A quarterly publication of the Institute for Work & Health
Issue 107 Winter 2022

at work

IN THIS ISSUE

Photo ©iStock.com/whyframestudio

Over a third of work-related ER visits in Ontario don't show up as WSIB claims

Study by Institute for Work & Health uses linkage between WSIB claims data and Ontario's emergency department records to examine patterns of under-reporting

About 35 to 40 per cent of emergency department visits for the treatment of work-related injuries or illnesses in Ontario don't show up as work-related injury claims in the records of the province's workers' compensation agency.

That's according to a study conducted by an Institute for Work & Health (IWH) team, based on a data linkage between Ontario's emergency department records and Workplace Safety and Insurance Board (WSIB) claims data.

The extent of work injury "under-reporting" that can be inferred by this discrepancy may be "startling," said study lead Dr. Cameron Mustard in an IWH Speaker Series presentation in June 2021.

But "based on work that the Institute has done over more than two decades, we are comfortable with that estimate," he added. "Somewhere between 40 and 60 per cent of potentially compensable conditions are typically not reported to provincial compensation authorities in Canada."

The discrepancy represents about 50,000 cases a year of work-related injuries and illnesses treated in Ontario's emergency departments that do not correspond to a claim in WSIB records, noted Mustard, IWH president and senior scientist before his retirement in January 2022.

A portion of these cases may involve workers who are not covered by the WSIB. About 25 per cent of Ontario workers do not work for a WSIB-insured employer, "and about one-third of that 25 per cent are self-employed workers, some of whom work in either moderate- or high-hazard sectors," added Mustard.

For the remainder, more research would be useful to further explore

continued on page 6

IWH updates

IWH researcher wins new WorkSafeBC post-doctoral award

Dr. Heather Johnston has joined the Institute for Work & Health (IWH)'s group of scientists and post-doc researchers after being awarded one of the two inaugural Ralph McGinn Post-doctoral Fellowships, established by WorkSafeBC in early 2021. The award is named for the late Ralph McGinn, former president and CEO of WorkSafeBC and, more recently, chair of its board of directors. The two-year award supports Johnston's research at IWH on the risk factors and hazards that are common between work-related psychological and musculoskeletal injuries. To learn more about her research interests, go to: **www.iwh.on.ca/people/heather-johnston**

IWH 2020-21 annual report now available

As we begin our climb out of the pandemic, we are also reflecting on what workers and workplaces have been through, and what it means for the future of work. The IWH 2020-21 annual report, titled *Taking Stock*, describes the Institute's research related to COVID-19 at the work-health interface. It also describes the Institute's research into health, safety and disability issues that were important before the onset of COVID-19 and remain so today. To read the annual report, go to: **www.iwh.on.ca/corporate-reports**

Participants needed to pilot-test a work support and accommodation planning tool

A research team at the Institute has developed a workplace support and accommodation planning tool for workers with chronic health conditions. It's designed to help workers think about self-management strategies and workplace supports when living with a health condition that can cause challenges at work, either occasionally or all of the time. The Job Demands and Accommodation Planning Tool is now ready to be tested in an evaluation study. The team is looking for workers in Canada living with a chronic health condition to test-run the tool. Find out how to take part: **aced.iwh.on.ca/get-involved**

Registration now open for the Spring 2022 session of Project ECHO OEM

The Spring 2022 session of Project ECHO Occupational and Environmental Medicine (OEM) is now open for registration. This tele-mentoring program, hosted at IWH, is designed for primary health-care providers in Ontario who treat and support patients with injuries and illnesses that affect their ability to work. To learn more, go to: **echooem.iwh.on.ca**

What Research Can Do

How IWH findings, methods and expertise are making a difference

IWH safety culture tool used in WSIB's Health and Safety Excellence program

In 2020, Ontario's Workplace Safety and Insurance Board (WSIB) launched the Health and Safety Excellence Program (HSEP). The performance-based incentive program integrates elements of three previous WSIB programs: the Small Business, Safety Groups and Workwell programs. "The new program provides a roadmap for Ontario employers to improve the health and safety of their workplaces," says Rodney Cook, the WSIB's vice-president of Workplace Health and Safety Services. "It is designed for businesses that are just getting started, as well as for established firms that want to improve their health and safety systems and the processes they already have in place."

The HSEP connects businesses of all sizes with WSIB-approved organizations that have the expertise to help them develop and manage occupational health and safety (OHS) programs tailored to their needs. Besides this support and guidance from expert providers, other features of the HSEP include: rebates on WSIB premiums for participants who have implemented their commitments; recognition badges that businesses can use to convey their commitment to health and safety to employees, customers and investors; and opportunities to network and share best practices with other businesses. The key goal of the HSEP is to improve the health and safety culture in Ontario workplaces and thereby reduce work-related injuries and illnesses.

The WSIB consulted stakeholders about the design of the new program. One idea put forward was to ask participating employers to survey their employees using a health and safety culture tool called the Institute for Work & Health Organizational Performance Metric (IWH-OPM). The IWH-OPM is an evidence-based, eight-item questionnaire used to help organizations assess and improve their health and safety performance.

The IWH-OPM was developed and validated by the Institute in collaboration with health and safety professionals in Ontario. Workplaces across a wide range of sectors and sizes in Ontario participated in a study to test the validity of the tool. The results showed that IWH-OPM scores were correlated with both past and future OHS performance: workplaces that scored high on the IWH-OPM had lower injury claims rates in the three years before and after completing the questionnaire, whereas those that scored low on the IWH-OPM had higher injury claims rates before and after.

The WSIB decided to make a modified version of the IWH-OPM available to firms participating in the new Health and Safety Excellence Program and to encourage (but not mandate) its use. Five questions were added to the original eight, some of which came from a version of the IWH-OPM used in Manitoba.

Since the launch of the HSEP in early 2020, about 2,500 Ontario firms have joined the program, and about 700 of them used the IWH-OPM as a measure of safety culture. Each firm has access to an aggregated summary of its workers' anonymous responses. For benchmarking purposes, each firm also has access to the average scores recorded by all firms voluntarily participating in the survey. The WSIB also uses the average scores recorded by all firms to describe trends over time in the measure of health and safety culture.

"The IWH-OPM is a useful, evidence-based tool that can help firms assess and improve their workplace health and safety culture," says Matt Wilson, the director of the WSIB's Centre for Health and Safety Excellence. "We are pleased to make it available as part of the toolkit for participants in the Health and Safety Excellence Program."

The IWH-OPM, in its original form or with modifications, has been a popular tool for the assessment of safety culture and to identify ways to improve occupational health and safety. As documented in other IWH impact case studies, agencies that have also used the IWH-OPM include SAFE Work Manitoba, WorkSafeBC, WorkSafeNB and the Workers' Compensation Board of Prince Edward Island.

This column is based on an IWH impact case study published in March 2022, available at: **www.iwh.on.ca/impact-case-studies**.

IWH study finds psychosocial work stressors lead to burnout, but not vice versa

Joint study with OHCOW tests idea that burnout can worsen work stress, but finds only supervisor support negatively affected

With the increasing attention given to work-related psychological injuries in recent years, researchers in occupational health and safety have sought to understand the contribution of psychosocial work factors to work-related mental health conditions—i.e. factors such as job demands, job control and job security. The study described here is the second of three new studies conducted at the Institute for Work & Health that examine psychosocial work factors in worker health using data from the Canadian National Psychosocial Work Environment Survey. For the first study, read At Work 106 (Fall 2021).

Studies to date have repeatedly shown a link between psychosocial work stressors and negative mental health symptoms such as burnout. Though much harder to do, a growing number of studies has also shown the link to be a causal one. That is, chronic exposure to stressors at work can lead to exhaustion and fatigue, both mental and physical.

But if work can cause burnout, might it also be the case that burnout can influence a person's relationship to their work? Some researchers have suggested that a negative feedback loop exists between work and mental health—one that could make work even more stressful for workers who are already vulnerable to burnout in the first place.

A study at the Institute for Work & Health (IWH) recently examined this question. Drawing on the results of two surveys on psychosocial work conditions conducted three years apart, the study found a potential cause-and-effect relationship—with work stressors affecting burnout, but not the other way around.

The study found higher job demands, lower job control, higher job insecurity, and lower organizational justice led to burnout over time. In the other direction, burnout led only to lower supervisor support over time.

"We found quite pronounced relationships for many of the work environment factors we examined," says Dr. Faraz Vahid Shahidi, lead author of a paper on the study, published in the October 2021 issue of *Journal of Occupational and Environmental Medicine* (doi:10.1097/JOM.0000000000002396).

"Overall, a stressful work environment is a stronger driver of burnout than burnout is a driver of work stress," says Shahidi. "What that means is, to prevent this negative feedback between adverse working conditions and burnout, our interventions should focus on improving the psychosocial quality of work rather than on instructing workers to better manage their stress and burnout symptoms."

Dr. Faraz Vahid Shahidi

15 dimensions of psychosocial work conditions measured

The study used results from the Canadian National Psychosocial Work Environment Survey (CNPWES), a population-based survey conducted by the Occupational Health Clinics of Ontario Workers (OHCOW) and administered twice, in 2016 and again in 2019. Participants were recruited from a panel of about 100,000 Canadians who agreed to take part in online surveys from time to time. People were eligible if they worked for an organization with five or more employees.

Out of the 2016 sample of about 3,600 respondents and the 2019 sample of 3,350 respondents, a subset of 453 participants took part in both surveys. The team focused on the results of this group for this study.

The survey questions were drawn from the Copenhagen Psychosocial Questionnaire (COPSOQ), a validated tool for the assessment of psychosocial risk factors at work. The survey measured 15 dimensions of the psychosocial work environment: quantitative demands, work pace, emotional demands, role conflicts, influence at work, possibilities for development, sense of community at work, social support from colleagues, social support from supervisors, quality of leadership, predictability, recognition, job insecurity, organizational justice and vertical trust. To help simplify the analysis, the research team merged these 15 dimensions into six factors: job demands, job control, job insecurity, co-worker support, supervisor support and organizational justice.

The surveys also included four questions from the Copenhagen Burnout Inventory to capture general feelings of exhaustion and fatigue. (Examples included: "How often have you felt worn out?" and "How often have you been emotionally exhausted?") In its analysis, the team looked not just at burnout as an outcome of the six psychosocial work factors—but also at the six psychosocial work factors as an outcome of burnout.

The idea of burnout having an effect on work factors may be less intuitive than the opposite, but it is a recurring research question that needed to be tested, says Shahidi. Researchers have suggested several theories to explain how this relationship might occur. It may be that having poor mental health feeds into negative perceptions of the work environment. It may be that mental exhaustion makes it hard for someone to maintain positive relationships at work, resulting in a more stressful workplace.

continued on page 8

Q&A: New IWH president on his role, how he got here, and plans for the years ahead

As he takes over from Dr. Cameron Mustard, who retired as IWH president after 20 years, Dr. Peter Smith looks back at his history with IWH and his vision for its future

You could say the Institute for Work & Health (IWH) owes its fortune in having Dr. Peter Smith as its newest president to the Olympics—at least, his aversion to Olympics crowds.

It was late 1999, and Sydney, Australia, was set to host the Summer Games the next year. Smith was working on his master's in public health at the University of New South Wales (UNSW), and he wanted to get out of the city while the Games were on.

He decided on a student exchange to finish his master's. Canada was his country of choice for the exchange, in part because his academic work involved the social determinants of health and Canada had a health system similar to Australia's. As for where in Canada, his studies acquainted him with the Ottawa Charter for Health Promotion, so he decided to do his exchange at the university option closest to Ottawa. That turned out to be the University of Toronto (U of T).

His master's degree at UNSW required he do a practicum. At U of T, Smith learned of a practicum opportunity at IWH. It piqued his interest. He had previously managed a gym at UNSW, including its fitness programs, and was intrigued by the challenge of promoting health and fitness among UNSW staff.

In the summer of 2000, Smith walked into IWH to begin his 16-week practicum placement as a master's student. Twenty-two years later, on January 17, 2022, he became the Institute's president.

Smith's appointment followed a comprehensive national and international search by the Institute's Board of Directors. The Board was seeking a leader with outstanding research credentials, a talent for organizational excellence, and a commitment to ensuring the work of the Institute remain aligned to the needs of workers, employers and policy-makers. "The Board welcomes Dr. Smith to this new role," says Kate Lamb, chair of the IWH Board. "We are looking forward to a bright and innovative future for the Institute under his leadership."

At Work sat down with Smith in his last days as an Institute senior scientist and scientific co-director. We asked him about the new role, how he got here, and what he plans for the months ahead

Q: Why do you want to be president of IWH?

A: I have been at IWH since 2000. You don't stay with an organization for that long without caring about it deeply and being committed to its mission.

IWH is unique in its focus on research excellence, the production of useful and relevant findings, and engagement of stakeholders throughout the scientific process. I've always enjoyed all aspects of these pursuits, and being in the role of president allows me to contribute in new and important ways to the continued success of IWH.

Q: What prepares you for this new role?

A: I've held many different roles at IWH: master's student, research associate, PhD student, associate scientist, scientist and member of the executive team. So I'm familiar with the processes, challenges and rewards faced by research staff at the Institute—whether they're early-career researchers or seasoned scientists. I look back on the environment at IWH and how it helped me succeed in my career, and I want to make sure we continue to offer a good work environment to our staff, now and in the future.

And, from the beginning, I have had the benefit of Cam [Mustard]'s mentorship. He was my supervisor in the master's practicum placement I held when I first came to IWH! He was also a member of my PhD committee. Cam's guidance has continued into my most recent roles as senior scientist and scientific co-director. I really enjoyed being the scientific co-director. I had a chance to work more directly with the Ministry of Labour, Training and Skills Development (MLTSD), the Workplace Safety and Insurance Board (WSIB) and our other stakeholders.

Q: What is your vision for IWH?

A: I want IWH to continue to be a trusted voice on issues related to improving the health, safety and working conditions of workers in Ontario, in Canada and internationally. To maintain that trust, it's important that we meet the highest standards of research excellence and produce evidence that is useful to policy-makers, workplaces and workers. It's also important that we produce research that is impartial

DR. CAMERON MUSTARD RETIRES AFTER 20 YEARS

IWH's new president, Dr. Peter Smith, replaces Dr. Cameron Mustard, who is retiring as IWH president after 20 years in the position. "On behalf of the Board, I would like to warmly thank Dr. Mustard for his tremendous contribution to the world of occupational health, safety and wellness," says Kate Lamb, chair of the IWH Board of Directors. "His impact as president is immeasurable, and his legacy will continue through his ongoing work with the Institute on active research projects."

"It has been my unique privilege to lead and work with excellent and committed scientists and staff," says Mustard, IWH's president from 2002 to January 2022. "It has also been my privilege to work with funders and stakeholders who value the role of research in developing evidence-based policies, programs and practices to protect the health of workers."

Plans to mark Mustard's successful tenure as president are in the works. Because the Institute wants an in-person celebration of his contributions, a date is yet to be determined. In the meantime, Mustard will remain affiliated with the Institute as an adjunct scientist, continuing his work on several studies. (You can read a Q&A with Mustard on his years at the IWH helm in the Institute's 2020/21 annual report. See: www.iwh.on.ca/corporate-reports)

and that we never push further than the findings allow in the recommendations and guidance we provide.

I also want IWH to continue to play an important role in training the next generation of researchers in work and health. I want IWH to be a sought-after destination for students, trainees and early-career researchers in this field. And, of course, I want IWH to remain a great place to work. Our staff need to be energized by our mission and engaged in the things we do.

Q: What types of things would you like to do in your first months as president?

A: I'll be spending most of my time connecting with IWH staff and with many of our stakeholder groups. Open communication is at the core of my leadership style, so it's important that I sit down with staff and discuss how we can best communicate with each other going forward.

From a stakeholder perspective, in 2022 we will begin renewing both our strategic plan and research plan, and it's important that we listen to our stakeholders as we develop these plans. Others at IWH and I will be reaching out about what role stakeholders see IWH playing in Ontario's prevention community in Ontario, and their priorities and thoughts about the important issues that our research needs to address.

Q: What do you see as IWH's key role in Ontario's Prevention System?

A: IWH is a trusted, independent voice in the Ontario prevention system, and it is important we continue in this role. The new Chief Prevention Officer, Dr. Joel Moody—like his predecessor, Ron Kelusky—believes strongly in evaluation and the use of evidence to ensure and demonstrate that the money spent by the Prevention Office is making work safer for all Ontarians. IWH, along with our partner research organizations, has an important role in providing the best evidence upon which prevention programs and activities can be based, as well as evaluating the short-, medium- and long-term impacts of prevention activities on the health and safety of Ontario workers.

Q: Do you see any changes in IWH's research direction?

A: IWH will continue to produce relevant research for policy-makers, workplaces and workers. We will engage with our audiences to understand what their priorities are and where they face knowledge gaps that can be addressed through research.

Dr. Peter Smith

We know that mental health, workplace violence and harassment, and understanding how to make occupational health and safety easier for small businesses are among the priority areas outlined in Ontario's Prevention Works framework. These will continue to be important parts of our research agenda moving forward.

As mentioned, in 2022, we will start the process of renewing our five-year research plan, and this will involve connecting with our stakeholder groups. If through this process we don't reach you, please feel free to drop me an email!

Q: How do you think COVID is going to affect the work and research of IWH?

A: IWH will continue to address the impacts of COVID on work as we move forward—and hopefully this year that's moving out of the pandemic. COVID has highlighted the importance of work as a determinant of health, and I'm going to work hard to maintain the increased focus on healthy work and the collaborations that IWH forged with public health organizations during the pandemic.

It is likely that, in some sectors, work is going to look quite different coming out of the pandemic. We remain interested in how different work environments are associated with health outcomes, so conducting research to understand how work changes as we move out of the pandemic, as well as the positive and negative effects of these changes on the health of workers and workplaces, is important.

As for the effects of COVID on IWH as an organization, while I believe that our best research happens when we are physically together, we have seen that we can still produce high-quality, relevant research when working remotely. As we move out of the pandemic, we will be working on ways to balance the advantages that remote work can offer some staff—especially those with other non-work responsibilities or long commute times—with the advantages that come from being in the same physical space.

Q: How will you measure success as a president?

A: I'll be working with our Board of Directors to set up key metrics to measure my success as we move forward. I'm quickly learning there are a lot of moving parts and a variety of things I need to keep my eye on. These include the work environment and ability of our staff to thrive in their work, the involvement of our stakeholders in the research process, the excellence of our research as judged by our peers, and using our funding responsibly and effectively.

Q: Your time at IWH has also meant a lot in your personal life, hasn't it?

A: My time at IWH has opened up many, many opportunities for me. Probably the most important one was the opportunity to meet my wife, who was a PhD student while I was a research associate. I even proposed to her outside our old office just down the road on University Avenue! Luckily for our marriage, we now work for different organizations.

Q: Anything else you'd like to share?

A: Yes, I'd like to thank the Board of Directors for giving me this opportunity. As an internal candidate, I was really impressed and assured by the time and effort the Board members invested in the recruitment process and making sure they found the right person for this role. The Board hired an external recruitment firm to help with its search, and the interview committee included four Board members and Dr. Terry Sullivan, a former IWH president. We are lucky as an organization to have a Board of Directors that is so invested in our future direction and governance.

Percentage of ER cases linked to a claim fell after 2008 financial crisis, study finds

continued from page 1

the reasons why incidents of work-related injury or illness don't lead to a WSIB claim, he said. This includes finding out why about 15 per cent of claims that are initially registered with the WSIB are abandoned—i.e. not followed through with the submission of the worker report.

"One idea we're attracted to is using the health-care professionals' reports received by the WSIB that are not followed up subsequently by employer and worker reports," said Mustard. "We could use the information on the health-care providers' forms to contact workers and ask them what their experience was, and why they chose not to register a claim with the WSIB."

Data covers 14-year span

The data linkage work by Mustard and his team covers a 14-year period from 2004 to 2017. The team began with the records of all emergency department visits in Ontario. Since 2000, hospitals in the province have been required to report all emergency visits to the National Ambulatory Care Reporting System (NACRS), held by the Canadian Institute for Health Information. When patients arrive in the emergency department, health-care providers assess aspects of their history, including whether their injury or illness arose from work. This determination of work-relatedness does not depend on whether a compensation claim is later submitted or approved.

During the study period, the team found 1.9 million emergency visits attributed to work-related causes that involved a patient aged 15 to 65. For each of these visits, the team looked for a matching WSIB claim, based on gender, birth date, postal code, date of injury and date of the emergency room visit.

Overall, about 64 per cent of workers who received treatment in an Ontario emergency department had a linked claim with the WSIB. The proportion of linked records was similar for men and women. It varied slightly across the five geographic regions of the province, ranging from 58 per cent in metropolitan Toronto to 67 per cent in western Ontario. No major difference was found across types of injuries. For example, the linkage rate for superficial injuries (66.1 per cent) was relatively close to that of open wounds (64.7 per cent) or knee injuries (70.2 per cent).

Notable shift in reporting patterns

However, the team found a notable shift in reporting patterns during the 14-year time span—one that calls out for further exploration, said Mustard. In the years around the 2008-2009 global financial crisis, the proportion of work-related injuries or illnesses treated in emergency rooms that could be linked to a WSIB claim fell abruptly—from 69 per cent in 2007-08 to 59 per cent in 2011. That drop in the linkage rate was most evident among younger workers (see graphic below). In the period that followed, from 2012 to 2017, the linkage rate recovered slightly—and mainly among older age groups. The overall decline in linkage rate represented about 81,200 illnesses and injuries that would have been found in WSIB records from 2007 to 2010 had the 2007 rate of linkage been maintained.

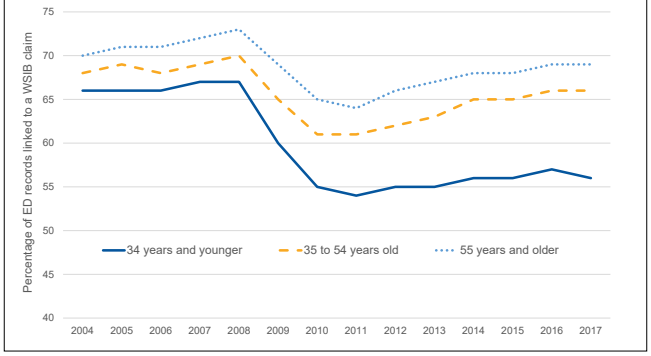
This change in linkage rate cannot be explained entirely as an effect of an economic slowdown on work-injury rates, Mustard noted. As explained elsewhere (see: www.iwh.on.ca/summaries/issue-briefing/workers-compensation-claims-and-the-recession), a decline in work injury during an economic downturn is not unusual. Indeed, from 2007 to 2009, Mustard's research team found emergency department visits fell by 20 per cent and WSIB claims fell by 25 per cent. But these trend lines moved in parallel with each other, both rising modestly after the global financial crisis.

The drop in linkage rate after the financial crisis was caused by something else, Mustard noted. "Before the global financial crisis, there was only a minor difference across age groups in the percentage of emergency department records that could be matched to a parallel compensation claim. When the global financial crisis hit, there was a big reduction in linkage and, for the youngest workers, those under the age of 35, the linkage rate didn't rebound," said Mustard.

"Something changed around this time in the reporting of work-related injury and illness to the Ontario WSIB," he added. "A plausible explanation for that would not be related to the discretion of the worker, but to the employment relationships that younger workers are in—perhaps more temporary employment, more gig work, and less standard employment through that time period."

Mustard noted that the method used in this study—linking two datasets that are population-based and have broad coverage—has strong potential to improve the reliability and validity of data on the health of Ontario workers. It allows policy-makers and other system stakeholders to look beyond workers' compensation data as the main source of occupational health surveillance. It also allows for a deeper understanding of patterns of reporting and under-reporting. "This information can be valuable in the targeting of labour inspection activity and may be useful in the design and delivery of worker awareness and training services," he added.

PERCENTAGE OF LINKAGE BY AGE AND YEAR



Poor interactions with case managers linked with risk of mental illness later on

New Ontario study finds claimants who report poor treatment by case managers face higher risk of serious psychological distress 18 months post-injury

Injured workers who report having poor interactions with case managers during their workers' compensation claims face a higher risk of developing serious or elevated psychological distress later on, according to a recent study by the Institute for Work & Health (IWH).

The study, conducted in Ontario, found Workplace Safety and Insurance Board (WSIB) claimants who said they were not treated politely or with dignity and respect were 3.6 times more likely to develop symptoms of depression and anxiety disorders 18 months post-injury, compared to those who said they were treated well. Claimants who said they were not given the information they needed from their case managers were 2.6 times more likely to develop such symptoms, compared with those who said they received the needed information.

"The findings have strong implications for the handling of workers' compensation claims," says Christa Orchard, research associate at IWH and lead author of the study, published in March 2021 in the *Journal of Occupational Rehabilitation* (doi: 10.1007/s10926-021-09974-7).

"Given the high prevalence of mental illness following physical workplace injuries, it's important to understand what aspects of the claims process can be improved," she adds. "While parties may disagree over the outcome of a claim, the quality of case manager interactions is one thing that compensation systems can change, through policies and training programs."

The study findings dovetailed with those of another IWH study conducted in the Australian state of Victoria, of which Orchard was also the lead author (see www.iwh.on.ca/newsletters/at-work/98/claimants-perceptions-of-fair-treatment-linked-to-lower-odds-of-poor-mental-health). Both examined case manager interactions along two dimensions: the quality of the interpersonal interaction (as measured by questions about being treated with respect and dignity), and the quality of the information received (as measured by questions about getting needed information in a timely manner).

Like the earlier study, this Ontario study also found a large majority of claimants (an average of 82 per cent) reported positive interpersonal interactions with their case managers. "However, the risk of mental illness among the minority who did not report positive interactions was substantial, justifying efforts to improve on this front," notes Orchard.

A smaller majority of claimants (about 66 per cent) reported adequate communication of information from their case manager. "The impact of inadequate information may be smaller, but it's more commonly reported by claimants. This makes it an important target area for improvement as well," adds Orchard.

Unlike the Victoria study, the Ontario study was able to account for a mental health diagnosis before the work-related injury or illness. "As such, this is the first study we know of that establishes a link between case manager communications and elevated psychological distress, independent of poor mental health prior to the injury or illness," says Orchard.

How the study was conducted

The study was conducted as part of a larger IWH study, called the Ontario Life After Work Injury Study (OLAWIS), set up to follow about 1,100 WSIB claimants for three years after a work injury or illness. Although most WSIB claimants (86 per cent) typically return to work within three months, the research team focused its recruitment efforts on injured workers with longer claims. The study sample consisted of three similar-sized groups: those with short-term claims (between five days and three months), those with medium-duration claims (of three to 12 months) and those who continued to receive services from the WSIB 12 to 18 months following injury. Only claimants with a work-related physical injury or illness—not psychological illness—were eligible to take part.

In interviews conducted 18 months after their injury or illness, study participants were asked about a wide range of topics, including return-to-work and work status, sources of income, function, recovery, interactions with case managers and health-care providers, and workplace accommodations provided. To assess mental health, the survey asked claimants how often in the previous four weeks 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 elevated psychological distress, a cutoff that has been validated against gold-standard diagnostic measures used to detect anxiety and depressive disorders.

continued on page 8

AT WORK
At Work is published by:
Institute for Work & Health
Editor: Uyen Vu
Layout: Uyen Vu, Jan Dvorak
Director of Communications: Cindy Moser
President: Peter Smith
Issue #107 / Winter 2022 / ISSN # 1261-5148

INSTITUTE FOR WORK & HEALTH
400 University Avenue, Suite 1800
Toronto, Ontario M5G 1S5
Phone: 416.927.2027 Fax: 416.927.4167
Email: atwork@iwh.on.ca

MISSION
The Institute for Work & Health promotes, protects and improves the safety and health of working people by conducting actionable research that is valued by employers, workers and policy-makers.

Ontario

The Institute for Work & Health operates with the support of the Province of Ontario. The views expressed in this publication are those of the Institute and do not necessarily reflect those of the Province of Ontario.

Burnout study finds little sign of two-way causal link

continued from page 3

Another theory suggests workers with poor mental health may tend to opt out of career advancement altogether to avoid further harm to their health. Finally, some have suggested that workers with poor mental health are more likely to end up in lower quality jobs, hence more stressful environments, through a cycle of poor performance, leading to job loss, difficulties getting hired and ultimately, few or poor job options.

In its analysis, however, Shahidi's team did not see burnout symptoms leading to worsening levels of job demands, job control, job insecurity, co-worker support or organizational justice three years later. What they did see was poorer supervisor support over time.

"We didn't test why, but we think this finding clues us into how supervisors and managers may perceive and respond to burnout," says Shahidi. "This is just a hypothesis, but it's not like someone has burnout and, because of that, ends up with more work on their plate, for example. What we think burnout can do is maybe tarnish a worker's interactions with supervisors and managers, who may lay blame on the worker for being burned out. This can lead to unfair or discriminatory treatment by supervisors."

The finding that burnout largely doesn't affect psychosocial work conditions points to the need to address the work environment—rather than focus on symptom management. "I'm skeptical of the idea that, if we reduce people's symptoms of burnout and poor mental health through meditation or wellness programs, we can improve how people perceive their job and reduce the stress they experience at work," says Shahidi.

"Instead, the evidence in this paper is a useful reminder that job stressors are the driving force behind burnout, and if we modify those aspects of the work environment, we may make headway towards reducing and even preventing burnout symptoms."

Findings have 'implications for handling of claims': study author

continued from page 7

With respect to interactions with case managers, claimants were asked to indicate, on a five-point scale, the degree to which they agreed or disagreed with seven statements. The first two statements were related to the interpersonal quality of their communications with case managers, and the last five related to the quality of the information communicated to them. Participants 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
- understood their individual needs.

Results showed 16 per cent of study participants had met the Kessler criteria for elevated psychological distress at the time of the interview. Of this group, more than half had received a mental health diagnosis from a physician or other professional; 15 per cent were diagnosed pre-injury and 39 per cent were diagnosed post-injury.

About 14 per cent of claimants gave their case manager interactions low scores with regard to the quality of information received. In terms of being treated with dignity and respect, nine per cent of claimants had low perceptions of their case managers and 44 per cent had moderate perceptions of their case managers.