

Understanding "under-reporting" in occupational health and safety

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Outline

- Background and Purpose
- Design and Methods
- Results
- Implications

Background

- Estimates for the degree of under-recognition and under-reporting of occupational disease range from 40%-90% depending on the disease
- Some over-reporting and over-recognition may occur

Background

- Consequences of under-recognition and under-reporting include:
 - Workers do not receive compensation benefits
 - Health care costs are inappropriately borne by the public health insurance system
 - WSIB statistics do not reflect the true burden
 - Prevention efforts are not identified

Background

- Reasons for under-recognition and under-reporting not frequently examined but where they are
 - Physician and diagnosis-related challenges
 - Workplace dynamics/social relations at work
 - Structural determinants

Background

- Physician and diagnosis-related challenges
 - Under-recognition
 - Failure to make the link between exposure and disease
 - Under-reporting
 - Administrative barriers and requirements
 - Lack of negative consequences for not reporting
 - Lack of positive reinforcement for proper reporting

Background

- Workplace dynamics/social relations at work
 - Fear of retaliation
 - Symptoms are a typical consequence of the job or related to aging
 - Previous negative experiences with reporting occupational disease
 - Fear of having to change jobs, displaced from regular co-workers

Background

- Structural determinants
 - Safety incentive programs – initiatives reward the workplace for reducing workplace injury and illness
 - forms

Background

- Recent studies
 - Hairdressers in Denmark
 - 21% reported hand eczema to National Board of Industrial Injuries
 - Healthcare workers in Denmark
 - 12% reported hand eczema

Background

- Hairdressers - reasons for not reporting
 - Thought it would eventually get better
 - My doctor didn't tell me it was possible to report
 - Would probably not gain anything
 - Seemed difficult
 - Didn't know it was occupational
 - Worried about problems with employer
 - Afraid of losing job

Purpose of the Study

- The problem of under-reporting is commonly discussed but there has been little systematic investigation of the problem
- The study was designed to inform more comprehensive research designs in the future

Goals of the Study

1. to clarify the key concepts that underpin research in this area,
2. to develop a taxonomy of stakeholders' language,
3. to identify units of analysis needed to address this area of research
4. to identify the determinants of recognition and reporting, and
5. to understand better the socio-politics of doing research in this area.

Design and Methods

Design and Methods

Interpretive Qualitative Design

- Focus Groups with key stakeholders
 - Health care professionals
 - Union and worker representatives
 - Employers
 - Injured and ill workers
 - WSIB
 - Directors
 - Front line operations team members
 - Front line occupational disease team members

Focus Groups

- Interactional and dynamic
- Members co-construct data
- Rounded-out perspective

Focus Groups

Recruitment

- Well-networked and engaged groups were easy to recruit
 - WSIB – Directors (5), FL operations team (10), FL OD team (11)
 - Union/worker representatives (6)
- Other groups were more challenging
 - Health care professionals (5)
 - Injured and ill workers (3)
 - Employers (2)

Focus Groups

Discussion topics were designed to elicit data relevant to project goals

Sample Discussion Questions:

- When we talk about 'reporting' of occupational injury and illness, what comes to your mind?
- How does reporting matter to you? Does it have any implications for you in doing your job?
- Who and what influences reporting of occupational injury and illness?

Analysis

- Sessions and notes were recorded, transcribed and imported into Atlas Ti
- Content analysis according to project goals
- Interpretive qualitative analysis
 - Aligned with theoretical perspective on focus groups
 - Particular attention to language – signals meaning, reflects understanding e.g., “incidents”
- Team analysis meetings
 - New data included in analysis

Arts-Based Component

- Exploratory arts-based component
- Two artists attended and observed team meetings and/or focus group sessions
- Rendered interpretations in art form

Arts-Based Component

- Susan Scott
 - Creates art in her work as a consultant
 - Attended Steering Committee Meetings
 - Produced cartoon image

Arts-Based Component

- Emily Holton
 - writer, artist, KT specialist at CRICH
 - Attended Steering Committee meetings and focus group sessions
 - Synthesized material into illustrated story
 - Created audio-visual presentation

Arts-Based Component

- Additional sources of data
- Highlight emerging findings
- Important role in salvaging information that would otherwise be lost

Results

How the concept of reporting is understood

- Reporting as incident reporting
... the first thing I guess on the shop floor is... the treatment record book. Usually when a worker has an injury or any kind of medical concern, they should go to the treatment record book.. let their supervisor know. That should catch all incidences.
- Reporting as claim filing
- Reporting as recognition
 - of work-relatedness
 - of reportability

How the concept of reporting is understood

The notion of 'over-reporting'

- Over-reporting as mis-use

... you get people...who under-report, and don't report anything for five years, but then you get people who... you know, "I've got these symptoms, and I'm exposed to something at work, mould, or perfumes, or anything like that...Therefore everything that I experience is related to this exposure." (WSIB)

How the concept of reporting is understood

The notion of over-reporting

■ Over-reporting as mis-use cont'd

- Benefits that allow sick leave to accrue and be used for vacation
- Use of comp & accommodation to maintain seniority
- Unaccepted claims
- Where non-work elements involved,
... the work did not cause the problem exclusively or in it's entirety... So in a way employers would then be paying for many of the life-style factors. And... if work causes one in ten, at the individual level, you'll never know which of the ten it is, so you have to compensate all ten. So really there's a potential for under-reporting then, that... becomes explosive potential for over-reporting. (WSIB)

How the concept of reporting is understood

- **Over-reporting as precaution**

...30 workers were working at [XX] and something spilled...and they think maybe they'll have a problem 30 years from now ...to collect information on hundreds of thousands of (what) could...one day...be a disease...when we're missing obvious diseases. It seems a whole lot of effort expended to an initiative that isn't likely to glean much because it's all uncorroborated. (WSIB)

- **Over-reporting as exceeding industry norms**

Accounting for divergent meanings and uses of reporting

Notions of reporting are judgments affected by stakeholders' **location**

- Accountability
- Professional commitments
- Institutional positionality

What influences reporting?

Individual level influences

Workers - lack of awareness, underestimation of seriousness, degree of impediment

HCP - insufficient knowledge, training; preoccupation with local/familiar

... [health care]people say, "Oh, there is a very large automotive manufacturer and those guys always have musculoskeletal injuries." ..they just like never at all thought about asthma... (HCP)

What influences reporting?

Individual level influences

HCP cont'd

- Role confusion
- Perceived legitimacy

"Yellow flags [go up when a worker].. goes way beyond the duration of the guidelines in terms of healing...or performance issues... You know, you open a file and you realize that immediately...the guy was scheduled to be disciplined, and suddenly he went off work... (HCP)

What influences reporting?

Workplace level influences

- Disapproval of co-workers

“we all have back pain, suck it up!”

- Employer pressure

... they [employer] were very pro-active when it came to WSIB. They had gone 2000 plus days without a lost time injury. It was a benchmark for the company... there was a display board when you came to the parking lot. ... However, they [workers] didn't want to report it because they didn't want to be the one that... brought that number back to zero.

What influences reporting?

Workplace influences cont'd

- Reprisal
- presence of union

What influences reporting?

Structural level influences

- WSIB related
 - success rate: *'when people aren't winning claims, other people aren't going to file claims'*
 - forms
 - old science
 - Experience Rating Program
 - need to avoid 'shaking the tree' and 'shopping around'
 - dilemma of outreach

What influences reporting?

Structural level influences cont'd

- Employer-related
 - underground economy
 - financial stakes
- HCP-related
 - shortage family doctors
 - communication troubles
 - financial (dis)incentives

What influences reporting?

Structural level influences cont'd

- Worker –related
 - illegal status, limited employment
 - vulnerability in small workplaces
- Worker rep related
 - limited resources & ripple effects
- System-related
 - discourse of abuse
 - separate work disability system & associated conflicts re determining work-relatedness

The problem of occupational disease

Features of OD impeding reporting

- absence of an acute discrete event or start-line
- Long latency
- difficulties of medical diagnosis and claims adjudication
- multi factorial etiology

The closer the disease gets to being caused by other factors...the less likely it's reported as occupational. That's a given (Wrep).

The problem of occupational disease

Contributing to OD under-reporting

- Comp system/forms oriented to injury
Form 6 [is] designed towards a musculoskeletal injury, so someone with dermatitis or cancer or any disease might be stumped as to how to fill it out. (WSIB)
- Emphasis on objective evidence reinforces bias to injury

The problem of occupational disease

Contributing to OD under-reporting cont'd

- Non-scheduled but potentially compensable
there are a whole set [of conditions not listed] that we would compensate on a case-by-case basis. People might think...because there's no policy on it, I would not make a claim. (WSIB)
- Scrutiny of workers' lives
- Employers resist being 'blamed' and paying for non-work related elements
- HCP deterred by difficulties, time demands

Summary of key points

- reporting is conceptualized in multiple & diverse ways
- over-reporting distinguished from under-reporting
- perspectives on reporting vary by location and accountability
- Influences of under-reporting include systemic and structural
- Injury and disease are substantially different phenomenon in terms of reporting
- Stakeholders have different stakes in addressing under-reporting ; constraints on action from resource limitations

Implications

- Conceptualizations embedded materially and consequentially in governing forms and practices of the OHS system
- Different conceptualizations of reporting can complicate research and intervention
- Reporting and institutional practices short-change occupational disease.
- Different political and economic stakes in under-reporting makes it difficult to research and change:
 - can consensus be reached on what needs fixing?
 - can the OHS system meet demand if real burden were reported?

Questions and Comments
