

outwork



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Claimants' perceptions of fair treatment linked to lower odds of poor mental health

IWH study found claimants who said case managers treated them with dignity, and gave them needed information, had lower risks of psychological distress

In recent years, several studies have suggested that being physically injured at work and making a workers' compensation claim may give rise to poorer mental health. However, little is known about what part of the claims process may be contributing to worsening mental health.

A new study by the Institute for Work & Health (IWH) now suggests that claimants' perceptions of fairness in their interactions with case managers are an important factor affecting their mental well-being.

The study, which examined the experiences of workers' compensation claimants for 12 months, focused on the extent to which claimants felt they were treated with dignity and respect by their case managers and were given the information they needed.

"We've seen in past studies that certain elements of the workers' compensation process are linked with claimants' mental health," says Christa Orchard, lead author of the study, which was published

in July in the *Journal of Occupational Rehabilitation* (<https://doi.org/10.1007/s10926-019-09844-3>).

"This study highlights the fact that the information provided by claims agents—as well as the tone they use in interactions with claimants—are two things that can be improved to the benefit of injured workers' mental health," adds Orchard, a PhD candidate in epidemiology at the University of Toronto who completed this work as part of a summer practicum at IWH, working with Senior Scientist and Scientific Co-Director Dr. Peter Smith.

For her study, Orchard turned to data collected from a group of injured workers in the state of Victoria, Australia, who had made a workers' compensation claim for a musculoskeletal injury. In Victoria, people who miss 10 or more days of work due to a work-related injury are eligible for compensation. Their claims are assessed

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Korn Ferry recognizes IWH for workforce engagement and enablement

The Institute for Work & Health (IWH) has been honoured with a 2019 Korn Ferry Engaged Performance Award. IWH is one of 71 organizations from around the world to receive this third annual award, announced in October, from the global organizational consulting firm. The award program recognizes employers with superior levels of performance in two key categories—engagement and enablement—as measured by their recent employee surveys administered by Korn Ferry. IWH was named a winner in both categories. For details, go to: <http://engage.kornferry.com/engaged-performance-awards/korn-ferry-engaged-performance-awards-1054BS-42972J.html>

Dr. Monique Gignac receives rheumatology professional association service award

In early November, the American College of Rheumatology/Association of Rheumatology Professions (ARP) named IWH Senior Scientist and Scientific Co-Director **Dr. Monique Gignac** the recipient of its 2019 service award. The ARP Addie Thomas award recognizes an association member who has been an active volunteer involved with local, regional, national and/or international arthritis-related activities. For more information about the award, go to: www.rheumatology.org/Portals/0/Files/ARP-Master-and-Merit-Award-Winners.pdf

IWH makes changes to executive team

With her promotion from manager to director of communications, **Cindy Moser** has joined the Institute's executive team. Moser came to the Institute in 2008, after many years as editor of publications specializing in occupational health and safety, disability management, human resources and other workplace issues. Along with Moser's promotion, announced in October, **Dr. Monique Gignac** and **Dr. Peter Smith**, formerly associate scientific directors, were named scientific co-directors. To see their bios, go to: www.iwh.on.ca/executive-team

New website launched on episodic conditions

IWH launched a new website to keep stakeholders up to date on the progress of a five-year partnership project on accommodating episodic disabilities. The project, named Accommodating and Communicating about Episodic Disabilities (ACED), aims to develop evidence-based workplace tools and resources to help employers and workers talk about support needs, while safeguarding worker privacy and ensuring workplace productivity. For more about the project, go to: <https://aced.iwh.on.ca>

What Research Can Do

How IWH findings, methods and expertise are making a difference

IWH researchers help MPs examine episodic disabilities and work issues

“In Canada, support for persons with disabilities is built on a binary switch. Either you can work or you cannot. However, life with episodic disabilities is not that black and white. Special requirements must be considered for people with episodic disabilities.”

That was part of the opening statement by Member of Parliament David Yurdiga at a November 2018 meeting of the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities. Earlier in the year, the Conservative MP for Fort McMurray-Cold Lake had made a request for the committee to study the needs of people with episodic disabilities.

Episodic disabilities are long-term health conditions that are characterized by periods of good health interrupted by periods of poor health—periods that may vary in duration, severity and predictability. Examples include arthritis, Crohn's and colitis, multiple sclerosis, HIV/AIDS, mental illness, as well as some forms of cancer and rare diseases.

Yurdiga's motion asked the committee to recommend legislative and policy changes to ensure that the needs of people with episodic disabilities are addressed in government policies that support people with disabilities more broadly; that their rights are protected; and that they have equitable access to relevant programs. Over three days, the committee heard from 19 witnesses, including individuals with lived experience of episodic conditions, representatives of advocacy organizations and service providers, as well as researchers.

Two senior scientists from the Institute for Work & Health (IWH) were among the latter group asked to give expert testimony. Dr. Monique Gignac, scientific co-director at the Institute, drew on her two decades of experience conducting research on work disability among people with arthritis, diabetes and other chronic conditions, including a project she's leading on accommodating and communicating about episodic disabilities. Dr. Emile Tompa shared his expertise as director of the Centre for Research on Work Disability Policy, where he worked on the development

of a CSA Group standard on work disability management systems and a strategy on disability and work in Canada. Their contribution to the proceedings is an example of how research can support policy-makers in addressing important societal issues—in this case, the challenges and barriers faced by Canadians living with episodic conditions.

People with episodic disabilities want to remain productive and active participants in the labour market, and they need more flexible income supports to avoid income insecurity, the committee heard. Focusing their remarks on workforce participation, Gignac and Tompa spoke of the valuable role supportive employers can play in helping workers with episodic disabilities keep their jobs and earnings. However, due to stigma and workers' privacy concerns, workers are often reluctant to ask for supports.

As a result, few employers are aware of the challenges faced by workers with episodic conditions. All too often, disability is managed as a performance or disciplinary issue instead of a health-related challenge that can be accommodated, noted Gignac. Speaking more broadly of the interaction between work participation and access to income support programs, Tompa also spoke of needed changes to such programs so that people with episodic disabilities can leave and re-enter the labour force as their work capacity fluctuates.

The standing committee made 11 recommendations in its final report, citing Gignac and Tompa nine times. The report, published in March and entitled *Taking Action: Improving the Lives of Canadians Living with Episodic Disabilities*, was warmly received by the Honourable Carla Qualtrough, Minister of Public Services and Procurement and Accessibility. “These recommendations will help inform future government policy and programs as we work to support the economic and social inclusion of persons with disabilities, including episodic disabilities,” she wrote in the government's response in July.

This column is based on an IWH impact case study, published in November 2019, available at: www.iwh.on.ca/impact-case-studies.

Addressing communication issues faced by supervisors, case managers key to RTW

IWH study of disability management in large, complex organizations focuses on communication bottlenecks experienced by supervisors, case managers

Disability management depends on good communication. When communication problems emerge—for example, when parties have inadequate information, fail to appreciate the specific challenges of a worker's circumstances, or are unaware of organizational practices and policies—this can contribute to return-to-work (RTW) delays, inadequate support for the worker and, not least, mistrust and ill will all around.

In large and complex organizations, communication problems tend to converge around a couple of key roles related to work disability practices. In a new study by the Institute for Work & Health (IWH), researchers found that the most common “communication bottlenecks” were those that involved disability case managers and front-line supervisors.

According to the study, published in April in the *Journal of Occupational Rehabilitation* (doi:10.1007/s10926-019-09836-3), the information gaps experienced by one of these two roles can affect the work of the other, creating ripple effects throughout the entire organizational work disability management system. As such, efforts to address the communication challenges faced by case managers and front-line supervisors should be prioritized, says Dr. Arif Jetha, an IWH scientist and lead author of the study.

“When looking at disability management at the organizational level—not just at its individual parts—we saw that the activities and practices of supervisors and case managers were really crucial to the smooth functioning of the whole system,” says Jetha. “Case manager and supervisor communications represent leverage points that can make or break return-to-work outcomes at the organizational level.”

Common concerns

The study was conducted via one-on-one interviews with 30 individuals working at

three large municipal public services in Ontario. These were complex organizations with multiple sites across large geographic areas, many departments—each with distinct public service functions and workforce compositions—and many different collective agreements. The interviewees included disability case managers, human resource and labour relations specialists, and front-line supervisors—all with experience managing RTW cases, whether work-related or not.



Dr. Arif Jetha

policies and practices, involving multiple internal and external stakeholders and shaped by the characteristics of different work environments,” says Jetha.

“By taking a ‘systems thinking’ perspective, we can get a better sense of all the competing factors that may collectively influence return-to-work communication and have an impact on return-to-work outcomes. We can also identify the areas within the system that most need attention,” he adds.

The participants spoke of several consistent features of their disability management programs. They all described communication as an essential component in the coordination of disability management efforts, at all phases of the RTW process (at the time of injury, during work reintegration and thereafter).

Participants also indicated that their organizations all had a policy of early contact

with injured or ill workers, along with procedures for expedited, safe and equitable return to work. As would be expected of such large and complex organizations, participants also spoke of policies having the aim of standardizing communication and disability management practices across diverse departments and stakeholders.

Participants tended to agree that communication bottlenecks largely involved the activities of two key roles in the system: case managers and front-line supervisors. They described a number of key issues.

Communication challenges involving case managers

At each participating organization, a small number of case managers were responsible for developing, implementing and evaluating RTW plans for injured or ill workers. Their work involved communicating with a broad range of stakeholders, including injured or sick workers, front-line supervisors, physicians and workers' compensation representatives.

One set of issues described had to do with the barriers to information that case managers encountered in their interactions with health-care providers, long-term disability insurers and workers' compensation representatives. Some described work limitation forms impeding communication about what workers were able to do. Others spoke of being out of the loop in interactions between health-care providers and insurers, or of lacking information about why claims were denied.

Case managers also spoke of the challenges navigating collective agreements and privacy legislation. Although they recognized the need to protect workers' privacy, they also described the difficulty of providing modified work and facilitating RTW

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Program raised workplace mental health awareness, but not likelihood of policy

A Thunder Bay community-based program led to greater employer knowledge of mental health issues, but little change on the ground, finds researcher

Canadian employers are becoming increasingly aware of the impact of mental health disorders on productivity, absenteeism and presenteeism. Many are also recognizing that, as the research literature suggests, poor psychosocial work environments can lead to the development or worsening of mental health problems.

In the northwestern Ontario region of Thunder Bay, public health officials had been noticing a growing interest among employers in resources to help workers cope with stress. In 2015, the Thunder Bay District Health Unit (TBDHU), which includes workplace health promotion in its chronic disease prevention program, responded by partnering with about a dozen organizations. They launched a multi-faceted program aimed at raising awareness in the community about mental health at work.

The program, called Superior Mental Wellness @ Work, also set out to increase familiarity among employers with the National Standard for Psychological Health and Safety in the Workplace. Created by the Mental Health Commission of Canada, the standard is a comprehensive framework for helping organizations build psychologically safe environments.

“When we heard that employers wanted to learn more about how to support employees in dealing with work stress, we did a literature search and realized that employee mental health is much bigger than just work stress,” says TBDHU Health Promotion Planner Lynda Fraser. “So we wanted to encourage workplaces to look at the bigger picture and consider the standard.”

With a grant from Ontario’s Ministry of Labour, TBDHU worked with a research team to evaluate the effectiveness of the two-year program. This evaluation was led by epidemiologist Dr. Vicki Kristman, associate professor in the Department of Health Sciences at Lakehead University and former

associate scientist (and current adjunct scientist) at the Institute for Work & Health (IWH).

According to an open-access article published in May 2019 in *BMC Public Health* (doi:10.1186/s12889-019-6976-x), the team found that employer participation in the Superior Mental Wellness @ Work program was associated with improved knowledge on a range of mental health topics.

When it came to changes in practice and policy, however, the picture was mixed. Organizations that took part in the project were more likely to have an action plan to implement the standard. They were better prepared to champion mental health in the workplace. They also reported better employee mental health and lower stigma levels in their workplaces. However, they were not significantly different from non-participating organizations when it came to prioritizing mental health or having a mental health policy in the workplace.

Kristman says the findings are positive overall, because they show the project achieved a key objective of raising awareness among employers about mental health. “The intervention really helped increase employers’ knowledge about mental health in the workplace and their understanding of the standard, even if it didn’t really change their actions,” says Kristman.

“That makes sense to us because it takes time to make change, and you really need a champion to do this. People were just getting interested and becoming or developing champions. There wasn’t enough time for us to see workplace change.”

A multi-faceted program

The Superior Mental Wellness @ Work program consisted of several components. The main one was a training program for employers on how to implement the national psychological health and safety standard.

This training, consisting of six monthly training modules, was delivered to 65 people from 32 worksites over a two-year period.

The second component of the program included a speaker series, Mental Health First Aid courses offered by the Mental Health Commission of Canada and Mental Health Works sessions offered by the Canadian Mental Health Association. These aimed to build mental health awareness, strengthen the ability of workplaces to respond to challenging situations, and foster healthier, safer workplace environments. The third part of the intervention was a social marketing campaign that included a travelling exhibit of photos and testimonials designed to fight the stigma of mental illness.

Two sets of comparisons

To evaluate the program, Kristman’s team conducted two surveys, one before the program was offered and one after. For each survey, about 350 randomly selected employers from the Thunder Bay area were contacted. One representative (in human resources or occupational health or safety management) from each employer was invited to take part. The pre-program survey was completed by 89 employers; the post-program survey, by 61. Among these 61, 37 took part in some part of the program.

Kristman and her team evaluated the program on two fronts: its impact on employers in the region overall and its impact on employers that participated in the program. With respect to its impact on employers in the region overall, Kristman compared the pre-program survey responses with the responses to the post-program survey.

She found that, after the program was implemented, employers overall were 55 per cent more likely to report familiarity with the standard. They were also more likely to report increased knowledge of

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Employers certified by COR programs have greater reduction in injury rates: studies

Firms in B.C.'s, Alberta's Certificate of Recognition programs have 12 to 14 per cent greater reduction

Workplaces certified through the Certificate of Recognition (COR) program have greater reduction in lost-time injury rates than non-certified workplaces. And even among COR-certified companies, differences in injury rates can be found between lower-scoring companies and higher-scoring ones.

These were some of the findings shared in a recent presentation by Institute for Work & Health (IWH) Scientist Dr. Chris McLeod, who led a series of studies on the effectiveness of COR programs. The studies, conducted at the University of British Columbia's Partnership for Work, Health and Safety, where McLeod is co-director, used B.C.'s and Alberta's workers' compensation data from 2001 to 2016.

They found that participation in a COR program was linked with a 12 to 14 per cent greater reduction in lost-time injury rates. In both provinces, the link between certification and greater injury rates reduction was stronger in more recent years.

"Generally, across time, across sectors, particularly in more recent years, COR-certified firms lowered their lost-time injury rates by larger percentages than similar firms that were not certified," said McLeod at the presentation, now available as a slidecast (see www.iwh.on.ca/events/speaker-series/2019-nov-05).

He noted, however, that the same effect was not found for rates of no-lost-time injuries. Nor was it found among small employers (of 10 employees or fewer) certified through Alberta's Small Employers Certificate of Recognition (SECOR) program.

'COR effect' found in many sectors

COR programs are offered in most provinces and territories across the country. Although details vary from one jurisdiction to another, these programs typically let employers take a voluntary audit to

show that their occupational health and safety (OHS) management systems meet established standards. The incentives for participation include lower workers' compensation premiums and, in some sectors, preferential treatment during contract bids, said McLeod.

Although COR has been around for many years—the program had its start in Alberta's construction industry about 25 years ago—its effectiveness has been the subject of very little research. In McLeod's project, two types of study designs were used to measure the effectiveness of certification on injury rates.

The first, called "difference-in-difference," compared changes in injury rates at COR companies with changes in injury rates at non-COR companies. Because injury rates fell among both certified and non-certified companies during the study timeframe, what mattered to researchers was whether the drop in injury rates among COR

companies was steeper than the decline in rates among non-COR companies. That difference could then be attributed to the COR certification.

A challenge in studying this type of voluntary program is how to address the potential for selection bias—that is, the possibility that companies taking part in such programs may be fundamentally different from those that don't. To address that challenge, McLeod also used a second study design—a matching process to create a comparison group. For every certified company included in the study, the research team looked for a non-certified company that was similar in firm size, subsector and workers' compensation premium base rate. Applying a difference-in-difference analysis to the matched samples, the research team found that results were similar to those produced when unmatched samples were used.

McLeod noted that the COR effect was found in many different sectors, including construction, manufacturing, oil and gas and forestry in B.C., and construction, transportation, manufacturing, trade and public services in Alberta. The sectors where this effect was not found were B.C.'s transportation sector, and Alberta's business, forestry, and oil and gas sectors.

Delving into firm scores provided by the B.C. Construction Safety Association, McLeod's team also examined the link between audit scores and injury rates. Results showed a clear and consistent difference in injury rates between firms that achieved the minimum score of 80 per cent required to be certified and firms that scored 96 to 100 per cent. Most of the difference could be attributed to scores for six of the audit's 14 elements (see sidebar). The most notable were investigations and reporting and workplace hazard assessment and control.

"Our continuing work will focus more on which of the 14 elements in the COR audit are predictive of injury rates," says McLeod. "This is one area where we have a real opportunity to refine our focus and make improvements in prevention efforts." ■

14 COR ELEMENTS

A study by Dr. Chris McLeod analyzed audit scores from a sample of B.C. construction companies. It found scores varied the most for six of COR's 14 elements (bolded below).

- Company health and safety policy
- **Workplace hazard assessment and control**
- Safe work practices
- Safe job procedures
- Company rules
- Personal protective equipment
- Preventative maintenance
- **Training and communication**
- **Inspections**
- **Investigations and reporting**
- **Emergency preparedness**
- **Records and statistics**
- Legislation
- Joint occupational health and safety committee

Lack of consistent RTW practices one of several problems cited

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without having adequate knowledge about workers' health conditions.

These barriers were more noticeable when case managers had to manage health conditions with which they were less comfortable, including mental health disabilities. For example, one case manager spoke of not getting work limitation forms filled out because the injured or ill workers did not want to disclose that they were seeing psychologists or psychiatrists. "If we're going to help them in the workplace, we need that information," said the case manager.

Communication challenges involving front-line supervisors

Participants spoke of front-line supervisors as ideal employer representatives to initiate and sustain dialogue with an injured or ill worker and to obtain the information needed for absence management. However, participants also described front-line supervisors as sometimes unaware of disability management policies and unprepared to engage with injured workers in these types of conversations. Such interactions were, again, more difficult in cases involving

mental health conditions or a history of poor work performance.

A common issue described by participants was a lack of consistency among front-line supervisors, who had different levels of experience and competence with respect to RTW. When reflecting on the role of supervisors, one case manager noted that some supervisors were more familiar with the process while others only connected with the disability management department when it was too late. "It's certainly not consistent across management. Sometimes, we don't know someone is off work until the person runs out of sick time," said the case manager.

Participants also spoke of the ripple effects across the system. When a supervisor faced difficulty communicating with an injured worker, that would affect the ability of a case manager to engage in conversations with the injured worker to support RTW. The result would be avoidable disability days.

"These findings underscore the need to examine disability management practices at an organizational level," says Jetha. Findings from this study highlight strategies that specifically target front-line workers and

case managers and are designed to improve communication and coordination, he adds.

These might include:

- improving coordination with external stakeholders who may lack insight into the specific workplace context;
- leveraging information management systems or interventions that foster communication across diverse stakeholders in large organizations;
- promoting goodwill and trust between workers and supervisors prior to injury to facilitate information exchange following a disability absence—especially important in mental health cases; and
- offering uniform training to supervisors across an organization to increase awareness regarding their roles and responsibilities in the RTW of employees and relevant communication strategies.

"One takeaway message to come out of this study is that, sometimes, small changes to disability management practices can have a significant impact on communication," says Jetha. "That's especially the case when the changes address crucial points in the systems where communication blockages tend to occur." ■

Mental health awareness program improved knowledge in broader community, not just among participants, study finds

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mental health challenges in the workplace (16 per cent more likely), of mental health strategies (33 per cent more likely) and of existing community resources to support mental health at work (20 per cent more likely). However, they were no more likely than they were before the program was offered to have an action plan to implement the standard, have a mental health policy in place or be ready to champion mental health at work.

With respect to evaluating the impact of the program on participating employers, the team compared the post-program survey responses of employers that took part in the program with those that did not. Here, the team found more noticeable differences.

Employers that took part in some or all offerings of Superior Mental Wellness @ Work scored significantly higher than non-participants on a range of issues related to mental health. For example, their knowledge about mental health in general was higher (21 per cent higher), as was their knowledge of more specific issues such as stigma and its impact, legal perspectives, mental health promotion strategies and ways to build a business case to gain management support (ranging from 25 to 88 per cent higher).

Participating employers scored even higher compared to non-participating employers in terms of being familiar with the standard, having an action plan to implement the standard, and being ready to champion

mental health in the workplace (ranging from 75 to over 300 per cent higher).

"There's still more to be done, but overall, the intervention has opened employers' eyes about how important mental health is and what options they have to address it," says Fraser.

Kristman notes that a key shortcoming of the program was that it was not taken up by hard-to-reach workplaces. "What we were missing were small companies that were unable to afford the time to participate in the program, as well as those that might have felt workplace mental health just isn't a problem. And that continues to be a challenge for all of us in mental health promotion." ■

Understanding employment patterns among older workers in four countries

Study finds relationships between education level, disability, work participation not always as expected

In most developed countries, including Canada, governments are implementing policies to encourage older people to work past 65 years of age in order to delay their retirement and reduce the costs associated with disability benefits and pension payments. Yet, despite this push to extend working lives, we know little about who already works past this age.

To address this information gap, the Institute for Work & Health (IWH), the University of Liverpool, the University of Copenhagen and the Karolinska Institute in Stockholm are conducting an ongoing project in four countries—Canada, the United Kingdom, Denmark and Sweden—to compare policies designed to extend the working lives of older workers.

A peer-reviewed journal article from this project was published in March 2019 in *BMC Public Health* (doi:10.1186/s12889-019-6594-7). The article reported on a study that looked at differences among the four countries in the employment rates (employment was defined as working more than an hour a week) of people 65 to 75 years old. The study also looked at how rates of employment among this older age group differed by gender, education and health condition (the latter was determined by whether or not respondents had a limiting, long-standing illness).

The study, authored by Dr. Ashley McAllister, a post-doctoral fellow at the Karolinska Institute in Stockholm and a visiting research fellow at IWH in the spring of 2017, drew on a nationally representative survey in each of the four countries. In Canada, that included the subset of respondents aged 65 to 75 among the 65,000 respondents (aged 35 to 75) to Statistics

Canada's 2012-13 Canadian Community Health Survey (CCHS).

Datasets from the other three countries included 1,300 to 3,500 respondents, all between the ages of 65 and 75.

The study found several expected similarities across the countries with respect to the employment of people aged 65 to 75. Employment rates were lower among women than among men. As well, although employment rates were lower among people with health conditions than among people without, they varied considerably according to education levels. In all four countries,



women with low education and long-standing illnesses had the lowest employment rates. Higher levels of education among men and women with long-standing illnesses were associated with higher employment rates in all four countries.

The study also found a few surprising patterns with respect to the employment of people aged 65 to 75. For one, a country's higher unemployment rate overall did not necessarily mean older workers were less likely to be employed. Sweden had the highest overall unemployment rate of the four countries (8.1 per cent in 2013), but also some of higher rates of employment among older people. The opposite was true in the U.K., which had both relatively high unemployment rates overall (7.5 per cent) and the lowest employment rates of older workers of the four countries.

A second surprise: older people with higher education had higher employment rates, but not always. In the U.K., employment rates differed very little based on education levels. In another unexpected finding, little difference was found in Sweden between the employment rates of men with and without long-standing illnesses, or between highly educated men and women with long-standing illnesses and their healthy peers.

Common challenge, different approaches

The four countries included in this project were chosen because they share the common challenge of an aging workforce, yet have taken different approaches to encouraging people 65 years and older to stay in paid work, says McAllister.

She says the results in this study were more nuanced than expected, underscoring the importance of context. “We saw differences in the employment of older workers even in countries that we thought were similar,” she says. For example, although

Canada and the U.K. share many policies common to liberal welfare regimes, the research team found Canada to be more like Sweden than the U.K. with respect to many outcomes. She adds, however, that in a descriptive study such as this, “we can identify differences but, due to the study design, we cannot clearly identify the policy influences that shape these differences.”

One takeaway from the study is that policies designed to encourage work participation among older workers shouldn't be one-size-fits-all, says McAllister.

“Many countries adopt universal policies such as extending the official age of retirement or creating financial incentives to remain working, but older workers make up a very heterogeneous group. They are not all alike,” she notes. +

AT WORK

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Study asked participants about politeness, respect in interactions with case managers

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and managed by one of five claims-agent organizations, as determined by their workplace insurance provider.

The claimants in this study were interviewed by phone three times over a 12-month period in 2014-2015. Due to the time it took for claims to be processed and for claimants to then be recruited into the study, claimants were typically interviewed for the first time about three or four months after they were injured. The second and third interviews were held about six and 12 months after the first.

Nearly 600 claimants were asked about a range of outcomes. Orchard's study focused on claimants' assessments of their interactions with claims agents (also known as case managers) and of their own mental health.

With respect to interactions with claims agents, claimants were asked to indicate, on a five-point scale, the degree to which they agreed or disagreed with seven statements about their case managers. They were asked whether their case managers:

- treated them in a polite manner;
- treated them with respect and dignity;
- provided the information needed;
- were open and truthful in communications;
- explained the return-to-work process carefully and completely;
- communicated details at appropriate times; and
- seemed to consider their specific needs in communicating with them.

(This work builds on a 2009 IWH study—doi:10.1007/s12207-009-9053-4—that found low fairness scores on these questions were linked to a lower likelihood of claim acceptance, greater delay before a claim decision, and greater likelihood that claimants believed they were back at work too soon and their accommodation period was too short.)

With regards to their mental health, claimants were asked—in all three interviews—how often in the previous 30 days they experienced six symptoms associated with psychological distress (i.e. feeling nervous, hopeless, restless, worthless, so depressed that nothing cheers them up and

like everything is an effort). These questions came from the Kessler psychological distress scale, which provides a five-point range for each item—from 0 for “none of the time” to 4 for “all of the time.” The Kessler scale considers a total score of 13 or more as indication of a serious mental health issue.

Interview results suggest the vast majority of claimants felt they were treated fairly by case managers, both interpersonally (around 90 per cent) and in getting the information they needed (75 to 85 per cent). However, those who felt they were treated unfairly were more likely to indicate having a serious mental health issue—and the greater the degree of perceived unfairness, the greater the likelihood of indicating poor mental health.

On questions of interpersonal fairness, a one-point change for the worse in the mean score (on a five-point scale) was linked to a 28 per cent greater likelihood of claimants indicating poor mental health. On informational fairness, each one-point change for the worse was linked to a 20 per cent greater likelihood of poor mental health. The effect of perceived injustice on mental health at baseline persisted, to a lesser degree, six and 12 months down the road.

“We’ve seen growing evidence that perceived injustice in the experience of claiming for compensation for a work-related injury may contribute to worsening mental health. This study points to two areas that should be targeted for improvement: treating claimants with respect and providing them with the right information at the right time,” says Orchard.

“We think that most workers’ compensation service providers would want claimants to agree they were treated well in their interactions with case managers. It’s not an unachievable goal,” adds Smith. “If service providers can ensure that people will reply positively to the questions asked in the interview, based on our results, it would lead to meaningful reductions in the prevalence of psychological distress among people whose injuries are primarily physical in nature.” ■