may differ from the types of employee-supervisor relationships that exist within school districts. Understanding the type of relationships that exist prior to workplace injury may help with understanding and interpreting the findings. Additionally, a large school district may be unique in that it has multiple employment locations.

Repeating the Phase 1 study by using participants who do not have English as their first language, or do not speak English at all, may illuminate whether ESOL employees have the same or differing issues after workplace injury.

Repeating the Phase 1 study to include an instrument of self-efficacy may assist in understanding which employees are more likely to get the information and assistance

they need without seeking the services of an attorney. Although self-efficacy was not examined in this study, several of the participants did exhibit more self-efficacy than others which may have influenced their overall experience of workplace injury.

Repeating Phase 2 including multiple employers or a larger sample would strengthen the study. Extending the time period beyond eight weeks might allow the claims to mature further. Injured workers do not always miss time from work within eight weeks of the date of injury.

Repeating the study in Phase 2 may yield different results if the survey is sent only to those who miss work time; conversely, permission could be requested to reword some of the survey items to account for those that did not miss work but were or were not contacted by their supervisor/manager after injury. Results of this survey can be used for further investigation into employees' perceptions of employer response after workplace injury.

Examining the results of this study through the lens of age, gender, job type, self-efficacy, or duration of time with the employer may yield alternative conclusions.

### **Final Comments from the Researcher**

The researcher was encouraged to learn of the positive experiences of several of the Phase 1 participants. It was anticipated that most, if not all, experiences would be reported as negative. It was also refreshing to discover that some participants felt empowered to advocate for themselves by reaching out to others within the organization when they were not satisfied at the local level. The non-significant results in Phase 2 were surprising: The literature suggests that a non-empathetic response from employers is common and improving that response can positively impact injured workers' perceptions

of employer response (Aas et al., 2008; Akabas et al., 1992; McLellan et al., 2001).

Targeted research will need to be done in this area to support or disprove the findings of Phase 2. What educational leaders can take away from this study relates to how supervisors can be trained to appropriately respond to employees after workplace injury occurs. Purposeful empathetic response may be what Herzberg refers to as a hygiene factor rather than a motivator. As educational leaders, we need to assist employers in understanding the difference between hygiene factors and motivators. Responsible employers can assist supervisors, through targeted training, by giving them the skills they need to confidently handle the issues that surround workplace injuries and remove or mitigate dissatisfiers for the injured workers. Employees need to see that their employer is willing to take actions that not only save claim costs but also demonstrate concern for their well being through purposeful empathetic response.



## Appendix A

### Interview Protocol Employees' Perceptions of Employers' Response After Workplace Injury

#### Interview Protocol

Participant assigned pseudonym:

1. What is your age?

- a. Under 20 \_\_\_
- b. 21-25 \_\_\_
- c. 36-30 \_\_\_
- d. 31-35 \_\_\_
- e. 36-40 \_\_\_
- f. 41-50 \_\_\_
- g. Over 50 \_\_\_

2. Time with the School District

- a. Less than 1 year \_\_\_
- b. 1-3 years \_\_\_
- c. 4-6 years \_\_\_
- d. 7-10 years \_\_\_
- e. 11-15 years \_\_\_
- f. 16-20 years \_\_\_
- h. More than 21 years \_\_\_

3. Gender: Male \_\_\_ Female \_\_\_

4. Employment: Full time \_\_\_ Part time \_\_\_

5. Job Type: Labor \_\_\_ Management \_\_\_ Other \_\_\_

Injury date:

**Record Interview start time:**

**Record date of interview:**

Hello, my name is (**Name**) and I am a graduate student at Florida Atlantic University. Before we begin, do I have your permission to record this interview for accuracy purposes? The reason I have chosen to interview you is because I am interested in your perception of how your employer responded to you after you were injured on-the-job.

The total interview is estimated to take between **45 to 60** minutes. Your name will be kept confidential; however, if you are represented by an attorney you may want to be excluded from participation; if you do not wish to continue, let me know now. Your transcript will only be identified by a code so that I can contact you to check the accuracy of the transcript. All information will be kept in a locked office for two years. Thank you in advance for your time during this interview process. As long as you have given me permission, I will now turn on the tape recorder and we will begin the interview.

## Interview Protocol Question Bank\*

1. What happened?  
Probes: could you describe your injury? Could you describe what your employer/supervisor did after the injury?  
Probes: what did your employer do? Did your employer tell you what to do? Did your employer tell you what to expect? How did you feel? Could you describe your employer's response to your injury?
2. How did you your employer/supervisor treat you before the accident? After the accident? Any change? Did you lose any ground in your job? Specify what changes....
3. How did your coworkers treat you before the accident? After the accident? Any change? Did anyone have to do your job or part of your job during your recovery period?
4. How did your employer communicate with you during your workers' compensation claim? Probes: How should they have? (Who? Your immediate supervisor? Your director? Your principal? Risk Management?) Were you aware of any light duty or restricted duty options? How was that communicated to you? How would you describe your employer's level of concern?
5. How can your employer change the way they responded in order to assist employees after they suffer a workplace injury?
6. What, if any, impact has this experience had on the way you view your employer?
7. What did you do to navigate your way through the workers' compensation system? What did you do at the time? What were you thinking, how did you initially respond? What could the employer have done to make this process easier?
8. What recommendations do you have for employers? What can they do to improve the experience of employees after workplace injury?
9. Is there anything else that you wish to bring up at this time that may help me understand the experience you had?
10. Is there something you thought of that I did not specifically ask you (related to employer)?
11. May I contact you again after I have transcribed and analyzed your answers to make sure I accurately understood what you told me?

\*Questions addressed in a previous response will not be specifically asked.

I'd like to thank you for the opportunity to interview you and allowing me to ask some questions that will assist us in our research. Again, your answers and identity will be kept confidential. Are there any questions I can answer for you? I hope I can contact you again if I need further information or need to clarify anything you said; what is the best way to contact you?

If you have any additional questions in the future please feel free to contact me. Here is my contact information: (interviewer will provide to interviewee).

Record Interview End time:

**Appendix B**  
Recruitment E-mail

Dear (name of employee)

My name is Nancy Patrick. I work in the Risk Management office of the School District as their claim specialist. I am also a doctoral student at Florida Atlantic University.

I am respectfully requesting your consent and approval to participate in an interview about your experiences following your workplace accident. I am interested in understanding employees' perceptions of employers' response after workplace injury. The interview is for research purposes in fulfilling the doctoral degree requirements. The estimated time for the interview is between 45-60 minutes.

Your cooperation and approval will be greatly appreciated. Should you have any questions, you may contact me at (contact phone number). I will be contacting you shortly.

Thank you.

Sincerely,

Nancy S. Patrick

## Appendix C

Llame al (561) 434-7440 si necesita este documento en español o criollo haitiano.  
Dokiman sa a disponib an panyòl ak Kreyòl Ayisyen si w rele nan (561) 434-7440  
(This document is available in Spanish and Haitian Creole by calling (561) 434-7440)

### **Florida Atlantic University** **Participant Interview Consent Form**

**Working title of research study:** Employees' Perceptions of Employers' Response after Workplace Injury

**Investigator:** Responsible Project Investigator (RPI): Dr. Lucy Guglielmino, Florida Atlantic, and Co-Investigator: Nancy Patrick, Doctoral Student, Florida Atlantic University.

**Purpose:** The purpose of this study is to understand your perceptions of your employers' response after you sustained an on-the-job injury. We may use your ideas for future training programs.

**Procedures:** Participation in this study will include answering questions verbally as posed by the investigator. **The investigator will record your answers digitally and transcribe the interview. The estimated time is between 45 - 60 minutes.**

**Risks:** The risks involved with answering the questions are no more than you would find in regular daily activities, unless remembering your injury causes emotional upset. Your participation is voluntary, and you may choose to end the interview at any time.

**Benefits:** The results will be combined with other injured workers' answers. The answers will help the investigator understand your experience after on-the-job injury and have your experience included as a part of the overall study. Your experience may help in improving the experience of others in the future.

**Data collection & storage:** All of the results will be collected confidentially and secured. The transcript of your interview will be identified only by a code number and the tape will be destroyed once the transcript is verified. Only the people working with the study will see the data, unless required by law. The raw data will be kept secure by the investigator, saved on an electronic memory stick ("jump drive") and stored in a locked storage file cabinet at the co-investigator's home for two years after the study ends. It will then be destroyed.

**Contact information:** For any problems or questions about your rights, the Division of Research of Florida Atlantic University can be contacted at (561) 297-0777. For other questions about the study, you should call the principal investigator, Dr. Lucy Guglielmino at (772) 873-3348, or Nancy Patrick at (561) 434-7440.

**Consent statement:** I have read or had read to me the preceding information describing this study. All my questions have been answered. I am 18 years of age or older and agree to help. I have received a copy of this consent form for my records. I am also aware I can receive a copy of the results of the final study. I understand that I am free to quit at any time.

By responding to the questions asked by the interviewer, I AGREE that I am giving my consent to participate in this study.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix D

### Table of 90 Initial codes

#### *Initial code examples*

---

Code	Description
AC	Accident - cry
ACC	Accommodate
AD	Accident - description
A-DR	Accident - drive (to doctor)
AH	Accident - hysterical
AHo	Accident - horrified
AM	Accident - mortified
AP	Accident - pain
AS	Accident - scared
AST	Accident - stress
AT	Accident - terrified
ATR	Accident - traumatic
ATTY	Attorney
AU	Accident - uncomfortable
C - LO	Communication - Lack of
CC	Communication - called
CP - E	Communicating Procedures - by employer
CR -	Colleague response - negative
CR-A	Colleague response - took action
CR - AS	Colleague response - assists
CR - S	Colleague response - silence
CR - Su	Colleague response - supportive
CR+	Colleague response positive
CR-C	Colleague response - called
CR-CC	Colleague response - concerned
CV - N	Participant changes view of employer – no
CV - Y	Participant changes view of employer - yes
DC	Didn't care
E - BK	Employer - basic knowledge
EA - N	Employer accommodates - no

EA -Y	Employer accommodates - yes
ED	Emotional - disrespected
EF	Emotional - frustrated
EH	Emotional - very hurtful
EL	Emotional -livid
EO	Emotional - offended
ER	Employer Response - negative
ER - CFH	Employer response - concern for health
ER - CFP	Employer Response - concern for paperwork
ER - CFS	Employer response - concern for safety
ER - CR	Employer Response - changing records
ER - HF	Employer response - helpful
ER - HRTW	Employer response - hoping to return to work
ER - I	Employer Response - ignore
ER - JT	Employer Response - job threatened
ER - LOC	Employer Response - lack of concern
ER - M	Employer response - minimizing injury
ER - MM	Employer Response - mixed messages
ER - MS	Employer Response - more of the same
ER - NR	Employer Response - no responsibility
ER - RAA	Employer Response - reaction after accident
ER - RAA, CF	Employer Response - reaction after accident, contacted family
ER - Ret	Employer Response – retaliation
ER - SC	Employer response - sent card
ER - TDAA	Employer Response - treated differently after accident
ER - TDTO	Employer Response - treated differently than others
ER+	Employer Response - positive
ER-LD	Employer Response - light duty procedures
ERN	Employer Response - neutral
ER-R	Employer Response - rude
ER-S	Employer Response - silence
P - A	Participant - aggravated
P - CAW	Participant - conscientious about work
P - EP	Procedures - explained procedures
P - Ex	Participant - explanation of treatment
P - K	Procedures - knew what to expect
P - NE	Procedures - not as expected
P - NU	Participant - no understanding
P - S	Participant satisfied
P - SA	Participant - self accommodates
PF	Positive feedback
PF - N	Participant Fault - no
PI	Participant - inconvenient
PI - C	Participant - Initiated contact
PM	Participant - mistrust

P-OOW	Participant - out of work
PR	Participant recommendations
PR – CFF	Participant response - concern for future
PR – E	Participant response - emotional
PR - F	Participant response - fair
PR - LD	Participant response - light duty
PR - M	Participant response - medical
PR - N	Procedures - navigating
PR - NF	Participant response - not fair
PRU-LD	Participant response - unaware - light duty
S - A	Supervisor - assist
S - BK	Supervisor - basic knowledge
S - PW	Supervisor - paperwork
S - CFH	Supervisor - concern for health
S - NC	Supervisor - no comment



## Appendix E

Llame al (561) 434-7440 si necesita este documento en español o criollo haitiano.  
 Dokiman sa a disponib an panyòl ak Kreyòl Ayisyen si w rele nan (561) 434-7440  
 (This document is available in Spanish and Haitian Creole by calling (561) 434-7440)

Post Injury Employee Survey (Experimental Group title)

Employee Survey After Injury (Comparison Group title)

Please read the enclosed Consent Form. Returning this survey implies consent.

1. What is your age?

- a. Under 20      \_\_\_
- b. 21-25        \_\_\_
- c. 36-30        \_\_\_
- d. 31-35        \_\_\_
- e. 36-40        \_\_\_
- f. 41-50        \_\_\_
- g. Over 50      \_\_\_

2. Time with the School District

- a. Less than 1 year      \_\_\_
- b. 1-3 years                \_\_\_
- c. 4-6 years                \_\_\_
- d. 7-10 years               \_\_\_
- e. 11-15 years             \_\_\_
- f. 16-20 years             \_\_\_
- h. More than 21 years    \_\_\_

3. Gender                    Male \_\_\_      Female \_\_\_

4. Employment            Full time \_\_\_    Part time \_\_\_

5. Job Type                Labor \_\_\_      Management \_\_\_      Other \_\_\_

Please respond to all questions in relation to your experience after workplace injury.

1a. Employees are treated fairly when they have a work related injury claim.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

1b. Employees are contacted regularly by their supervisor/manager when they are out of work.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

1c. Employees know there are designated medical providers to go to for treatment of a work related injury.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

1d. I know that I have workers' compensation rights, responsibilities and benefits.  
 Strongly Disagree    Disagree    Somewhat Disagree    Somewhat Agree    Agree    Strongly Agree  
 1                      2                      3                      4                      5                      6

1d. Information about workers' compensation rights, responsibilities and benefits is posted on the facility's bulletin/ information board.  
 Strongly Disagree    Disagree    Somewhat Disagree    Somewhat Agree    Agree    Strongly Agree  
 1                      2                      3                      4                      5                      6

1e. I am aware that all Workers' Compensation costs are paid by my employer.  
 Strongly Disagree    Disagree    Somewhat Disagree    Somewhat Agree    Agree    Strongly Agree  
 1                      2                      3                      4                      5                      6

2a. There is a return-to-work program that is administered fairly.  
 Strongly Disagree    Disagree    Somewhat Disagree    Somewhat Agree    Agree    Strongly Agree  
 1                      2                      3                      4                      5                      6

2b. The return-to-work program is viewed positively by employees.  
 Strongly Disagree    Disagree    Somewhat Disagree    Somewhat Agree    Agree    Strongly Agree  
 1                      2                      3                      4                      5                      6

2c. Temporary alternative work is made available to help injured employees return to work.  
 Strongly Disagree    Disagree    Somewhat Disagree    Somewhat Agree    Agree    Strongly Agree  
 1                      2                      3                      4                      5                      6

3a. I like working for this organization.  
 Strongly Disagree    Disagree    Somewhat Disagree    Somewhat Agree    Agree    Strongly Agree  
 1                      2                      3                      4                      5                      6

3b. I expect to be working for this organization longer than two years from now.  
 Strongly Disagree    Disagree    Somewhat Disagree    Somewhat Agree    Agree    Strongly Agree  
 1                      2                      3                      4                      5                      6

3c. I recommend this company as an employer to people I know.  
 Strongly Disagree    Disagree    Somewhat Disagree    Somewhat Agree    Agree    Strongly Agree  
 1                      2                      3                      4                      5                      6

Thank you for participating. Your responses will be used to improve employers' response to injured workers.

Return the completed survey in the enclosed, post paid envelope **as soon as possible** so that your responses can be included.

## Appendix F

### Sample Cover Letter for Survey – Phase 2

Llame al (561) 434-7440 si necesita este documento en español o criollo haitiano.  
Dokiman sa a disponib an panyòl ak Kreyòl Ayisyen si w rele nan (561) 434-7440  
(This document is available in Spanish and Haitian Creole by calling (561) 434-7440)

Date

Employee Name  
Address  
City, State, Zip

Dear (Insert Name),

My name is Nancy Patrick. I work in the Risk Management office of the School District of Palm Beach County as their claim specialist. I am also a doctoral student at Florida Atlantic University.

I am respectfully requesting your consent to participate in completing the attached survey. I am interested in understanding employees' perceptions of employers' response after workplace injury. The survey is for research purposes in fulfilling the doctoral degree requirements.

Your cooperation and approval will be greatly appreciated. If you have any questions, you may contact me at (561) 434-7440.

Return the completed survey in the postage paid envelope provided as soon as possible.

Thank you.

Sincerely,

Nancy S. Patrick

## Appendix G

Llame al (561) 434-7440 si necesita este documento en español o criollo haitiano.  
Dokiman sa a disponib an panyòl ak Kreyòl Ayisyen si w rele nan (561) 434-7440  
(This document is available in Spanish and Haitian Creole by calling (561) 434-7440)

### **Florida Atlantic University** **Participant Survey Consent Form**

**Working title of research study:** Employees' Perceptions of Employers' Response after Workplace Injury

**Investigator:** Responsible Project Investigator (RPI): Dr. Lucy Guglielmino, Florida Atlantic, and Co-Investigator: Nancy Patrick, Doctoral Student, Florida Atlantic University.

**Purpose:** The purpose of this study is to explore and increase understanding of your perceptions of your employers' response after you sustained an on-the-job injury. We may use your ideas for future training programs.

**Procedures:** Participation in this study will be completing the enclosed 10 question survey and returning it in the postage paid envelope.

**Risks:** The risks involved with answering the questions are no more than you would find in regular daily activities, unless remembering your injury causes emotional upset. Your participation is voluntary, and you may choose to withdraw at any time.

**Benefits:** The results will be combined with other workers' answers. The answers will help us understand your experience after on-the-job injury and have your experience included as a part of the overall study. Your experience may help in improving the experience of others in the future.

**Data collection & storage:** All of the results will be collected confidentially and secured. Only the people working with the study will see the data, unless required by law. The raw data will be kept secure the co-investigator, saved on an electronic memory stick ("jump drive") and stored in a locked storage file cabinet at the co-investigator's home for one year after the study ends.

**Contact information:** For any problems or questions about your rights, the Division of Research of Florida Atlantic University can be contacted at (561) 297-0777. For other

questions about the study, you should call the principal investigator, Dr. Lucy Guglielmino at (772) 873-3348, or Nancy Patrick at (561) 434-7440.

**Consent statement:** I have read or had read to me the preceding information describing this study. All my questions have been answered. I am 18 years of age or older and agree to help. I have received a copy of this consent form for my records. I am also aware I can receive a copy of the results of the final study. I understand that I am free to quit at any time.

By returning the survey, I AGREE that I am giving my consent to participate in this study.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

## **Appendix H**

(verbiage for laminated job aid, distributed to every supervisor in the experimental group)

### **Job Aid for Supervisors**

#### **Guidelines to Remember When Your Employee is Injured**

1. Ask the injured worker how they are feeling at least weekly – if they are not at work, call them at home at least once per week to make sure they know that they continue to be part of the team and feel valued.
2. Make sure you are following the most recent work restrictions or providing appropriate accommodations.

If the injured worker has questions that you cannot answer, contact Risk Management for additional guidance: (XXX) XXX-XXXX (number provided).

## Appendix I

### Survey Cover Letter - Spanish

Date

Employee Name

Address

City, State, Zip

Estimado(a) (insert name),

Mi nombre es Nancy Patrick y trabajo en la Departamento de Administración de Beneficios y de Riesgos Laborales del Distrito Escolar del Condado de Palm Beach como la especialista de reclamos. También soy estudiante de la Universidad Florida Atlantic y me encuentro realizando un doctorado.

Respetuosamente les estoy pidiendo su consentimiento para que participen completando la encuesta adjunta. Me interesa entender la percepción de los empleados sobre la reacción del empleador después de que el empleado se haya lesionado en el trabajo. Esta encuesta tiene el propósito investigativo de cumplir con los requisitos para obtener un doctorado.

Aprecio mucho su cooperación y aprobación. Si tiene alguna pregunta se puede comunicar conmigo al (561) 434-7440.

Devuelva la encuesta completamente llena en el sobre adjunto con franqueo pagado tan pronto como sea posible.

Gracias

Atentamente,

Nancy S. Patrick

## Appendix J

### Universidad Florida Atlantic Formulario del consentimiento para la participación (Survey Consent Form – Spanish)

**Título provisional del estudio investigativo:** La percepción del empleado, posterior a haberse lesionado en el trabajo, sobre la reacción del empleador.

**Investigador(a):** Investigador responsable del proyecto (*Responsible Project Investigator, RPI*):

Dra. Lucy Guglielmino, Florida Atlantic, y la co-investigadora Nancy Patrick, estudiante que se encuentra realizando el doctorado en la Universidad Florida Atlantic.

**Objetivo:** El propósito de este estudio es explorar y aumentar el entendimiento que usted percibe sobre la reacción de su empleador después que usted haya sufrido una lesión en el trabajo. Quizás podamos utilizar sus ideas en futuros programas de capacitación.

**Procedimientos:** La participación en este programa consiste en completar la encuesta adjunta de 10 preguntas y devolverla en el sobre con franqueo pagado. El tiempo estimado para realizar esta encuesta es entre 10 y 15 minutos.

**Riesgos:** Los riesgos relacionados con contestar estas preguntas no son más que los que encontraría en sus actividades diarias, al menos que el recordar su lesión le altere emocionalmente. Su participación es voluntaria y puede retirarse en cualquier momento.

**Beneficios:** Su respuestas se combinarán con la de otros trabajadores, para ayudarnos a entender su experiencia después de haberse lesionado en el trabajo e incluir dichas experiencias como parte del estudio en general. Su experiencia puede ayudar a mejorar la que otros tengan en el futuro.

**Recopilación y almacenamiento de la información:** Todos los resultados se recopilarán de una forma confidencial y segura. A menos que lo exija la ley, los únicos que verán la información son los que trabajan en el estudio. La co-investigadora mantendrá la información grabada en una memoria portátil y guardada bajo llave en un gabinete en su casa por un periodo de un año después de que el estudio haya concluido.

**Información de contacto:** Para cualquier problema o pregunta sobre sus derechos, se puede comunicar con la División de Investigación de la Universidad Florida Atlantic al (561) 297-0777. Si desea formular cualquier otra pregunta sobre el estudio debe llamar a



la investigadora principal, la Dra. Lucy Guglielmino al (772) 873-3348 o a Nancy Patrick al (561) 434-7440.

**Consentimiento:** He leído o me han leído la información anterior y se han respondido todas mis preguntas. Tengo 18 años o más y estoy de acuerdo en ayudar. He recibido una copia de este formulario de consentimiento para mis archivos. También conozco que puedo recibir una copia de los resultados finales del estudio. Entiendo que puedo retirarme en cualquier momento.

Entiendo que al devolver esta encuesta, estoy dando mi consentimiento para participar en el estudio que aquí se menciona.

Firma del participante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Firma del investigador: \_\_\_\_\_ Fecha: \_\_\_\_\_

## Appendix K

Encuesta después de haberse lesionado el empleado (Título del grupo experimental)  
Encuesta del empleado después de la lesión (Título del grupo comparativo)

El tiempo estimado para realizar esta encuesta es entre 10 y 15 minutos.

Por favor lea el formulario de consentimiento que se adjunta. El devolver esta encuesta implica su consentimiento.

1. ¿Qué edad tiene?

- a. Menos de 20
- b. 21-25
- c. 36-30
- d. 31-35
- e. 36-40
- f. 41-50
- g. Más de 50

2. Empleado del Distrito Escolar

- a. Menos de un año
- b. 1-3 años
- c. 4-6 años
- d. 7-10 años
- e. 11-15 años
- f. 16-20 años
- h. Más de 21 años

- 3. Sexo: Masculino  Femenino
- 4. Empleo: Tiempo completo  Medio tiempo
- 5. Tipo de trabajo: Obrero  Administrativo  Otro

Por favor, conteste todas las preguntas que estén relacionadas con su experiencia después de haberse lesionado en el trabajo.

1a. Se trata justamente a los empleados cuando presentan una reclamación relacionada con una lesión en el trabajo.

Totalmente en desacuerdo  No estoy de acuerdo  Parcialmente en desacuerdo  Parcialmente de acuerdo  De acuerdo  Completamente de acuerdo

1                      2                      3                      4                      5                      6

1b. El supervisor o gerente se comunica con sus empleados cuando éstos están sin trabajo.

Totalmente en desacuerdo  No estoy de acuerdo  Parcialmente en desacuerdo  Parcialmente de acuerdo  De acuerdo  Completamente de acuerdo

1                      2                      3                      4                      5                      6

1c. Los empleados saben que hay profesionales médicos designados para brindarles tratamiento por lesiones relacionadas con el trabajo.

Totalmente en desacuerdo  No estoy de acuerdo  Parcialmente en desacuerdo  Parcialmente de acuerdo  De acuerdo  Completamente de acuerdo

1                      2                      3                      4                      5                      6

1d. Sé que tengo derechos, responsabilidades y beneficios de compensación al trabajador.

Totalmente en desacuerdo  No estoy de acuerdo  Parcialmente en desacuerdo  Parcialmente de acuerdo  De acuerdo  Completamente de acuerdo

1                      2                      3                      4                      5                      6

1e. La información sobre los derechos, responsabilidades y beneficios de compensación al trabajador está indicada en el tablero de boletines y anuncios informativos de la oficina.

Totalmente en desacuerdo  No estoy de acuerdo  Parcialmente en desacuerdo  Parcialmente de acuerdo  De acuerdo  Completamente de acuerdo

1                      2                      3                      4                      5                      6

1f. Tengo conocimiento de que todos los gastos de compensación al trabajador son pagados por mi empleador.

Totalmente en desacuerdo 1    No estoy de acuerdo 2    Parcialmente en desacuerdo 3    Parcialmente de acuerdo 4    De acuerdo 5    Completamente de acuerdo 6

2a. Existe un programa de regreso al trabajo el cual es administrado de manera justa.

Totalmente en desacuerdo 1    No estoy de acuerdo 2    Parcialmente en desacuerdo 3    Parcialmente de acuerdo 4    De acuerdo 5    Completamente de acuerdo 6

2b. Los empleados ven de manera positiva el programa de regreso al trabajo.

Totalmente en desacuerdo 1    No estoy de acuerdo 2    Parcialmente en desacuerdo 3    Parcialmente de acuerdo 4    De acuerdo 5    Completamente de acuerdo 6

2c. Existe otra alternativa de trabajo temporal para ayudar a que los empleados lesionados regresen a trabajar.

Totalmente en desacuerdo 1    No estoy de acuerdo 2    Parcialmente en desacuerdo 3    Parcialmente de acuerdo 4    De acuerdo 5    Completamente de acuerdo 6

3a. Me gusta trabajar para esta organización.

Totalmente en desacuerdo 1    No estoy de acuerdo 2    Parcialmente en desacuerdo 3    Parcialmente de acuerdo 4    De acuerdo 5    Completamente de acuerdo 6

3b. Espero que a partir de esta fecha trabajaré para esta organización por más de dos años.

Totalmente en desacuerdo 1    No estoy de acuerdo 2    Parcialmente en desacuerdo 3    Parcialmente de acuerdo 4    De acuerdo 5    Completamente de acuerdo 6

3c. A todas las personas que conozco les recomiendo esta organización.

Totalmente en desacuerdo 1    No estoy de acuerdo 2    Parcialmente en desacuerdo 3    Parcialmente de acuerdo 4    De acuerdo 5    Completamente de acuerdo 6

Gracias por su participación. Sus respuestas se utilizarán para mejorar la atención que el empleador les brinda a los empleados lesionados.

**Tan pronto sea posible** devuelva la encuesta completamente llena en el sobre con franqueo pagado que se adjunta a fin de que sus respuestas se puedan incluir.

## Appendix L

### Survey Cover Letter – Creole

Dat

Non anplwaye a  
Adrès  
Vil, Eta, Zipkòd

Chè (insert name),

Mwen rele Nancy Patrick. Mwen travay pou biwo Risk Management nan Distri lekòl Palm Beach la kòm espesyalis sou reklamasyon aksidan travay. Mwen se yon etidyan tou k ap fè doktora m nan Florida Atlantic University.

Se avèk anpil respè mwen mande w konsantman ou pou patisipe nan travay konplete sondaj la. Mwen enterese konprann pèsèpsyon anplwaye yo vizavi repons patwon yo bay aprè aksidan travay. Sondaj la gen pou objektif fè rechèch nan reyalize kritè kalifikasyon pou konplete nivo doktora a.

Nou apresye apwobasyon ak kowoperasyon w anpil. Si ou genyen nenpòt kesyon, ou kapab kontakte m nan (561) 434-7440.

Voye sondaj la retounen pi vit posib nan anvlop tou tenbre ki tache avèk li a.

Mèsi.

Sensèman,

Nancy S. Patrick

## Appendix M

**Florida Atlantic University**  
**Fòm konsantman pou patisipe nan sondaj la**  
(Survey Consent Form – Creole)

**Tit tanporè pou etid rechèch la:** Pèsepsyon anlwaye genyen sou repons patwon yo aprè aksidan travay

**Envestigatè:** Responsab Envestigatè Pwojè a (RPI): Dr. Lucy Guglielmino, Florida Atlantic, ak Envestigatè asosye I: Nancy Patrick, etidyan an doktora nan Florida Atlantic University.

**Objektif:** Objektif etid sa a se eksplòre epi ogmante konpreyansyon anlwaye yo sou pèsepsyon yo genyen vizavi repons patwon yo bay nan kad malad pwolonje aprè aksidan nan travay. Nou kapab itilize ide ou yo pou pwochen semèn enfòmasyon.

**Metòd:** Pou patisipasyon w nan etid sa a w ap reponn 10 kesyon sondaj la epi voye li retounen nan anvlòp ki tou tenbre a. Tan yo estime l ap pran pou ranpli sondaj sa a varye ant 5 -15 minit.

**Risk:** risk ki genyen nan reponn kesyon yo pa plis pase sa ou rankontre nan aktivite chak jou, amwenske ou sonje blesi ou yo se rezilta pwoblèm emosyonèl. Patisipasyon w se yon bagay volontè epi ou kapab chwazi pou retire kò w nan nenpòt moman.

**Benefis:** N ap konbine rezilta yo avèk repons lòt anlwaye yo. Repons sa yo ap ede nou konprann sa ou andire aprè frakti ou resewa nan travay la ki encli kòm yon pati global etid la. Eksperyans ou fè kapab ede nou amelyore eksperyans lòt moun alavni.

**Koleksyon ak konsèvasyon enfòmasyon:** N ap kolekte ak sekirize tout rezilta yo konfidansyèlman. Sèlman moun ki enplike nan etid la k ap wè enfòmasyon yo, amwenske lalwa egzije otreman. Envestigatè asosye a ap kenbe enfòmasyon preliminè sa yo an sekirite, konsève nan yon piston elektwonik (“jump drive”) epi sere l pou yon ane aprè etid la nan yon kabinet sekirite ki lokalize lakay envestigatè asosye a.

**Kontak enfòmasyon:** Pou nenpòt pwoblèm oswa kesyon konsènan dwa w, ou kapab kontakte Sant divizyon pou rechèch nan Florida Atlantic University nan nimewo (561) 297-0777. Pou lòt kesyon osijè etid la, ou dwe rele envestigatè prensipal la, Dr. Lucy Guglielmino nan (772) 873-3348, oswa Nancy Patrick nan (561) 434-7440.

**Deklarasyon dakò:** Mwen te li oswa yo te li ban mwen anvan enfòmasyon ki eksplike etid sa a. Mwen ajè 18 an oswa plis kote yo déjà reponn tout kesyon m yo epi mwen dakò

pou m ede. Mwen déjà resevwa yon kopi fòm konsantman sa a pou dosye pèsonèl mwen. Mwen byen avize tou m kapab resevwa yon kopi rezilta final etid la. Mwen konprann mwen lib pou m renonse nan nenpòt moman.

Nan retounen sondaj la, mwen DAKÒ mwen bay konsantman m pou mwen patisipe nan etid sa a.

Siyati Patisipan an: \_\_\_\_\_

Dat: \_\_\_\_\_

Siyati Envestigatè a: \_\_\_\_\_

Dat: \_\_\_\_\_

## Appendix N

Sondaj pou anplwaye sou frakti nan travay (Experimental Group title)  
Sondaj pou anplwaye aprè frakti (Comparison Group title)  
(Survey – Creole)

Tanpri li fòm konsantman ki tache a. Voye sondaj sa a tounen sou konsantman w.

1. Ki laj ou?

- a. Mwens pase 20 \_\_\_\_
- b. 21-25 \_\_\_\_
- c. 36-30 \_\_\_\_
- d. 31-35 \_\_\_\_
- e. 36-40 \_\_\_\_
- f. 41-50 \_\_\_\_
- g. Plispase 50 \_\_\_\_

2. Tan avèk Distri lekòl la

- a. Mwens pase 1 an \_\_\_\_
- b. 1-3 zan \_\_\_\_
- c. 4-6 zan \_\_\_\_
- d. 7-10z an \_\_\_\_
- e. 11-15 zan \_\_\_\_
- f. 16-20 tan \_\_\_\_
- h. Plis pase 21 an \_\_\_\_

- 3. Sèks                      Gason \_\_\_\_      Fanm \_\_\_\_
- 4. Travay                    Aplentan \_\_\_\_      Tan pasyèl \_\_\_\_
- 5. Tip dyòb                  Ouvriye \_\_\_\_      Administrasyon \_\_\_\_      Lòt \_\_\_\_

Tanpri reponn tout kesyon ki gen rapò ak aksidan ou fè nan travay la.

1a. Yo trete tout anplwaye byen lè yo prezante yon reklamasyon sou aksidan travay.

Pa dakò ditou	Pa dakò	Pa fin dakò	Yon tijan dakò	Dakò	Dakò nèt
1	2	3	4	5	6

1b. Sipèvizè/Manadjè a kontakte anplwaye yo regilyèman lè yo pa vin travay.

Pa dakò ditou	Pa dakò	Pa fin dakò	Yon tijan dakò	Dakò	Dakò nèt
1	2	3	4	5	6

1c. Se anplwaye yo ki chwazi doktè prefere yo pou resevwa tretman pou domaj ki gen rapò ak travay la.

Pa dakò ditou	Pa dakò	Pa fin dakò	Yon tijan dakò	Dakò	Dakò nèt
1	2	3	4	5	6

1d. Mwen konnen m genyen dwa pou konpansasyon travayè, responsablite ak benefis.

Pa dakò ditou	Pa dakò	Pa fin dakò	Yon tijan dakò	Dakò	Dakò nèt
1	2	3	4	5	6

1d. Yo poste enfòmasyon osijè konpansasyon dwa travayè, responsablite ak benefis sou pano/tablo enfòmasyon.

Pa dakò ditou	Pa dakò	Pa fin dakò	Yon tijan dakò	Dakò	Dakò nèt
1	2	3	4	5	6

1e. Mwen okouran konpayi a peye tout frè konpansasyon travayè mwen yo.

Pa dakò ditou	Pa dakò	Pa fin dakò	Yon tijan dakò	Dakò	Dakò nèt
1	2	3	4	5	6

2a. Genyen yon pwogram retounen al travay ki byen administre.

Pa dakò ditou	Pa dakò	Pa fin dakò	Yon tijan dakò	Dakò	Dakò nèt
1	2	3	4	5	6

2b. Anplwaye yo wè pwogram retounen al travay la pozitivman.

Pa dakò ditou	Pa dakò	Pa fin dakò	Yon tijan dakò	Dakò	Dakò nèt
1	2	3	4	5	6

2c. Yo bay lòt travay tanporè pou ede anplwaye blese k ap retounen nan travay.

Pa dakò ditou	Pa dakò	Pa fin dakò	Yon tijan dakò	Dakò	Dakò nèt
1	2	3	4	5	6

3a. Mwen renmen travay pou òganizasyon sa a.

Pa dakò ditou	Pa dakò	Pa fin dakò	Yon tijan dakò	Dakò	Dakò nèt
1	2	3	4	5	6

3b. Mwen espere travay pou òganizasyon sa a pi lontan pase de zan kòmanse Jodi a.

Pa dakò ditou	Pa dakò	Pa fin dakò	Yon tijan dakò	Dakò	Dakò nèt
1	2	3	4	5	6

3c. Mwen rekòmande òganizasyon sa a bay lòt moun mwen konnen kòm yon bon konpayi.

Pa dakò ditou	Pa dakò	Pa fin dakò	Yon tijan dakò	Dakò	Dakò nèt
1	2	3	4	5	6

Mèsi pou patisipasyon w. Y ap itilize repons ou yo pou amelyore repons anplwayè yo ap bay anplwaye ki blese yo.

Voye sondaj la tounen okonplè nan anvlòp tou peye a **osito posib** pou yo kapab konte repons ou yo pi vit.



## Appendix O

### Sample Debriefing Letter for Experimental Participants – Phase 2

Llame al (561) 434-7440 si necesita este documento en español o criollo haitiano.  
Dokiman sa a disponib an panyòl ak Kreyòl Ayisyen si w rele nan (561) 434-7440  
(This document is available in Spanish and Haitian Creole by calling (561) 434-7440)

Date

Employee Name

Address

City, State, Zip

Dear (Insert Name),

My name is Nancy Patrick. I work in the Risk Management office of the School District of Palm Beach County as their claim specialist. I am also a doctoral student at Florida Atlantic University.

You were randomly selected as part of a research study involving workplace injury and purposeful empathetic response. You were later sent a survey in connection with this research study. Please contact me if you have any questions.

Thank you.

Sincerely,

Nancy S. Patrick

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