



Return to Work and Ripple Effects on Family of Precariously Employed Injured Workers

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Abstract

Purpose Work injury and return to work processes can have adverse effects on injured workers and their families. Family members may experience increased workloads, role reversals, dissolution of marriages or changes in relationships with children, as well as financial strain from loss of income. How these associations interact when the injured worker is precariously employed, however, is unknown. The aim of this study was to explore the impacts of work-related injury or illness as well as subsequent compensation and return to work processes on families and relationships of precariously employed workers. **Methods** Interviews were conducted with fifteen precariously employed injured workers recruited through on-line advertising, injured worker groups, and social media platforms in Ontario. Situational analysis was used to identify how family members were affected and their role throughout the injury process. **Results** Precariously employed injured workers felt caught between self-interested employers and disinterested workers' compensation. In some cases, this led to deteriorated mental health and well-being. The worker's difficulties with RTW challenged financial security of families and affected their day-to-day normal routines. While some workers received emotional and instrumental support from their family members, others had their families fall apart when chronic disability and unemployment proved to be too much. **Conclusions** This study addressed the complex ways that work injury and illness among precariously employed workers interact with family life and relationships. Findings illustrate how the income and employment insecurity associated with precarious employment has ripple effects on workers and their families when they become injured.

Keywords Return to work · Precarious employment · Injury · Workers' compensation · Ontario

Introduction

Precarious employment has increased significantly throughout the world over the past two decades [1]. Although there is no internationally accepted definition of precarious employment, it is typically used to describe a multidimensional set of unfavorable work and employment characteristics experienced by workers [2]. For this article, precarious employment includes any flexible labor contract including part-time, temporary, short or fixed-term contract, self-employed, or seasonal work. These positions are generally

characterized by a lack of security, low control over work processes, social and economic vulnerability, and a lack of benefits associated with more secure forms of employment [3]. Estimates of the share of the workforce in these positions suggest that nearly 30–32% of Canadians are precariously employed while the share of the workforce in precarious positions is lower in the UK, hovering around 20% [4, 5]. Precarious employment includes temporary agency work, which more than doubled during the 1990s in most EU countries as well as Australia and the USA [6]. In 2012, for instance, temporary agency positions made up 14.1% of work contracts in Europe and 7.6% in North America, equating to nearly 40 million individuals [7].

The health and safety outcomes of precariously employed persons has been a focus of research, with most studies finding a significant association between precarious employment and worse health and safety outcomes [8, 9]. Specifically, precarious employment has been associated with poor physical [10] and mental health [11–18], poor self-rated health

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[19–21], and works through pathways of stress leading to job dissatisfaction [22]. Workers in precarious employment positions also report greater injury rates and injury severity than workers in more permanent contracts [23–26]. For instance, in their study of food processing workers, Schweder et al. found that seasonal workers were twice as likely to be injured in comparison to full-time workers, even after controlling for work experience [27]. Similarly, accidents among temporary agency workers in the Netherlands and Germany account for as much as 13% of occupational injuries while in countries like the USA, temporary workers are twice as likely to incur an injury in comparison to workers in standard employment arrangements [28, 29]. Explanations put forward for greater vulnerability among precarious workers include inadequate training and experience, exposure to higher risk tasks, poorer supervision, and lack of autonomy in the workplace [6, 30]. Qualitative research has often been used to tease out relationships and to understand the mechanisms behind work and health. A key determinant of worse health outcomes that tends to emerge is lack of security associated with precarious employment. Particularly, irregularity in work schedules coupled with working multiple precarious jobs to keep up with expenses, can leave workers feeling helpless, affecting their self-worth and impacting their engagement in other aspects of their lives [31, 32].

In Canada, compensation and health care for work-related injury or illness falls under provincial jurisdiction, with each province employing different models of care [33]. In Ontario, the Workplace Safety and Insurance Board (WSIB) governs workers' compensation. There, covered workers are eligible for healthcare and income support benefits regardless of fault (their own or the employer's), and employers pay premiums based on the risk level of the category of employment as well as the employer's record of worker injury and illness, also known as 'experience rating' [33]. Under this scheme, financial incentives in the form of premium rebates or surcharges are meant to encourage employers to promote occupational health and safety and early return to work; however, they also prompt employers to suppress injury reporting and rush workers back to work before they are ready [34, 35]. Further, for injured workers, the amount of income replacement is based on the claimant's deemed loss of earning ability, compared to earnings at time of accident [36]. However, these earnings do not adequately reflect earning potential given that precarious workers may be under-employed at the time of injury [36]. Additionally, return to work outcomes are poorer among precariously employed workers as employers often have limited obligations to offer work post-injury [33, 37]. Under WSIB's work reintegration policy, for instance, employers are required to provide suitable accommodation for injured workers until they can return to normal duties. However, given that labor

is readily available, employers may offer limited accommodation to workers on temporary employment contracts who will soon move on to other employment. As well, when the employment relationship is severed (e.g. worker quits), the employer has no further obligations to the worker.

Chronic disability and financial hardship that may follow from work injury or illness and return to work processes can often extend beyond the individual worker to affect his or her family members and relationships. Studies of workers suffering chronic pain and illness have found that family members must often take on additional responsibilities, such as physical care, household duties, and emotional support. Strunin and Boden found that injured workers experienced loss of identity from being unable to provide financially, as well as gender-role reversal and loss of spousal intimacy. These impacts led to anger and frustration among injured workers, which they projected onto family [38]. Similarly, prolonged and complex compensation claims with multiple appeals to authorities for income support benefits can mean that injured workers and their families are left with little income [39–41]. Studies have shown how, in some cases, injured workers have lost their homes, depleted savings, and seen a loss in their social networks and ties due to their impoverished situations [42–45]. Finally, researchers have addressed the stigma associated with being an injured worker. Injured workers have reported feeling like 'criminals' when they are questioned by a variety of actors, including employers, compensation boards, and sometimes even family and friends, with the ensuing distrust leading to deterioration in these relationships [45–48]. For instance, Kirsh et al. describe how the workplace humiliation and stigmatization experienced by injured workers seeped into family life in the form of mental health issues and strained relationships with children and spouses [49].

While the impact of work injury and return to work processes on family has received some scholarly attention, few studies have examined these impacts in relation to precariously employed workers. Rather, research has addressed the economic, social, and health consequences of precarious employment more generally, with few linking the complex ways that work injury and illness in this vulnerable group can disrupt family and home life.

This paper aims to fill this gap by examining the experiences of work injury and illness among precariously employed workers, focusing on the impact of work injuries on families as well as changes in the workers' family roles and relationships throughout the return to work process. It is difficult to describe effects of work injury on precariously employed workers and their families without providing contexts that workers describe as leading to these effects. Accordingly, we refer to the influence of employers, healthcare providers, and the WSIB. The aim of this paper then is to examine how the combined system effects

act on certain types of workers, that is, part-time, minimum waged, seasonal, fixed-term contract, and temporary agency workers. We examine the challenges of reintegrating into the workforce when workers are considered ‘disposable’, lack regulatory frameworks to protect them financially and the subsequent ripple effects on families.

Methods

Study Design

This study comes out of a larger partnership study involving four Canadian provinces (Ontario, Quebec, Alberta, and Newfoundland) which seeks to examine the effectiveness of policy and regulatory frameworks in protecting precarious workers following work injury or illness and in supporting their return to work. Our study focused on the Ontario data. Specifically, a qualitative study design using one-on-one interviews allowed us to explore the ways in which return to work (RTW) processes impact wellbeing and relationships among families of precariously employed workers in Ontario.

Sampling and Recruitment

We purposively focused the worker sample on select cases of workers engaged in subcategories of precarious employment. These categories included: those injured while holding non-standard employment contracts such as temporary agency workers, seasonal, part-time, fixed-term contract, or self-employed, as well as those individuals working full-time earning minimum wage and full-time workers injured during their probationary period.

To be eligible, workers had to be over 18 years of age and have English language proficiency to be able to provide consent and participate orally and verbally in interviews. We sought to interview workers who had experienced a work injury or illness while employed within the past 10 years. Work-related injury or illness was characterized as an injury or illness that involved work absence and that would qualify for workers’ compensation (e.g. lower back injury, muscle tear). We initially sought workers who filed a claim with WSIB (Ontario’s insurance compensation system) but then, in light of the high interest among non-claimants, we went on to include those who had been injured at work but had not filed a claim as well. Non-claimants shed particular light on issues of claim suppression and lack of knowledge of worker rights, and thus added a new layer of complexity to RTW in the precariously employed.

Workers were recruited through a number of avenues which included on-line advertising (Kijiji Toronto, Indeed, and Craigslist), referrals from study partners (Canadian

Labour Congress, Office of the Worker Advisor, Office of the Employer Advisor), social media (Facebook and Bunz), posted fliers at employment agencies, and lastly, outreach to injured worker groups. This provided access to a wide range of workers across different employment sectors, geographical locations, and business sizes.

Potential participants were initially provided with an information sheet describing the purpose of the study, their role, and research team contact details. A few days later, these participants were contacted by the lead author (SS) and invited to participate. Study partners and injured worker groups, who provided names and contact details of potential participants, were not informed of who eventually participated in the study and therefore anonymity was ensured.

In all, 78 workers applied to participate in the study. Of those, only 15 agreed to participate and met our inclusion criteria and these workers were interviewed. While we were able to clearly discern patterns in the data, more research is needed to achieve data saturation.

The final sample included eight male and seven female injured workers. Workers had a range of employment contracts including temp agency, seasonal work, part-time, minimum-waged positions and a range of injuries stemming from shoulder to lower back. More than half had applied for workers’ compensation benefits but were denied. Table 1 provides a detailed description of the sample.

Data Collection

In-depth, semi-structured interviews were conducted by SS, a qualitative researcher with experience in conducting interviews and no previous relation to the workers, between January and September 2017. The interviews took place at a time and location convenient to the worker, such as by phone or in a café, and lasted between 30 min and 2 h. Participants were given an honorarium of \$50 in appreciation of their time as well as feedback letters with our contact details should they wish to reach out with further questions, concerns, or when study results were available.

The semi-structured interview guide was developed and informed by literature and discussed with the research team. This first version was tested in a pilot interview by second author (EM) who is a well-established and experienced qualitative researcher. Interview questions focused on workers’ experiences of RTW including particular challenges with return to work, relationships with employers and co-workers, interaction with WSIB, and their understanding of the compensation system. Workers were also asked about post-injury employment trajectories, health implications, and, importantly, impacts of their work injury/illness and RTW on family and friends. Broadly, family impact questions asked “Can you tell me how your work injury has affected family

Table 1 Participant characteristics

Pseudonym	Gender	Age	Type of precarious work	Type of injury	Time since injury (years)	Worker's compensation claim status
Jason	M	50	Temporary agency	Back injury	3	Claim denied, appealing with the help of injured worker group
Seth	M	42	Fixed-term contract	Dislocated wrists	6	Claim denied
Alice	F	28	Seasonal worker	Lower back	3	Claim denied
Ben	M	60	Temporary agency	Knee injury	3	Claim approved for 6 months
Mary	F	23	Seasonal worker	Spliced ankle	3	Claim approved, physio paid for
Scott	M	28	Temporary agency	Left foot	3	Claim denied
Peter	M	25	Temporary agency	Lower back	2	Did not file a claim
Kobe	M	38	Temporary agency	Right rotator cuff	4	Claim denied, appealing with the help of injured worker group
Victor	M	55	Fixed-term contract	Left ankle	5	Claim approved for 3 months
Louise	F	28	Full-time, on probation	Back injury	6	Did not file a claim
Shannon	F	36	Temporary agency	Back injury and concussion	2	Did not file a claim
Gretchen	F	39	Part-time, minimum waged worker	Arm	9	Claim denied
Yvonne	F	59	Part-time, minimum waged worker	Left knee	11	Claim denied, appealing with the help of injured worker group
Brenda	F	35	Part-time worker	Retinal tear	2	Claim denied
David	M	50	Temporary agency	Pelvic bone	6	Claim denied, appealing with the help of injured worker group

responsibilities?" while, probes to elicit more detail included "What about family finances?".

Reflexive interviewing was employed throughout the interview process. Reflexivity posits that a researcher acknowledges his or her realities and lived experiences but does not allow them to interfere with participant accounts and meanings [50]. Thus, any preconceived notions around return to work and work injury that can affect the creation of knowledge should be identified. In this study, the lead interviewer SS had minimal prior assumptions regarding return to work processes for precariously employed injured workers as she had not experienced return to work after a work injury.

All interviews were audio-recorded and transcribed verbatim, by a professional transcriptionist. Detailed field notes were also written after each interview to describe the encounter, note observations of meeting context (interaction and behaviour), and record analytic insights.

Data Analysis

Data analysis followed a modified situational analysis approach [51]. This approach involves grounded theory mapping, including systemic coding and constant comparison, to conceptualize the research or situation as the unit of analysis [52].

First, a handful of transcribed interviews were read and re-read independently by two of the authors (SS and EM) to familiarize with, and immerse themselves in, the data and the overall situation at play—return to work as experienced by precariously employed injured workers. Second, the same authors developed an initial set of deductive and inductive codes. Deductive codes were pre-determined codes from previous literature and reflected issues within the immediate domain of the interview questions. Inductive codes emerged from the data and were not initially framed by the interview questions. Some examples of inductive codes included "didn't know" where the worker reflected on their and other's knowledge gaps in relation to rights, responsibility, and return to work. An example of a deductive code included "accommodation" where a worker described offers of work accommodation including modified duties, which are an established part of the return to work process and thus, a priori. These codes were reviewed and refined together by the research team until a consensus was reached on a coding framework.

The coding framework was applied by SS as data collection and analysis progressed. This iterative interplay between data collection and analysis allowed for emergence of new codes, which were back-coded to all transcripts and allowed for issues arising in one interview to be integrated in future interviews. Once all interviews were coded, code summaries were created to distill findings and facilitate in-depth

analysis of key themes within and across the data by the research team. This presented us with a unique opportunity to explore how the worker's wider social context and the precarious nature of their employment position influenced their experience with their family following work injury and/or illness. NVivo qualitative software was used for data management.

This study received ethical approval from the University of Waterloo Research Ethics Board and the Office of Research Ethics at the University of Ottawa. All interviews were conducted with informed consent and participants were assured of confidentiality and anonymity. No personal identifiers were used in this study and each participant was assigned a pseudonym.

Findings

The interviews with injured workers highlighted the frustration that they experienced throughout the return to work process. The precariously employed workers were often unaware of their rights and of the obligations of employers and workers' compensation in relation to workplace accommodation and return to work. As a result, many of the workers trustingly followed the process as advised by their employers, which left them injured, unemployed, and financially constrained. These details about under-valued workers as they encounter work injury are more fully described elsewhere [53].

In this analysis, we will focus on how these complex interplays of disadvantage impacted family. Particularly, our findings elucidate the role family members played, as well as how family dynamics changed, following a work injury/illness and throughout the return to work process. While some precariously employed injured workers received positive support from family and friends, others saw their relationships disintegrate, and this was shaped in part by the poverty associated with their precarious employment and the consequences of their work injury.

Family Provides Support to Precariously Worker Following Work Injury/Illness and Throughout the RTW Process

Precariously employed injured workers described the range of support that family and, in some cases, friends provided following their work injury or illness. This included financial support, as many of these workers found themselves out of a job, and instrumental support which included help around the house, rehabilitating the injured worker, and other day-to-day chores or activities.

Financial Support

Some of the precariously employed injured workers in our study felt that employers did not value them. The workers believed that employers were motivated to get rid of them in order to avoid costs and had little incentive to provide workers with modified duties or facilitate the compensation process. In our study, several workers described being dismissed from their job at the onset of a work injury without an explanation that made sense to them. Workers described how suddenly being out of work created severe financial constraints, forcing them to lean on family and friends. For example, Scott, a temporary agency worker, described how his employer paid him in cash on the day he was injured and then used that form of payment to explain how he was technically not their employee and thus not their responsibility. He related how his employer told him he "could easily be replaced". In the end, he decided to leave the agency and to not file a claim in case the government audited him for his cash payroll. Scott did not know any way around his situation. His injured foot kept him immobile for months, which prevented him from being able to get another job. He describes borrowing money from friends in order to stay afloat:

I borrowed from friends. Family, as I said, not in the picture... Those debts that I am still repaying right now... So fortunately, I had friends who were able to do things for me. If I didn't I would have been in a very, very dark place.

Similarly, Louise's employer supplied a technical reason to dismiss her from her position following her injury. Louise was a full-time employee on a 3-month probationary period when she injured her lower back and was subsequently dismissed. She had just graduated from university and this was her first job. On reflection, she felt she did not understand the nature of her situation and the structures in place to help her, including how to file a workers' compensation claim. She also felt that her manager took advantage of her naivety when she told her she could not continue because she was no longer "fit for the job". She describes how her family stepped in at a point in her life where she felt most vulnerable. They took over all of her living expenses and allowed her to move back home so they could help her rehabilitate from her injury, for which she was extremely grateful, as explained:

It's like having to give up your independence not just socially, the physical limitations. For many months I had to sleep on the couch.... My older brother literally take me up the stairs. Just having to rely on everyone.... And like it was the first time I had to lean on them and someone always had to be home because

... if I needed a glass of water I couldn't get up and get it for myself. ...I was fortunate that my parents were taking care of everything.... Like, even my phone bill, my parents would cover at that time. Because I didn't have like an income coming in., I was also fresh out of school so I didn't have much savings....My parents covered my physio costs, medical costs for prescriptions and stuff or like my brothers would go out and get some prescription and not take any money for it.

Instrumental Support

Many injured workers described how, after the injury or illness, it was difficult to continue doing their previous responsibilities both in and outside of the home. This included simple household tasks such as cleaning the dishes or laundry or new tasks that emerged as a result of their injury, such as picking up needed medications or attending doctor's appointments. The workers described how family members had to take on additional work to tend to their needs. This was especially the case when workers were incapacitated from their injury and unable to sit up in bed let alone walk. Mary, for instance, a minimum waged seasonal worker, explained the type of support she received from her family following her ankle accident which left her immobile for nearly 2 months:

... So [my family] helped with household chores, with groceries, driving around like, I couldn't do any of that... I was basically in bed for a couple of weeks and even walking around the house doing this was kind of tough with crutches so, I couldn't do it.

The situation was more dire for those injured workers with complicated workers' compensation claims. In these cases, workers described how lengthy claim times and lack of appropriate workplace accommodation often meant that family members were forced to work longer hours, at times also in precarious positions, and simultaneously care for them. Yvonne, a part-time, minimum wage worker, for example, had issues with her RTW coordinator who she felt only complicated the RTW process. Specifically, the RTW coordinator told her he did not understand why he was involved with her claim and he further advised her employer to keep her at her regular standing position despite Yvonne being in severe pain from her knee injury. Yvonne continued to work once a week with no accommodation. To make up for Yvonne's lost wages, her husband took on additional shifts at work. He also became her caregiver, carrying her up and down the stairs and completing her tasks at home. She describes her frustration with her interaction with WSIB as it related to the added strain on her husband:

WSIB ... are going to send one of their [RTW Coordinators] ... to make sure that they have the appropriate modified work for me. And if he is going to go there and is going to tell the store manager and the admin manager with me present there that he don't know why he is there, then why did the WSIB send him? I am so stressed.... I have to take care of my body, because I have a life outside of [company name] too. And it's just me and my husband, I don't have kids where I can call up on them that one day I am not feeling well to give me a ride into work...I had to ask my husband to bring me and if you go look outside, I wait till the store close at 10:00, if you go look outside I am sure my husband is out there waiting on me to take me home...

Family Impacted by Precarious Worker's Work Injury/Illness and Return to Work Process

While the involvement of family and friends was positive for some injured workers, the opposite was true for others, who saw a major effect on their relationships. Injured workers described how the mounting financial pressures from being off work coupled with prolonged compensation claims and continued pushback from employers resulted in marital problems, adverse changes in family roles and responsibilities, and prompted some workers to withdraw from family and friends completely.

Demise of Spousal Relationships

Some injured workers were not immediately dismissed from their precarious job following work injury or illness, but instead described enduring harassment from their managers and supervisors. Workers felt that their employers often did not acknowledge the severity of their injuries and were not willing to keep accommodating them in the workplace. For instance, Seth explained how his fixed-term contract position with his employer of 3 years was threatened by his work injury. The company's human resources department sent him letters that stated he could no longer do the job and advising him to go on long-term disability. The HR person also falsely labelled him as a professional boxer on his workers' compensation claim resulting in a denied claim, even though the only weight lifting he had ever done was for his physio from his injury. He describes them eventually approaching him directly to say, "You can do a set job that has a standard procedure or go home"—after which he was escorted from his workplace. Only later, he took measures into his own hands and filed a human rights claim. He attributes the ongoing battle with his employer and the loss of financial stability with his separation from his wife:

My wife and I are finished, I have that one on me. She is just waiting for this to get figured out. So, we are going to decide what we are going to do with our home, whether she is going to move out or what is going to happen. So, it's been a complete nightmare. It's the worst thing I have ever been through. I was losing my family not just my health.

A number of workers described how tensions mounted in the household when spouses could not understand the reasons for not working. These workers perceived their family members as unwilling or annoyed by the fact that they needed to take on additional responsibilities. This was the case with Peter, a temporary agency worker, who injured his lower back while working at a general labour position. He was told by his employer (temp agency) that "you can't do work compensation while working through a temp agency" and so, he decided not to file a compensation claim due to the misinformation he received as well as fear of reprisal. He describes how his chronic pain kept him in the house all day, resting on the couch, something his wife could not understand:

Because I was always the one, like working right. Like she took care of the kids. I went to work and when I came home I helped her take care of the kids...Then being at home all the time, it causes more tension between me and her because ... she is used to me not always being around. And now I am around more so there's that issue too.

Similarly, David, also a temporary agency worker, explained how his marriage ended, following his hip injury, as he was having to deal with his employer and worker's compensation. Particularly, he felt misrepresented by his employer, the temporary agency, who claimed David did not notify them about his injury and who submitted a delayed employer's report of the injury to WSIB. At the same time, the client employer, that he was hired to do work for through a temporary agency, terminated his contract based on a prior incident at work. He was denied compensation and ended up having to cash in his savings and borrow money from his parents to manage expenses. He believed that his wife was unsympathetic to the circumstances surrounding his unemployment and could not relate to the pain he was experiencing, which affected their intimacy:

I made our life affordable that my wife she's a waitress or my ex-wife now ...she wasn't happy, she knows I was in pain, I was in pain even in the bedroom and stuff like that ... we would be having our [intimacy] and it sounded like someone was knocking on the door from my hip you know and it would change things up you know... we were very active before, we would go out socializing and dancing...

Changes in Family Role

Many workers described how their family role changed following their work injury or illness. For some, going from being the family 'breadwinner' to depending on social assistance drastically changed the family's lifestyle. Jason, for example, earned a higher salary than his ex-wife through his temporary agency work. He was able to pay child support and also to support his children by taking them out to eat, buying them clothes, school supplies, and anything else they needed. Following his lower back injury, however, he avoided seeing them altogether because he felt ashamed of no longer being able to provide for them like he could in the past:

I have kids that come and see me on the weekends but lately I don't encourage them because I can't afford to feed them you know, and like I can't afford to go to [city] and get them...Like I avoided them for Christmas and everything because I just...When I am poor I just, I don't know.

Similar to other precariously employed workers in our study, Jason was provided with modified duties but the duties were not geared toward his rehabilitation. Specifically, the temporary agency sent him to do modified duties in a town a few hours away and he did not own a car. He felt this process set him up to fail and eventually quit his job when mobility proved too taxing on his lower back injury.

Unlike Jason's spouse, Peter's wife was a stay-at-home parent so, his family was dependent on his wages. While working, he was able to budget accordingly and still had room to spend on his children. Following his injury, he worried about how to provide for them on social assistance income that was half the wages previously earned. He found himself shifting from a father who always said yes to his kids to now someone who was restricted.

...like the kids could come to me and they would be like oh can I get this or do you got the money to do this or can we go do this and now it's like, instead me being able to tell them yes or maybe it's always a no.

Often, injured workers were not able to have the same level of interaction with their children as they did pre-injury. Kobe, for instance, used to play with his two young kids, but this changed following his shoulder injury. He explains how he was constantly angry about his situation, especially given the fact that WSIB denied his claim, indicating that his injury was less severe than what it actually was.

Well, my relationship with my family had changed...I have two little boys, one is 10 and the other one just turned 5. So, I am always playing with them, wrestling with them. But now when they want to play and rough,

I can't. So, they don't understand and they are thinking, well I don't want to play with them, you know... "Dad doesn't want to play", you know... Other times, like I am more angry because of my situation. So I get to keep my anger towards them because it's a lot of frustration... It doesn't work well for a family life when one person is always upset or angry based on circumstances beyond their control.

Kobe's feelings were echoed by many other precariously employed injured workers who believed that WSIB only approved a claim when there was incontrovertible proof that the injury was caused by work. As well, since these workers were not key employees in their workplaces, they often lacked employer support to validate their work injury claims filed with the WSIB.

Injured Workers Withdraw from Family and Friends

Lastly, work injury or illness combined with job insecurity that is inherent to precarious positions, had adverse consequences on the mental health and well-being of injured workers. For some, the helplessness from being injured and the bleak income prospects made it difficult to engage in family relationships. Shannon, for example, describes how following her concussion and back injury she switched from being a charismatic, social person to being highly irritable and hard to be around. She was a temporary agency worker in a demanding job role, and her employer did not report the injury to WSIB or provide accommodations for her physical limitations. She continued working regular hours and duties, in pain, which affected her mood and life outside of work:

No one wants to be around a Debbie downer and based on my circumstances I was seriously depressed and I couldn't get out of bed... I went from being very functional and having a social circle... to having nothing... like when my family went out, I couldn't even go with them because I was in pain or I would have side effects from the medication or I was tired... So it just affected everything. It affected my activity, it affected my relationships with friends and family, it affected the person that I was seeing at the time...

Gretchen, a part-time, minimum waged worker, also described isolating herself from friends and family. She felt unsupported by her employer who accused her of lying about the cause of her shoulder injury which affected her feelings of self-worth and self-esteem.

I just felt like this was one other upset I should have reported sooner than I did but I was hoping that I would get better. And I felt like it was, it was a crummy job to begin with and if they could reject me and if they could accuse me of lying than it really damaged

my self-esteem and I figured well, what good am I, you know.

She withdrew from those around her, including her boyfriend at the time (leading to their breakup) and her mother, who believed her to be exaggerating the extent of her injury. Gretchen detailed how it took her months to recover from the whole ordeal and to work through her depression that ensued.

Precariously Injured Workers Shield Family from Work Injury/Illness and Return to Work Process

Finally, in some cases, injured workers sheltered their families from the hardships they underwent. In these instances, workers dealt with the pain and lengthy return to work process by themselves to protect family from worrying about their well-being. For example, Victor, a fixed-term contract worker, did not tell his parents, who live in China, any details about his ankle injury, which had prevented him from returning to work for the past 3 years. Rather than worry his family about his financial troubles and numerous surgeries he would need to undergo, he talked to them as if all was normal while also seeing a therapist once a week to work through his issues. Likewise, following her eye injury, Brenda, a part-time worker, kept the details of her tense and awkward relationship with her manager from her family. She describes how she felt blacklisted by her manager for wanting to file a claim. This made her much more anxious in the workplace until she finally decided to quit:

I was living by myself at that time so I was on my own. I was worried that I would lose the job because of the accident right, and I was worried that my relationship with my boss would change and that actually happened right? He was like not confident with me and he doesn't want me to do much, so I had to leave.

She went on to detail how her mother was happy to know that her vision was not affected by the injury and so she decided not to burden her with her employer issues.

Discussion

While the standard employment relationship is based on permanence, legal and employer protections, and sometimes collective bargaining, precariously employed workers often 'fall through the cracks' following a work injury or illness. Family has been shown to be impacted following work injury/illness and throughout the rehabilitation and return to work process yet little has been documented on this relationship with precariously employed injured workers. Findings

from this exploratory qualitative study thus contribute to the RTW literature to fill this gap.

In our study, precarious workers described how some employers were dismissive of their suggestions for work accommodation and provided technical reasons to terminate their employment. Here, employers' return to work activities seem to have been dominated by business needs. Other studies have shown that, when workers are considered to be of low value, there may be an emphasis on transitioning the worker from the original job to another setting [54]. This was especially the case in our study for the temporary agency workers who described the temporary agencies as pushing them to either return with full work ability or to not return at all, rather than providing modified work duties or retraining options. As well, research has shown that employers of temporary workers can attempt to deflect costs by shifting the blame for the injury to a previous employer [30]. While it is out of the scope of this manuscript to detail the challenges associated with the triangular relationship found within temporary agencies, we raise these issues because family members were the ones who had to support the injured and unemployed workers. Family members experienced increases in workload when having to rehabilitate the injured worker and often had to take on the worker's expenses which included uncovered medical bills, rent, and transportation costs. Some even provided transport so that the worker could undertake modified duties. This may not be surprising given the fact that the role of family and effects on family are largely invisible to employers and compensation authorities.

Under the Ontario WSIB work reintegration policy, employers are obligated to re-employ workers following three conditions: (1) the worker is unable to work due to work injury or illness; (2) the worker has 1 year of continuous employment before the date of injury, unless interrupted by work cessation (e.g. strike, parental leave); and (3) the employer regularly employs 20 or more workers. Many precarious workers, however, such as seasonal or contract workers, do not meet the second criteria due to the nature of their work terms. Therefore, once workers are recovered from their illness or injury their re-employment is at the discretion of the employer. When workers are entitled to modified work duties, but are terminated during this period, it is the WSIB's responsibility to investigate the circumstance surrounding termination [55]. This is a difficult situation because, as reported by some workers, employers misrepresent the worker's situation to WSIB. One example of this is terminating the worker after an injury, by citing prior injuries at work, as seen in David's case.

Another key workplace responsibility is providing appropriate accommodation to disabled workers. The work reintegration policy stipulates that employers are required to offer suitable work that meets the worker's needs, with similar

workload and earning potential, if the worker is unable to return to his or her pre-injury job. Yet, as we saw with many of the injured workers (e.g. Jason and Seth), modified duties were rarely provided, and if they were, were not in line with rehabilitation but rather exacerbated injuries, forcing workers to sever the employment relationship. It appears that employers provide unrealistic duties in order to nudge precarious injured workers to resign, as other labor is always readily available. Also, when workers voluntarily leave the job, no further re-integration obligations apply, again benefiting employers. In this study, workers' family members were at the forefront when employers failed the precarious workers, often to the detriment of their relationships. Injured workers described how some family members did not understand or could not relate to their injury, creating a sense of distrust in their relationships. This distrust can extend as time off work increases adding to the growing body of literature behind 'victim blaming' [56–58].

Worker's interactions with workers' compensation authorities also created tension in family relationships in the form of changes to interactions with children or role in the family, shifting from provider to non-wage earner. For workers to access compensation benefits, WSIB requires compelling evidence that the injury or illness is directly linked to employment. We found problems in how the workers' compensation system interacted with precariously injured workers and flaws in the system that made it difficult to navigate, often leading to initial claim denial and extended or complex claims. Some of the issues raised and consistent with previous research include administrative tasks such as excessive paperwork [59] as well as incomplete communication with workers' compensation actors [40, 60]; leaving workers feeling powerless over their compensation process [42, 44]. Workers who find themselves stuck with lengthy claims, appeals, and pushbacks with worker's compensation combined with financial instability are also the ones most at risk for prolonged recovery [41] as well as poorer health outcomes [45], keeping them in a perpetual cycle of illness and unemployment. Family members then are laden with increased workload around the house or can be victims of the worker's frustration relating to compensation processes and requirements. Kosny et al. note that family members are needed in the compensation process even though they are not formally acknowledged by the system. Including family members in the compensation system may actually benefit workers' compensation boards financially given that care provided by family members can translate into less financial payout by compensation systems for formal care [61]. As they pointed out in their study of the impact of compensable injury on family, compensation systems should regularly assess the needs of injured workers and their families throughout the compensation process since family circumstances and supports may change especially when dealing

with extended, complex claims. This is particularly true for precariously employed injured workers, who may also have family members holding non-standard employment positions themselves, making it more difficult to sustain the family financially let alone rehabilitate the injured worker.

Finally, many injured workers in our study experienced emotional and mental health consequences that caused them to either disengage from their relationships or shield their family and cope on their own. Workers reported feeling unduly stigmatized by workers' compensation authorities and employers who seemed to possess all the power in determining their fate. In Ontario, this has been documented by researchers studying the experiences of injured workers [45, 62] as well as from the perspective of both injured workers and employers [63]. Through the study, we came to understand that the imbalance of power stemmed from multiple actors intervening who had greater resources than the injured worker did. When a claim was denied or workers were not accommodated and returned to normal duties with difficulty, for instance, the imbalance was clearly present, taking a negative toll on the workers mental health and well-being. Evidence from the US suggests that several other factors may affect mental health including the disability itself, reduced earnings, economic consequences of treatment, difficulty returning to work, and withdrawal from employment following injury [64, 65]. In our study, these effects came to a head with the dissolution of marriages or failed relationships with partners, mirroring previous research [38, 66, 67], and the breakdown of familial units altogether when injured workers isolated themselves from family and friends. Some injured workers had family that lived abroad allowing them to protect them from their hardships but they suffered in silence alone.

While traditional employment relationships are theoretically steady and secure, and sometimes have the protection of unions, precarious workers are typically not considered by employers as full members of the workplace and thus can face difficulties accessing their work-related injury or illness program entitlements [33, 40, 54]. Accordingly, our study found that precariously employed injured workers and their families were not easily able, via employers, to access or benefit from the very systems designed to protect them. As such, we suggest that workplace actors and compensation boards may need to address vulnerability associated with precarity to reduce the burden of workplace injury or illness on health care systems, compensation and social security systems, workplace productivity, and importantly families. One such way to do this is applying a 'critical' lens to the organization of work injury and return to work, as introduced by MacEachen et al. in their study on injured workers from Ontario, Canada. A critical theory approach recognizes that different parties have particular vested interests [68, 69]. Only in understanding and examining these interests are we

able to engage in cooperative bargaining to reduce power inequalities and open new pathways to return to work management [40]. In our study, a critical lens applied to the regulatory frameworks around RTW of precariously employed workers would prompt change. For instance, addressing how employers make decisions about providing accommodation for precarious workers and to what extent workers' compensation authorities are involved. This approach could consider the burden on family members throughout the return to work process.

The findings of this study should be considered in light of a number of factors. It was an exploratory study, yielding a small sample within one jurisdiction, Ontario. However, a purposeful sampling approach using a variety of recruitment tools allowed us to recruit different types of precarious workers (part-time, temporary agency workers, fixed-term contract, seasonal) across a range of work environments, ensuring a rich sample. Another limitation was that the sample included only interviews with precarious workers. Including interviews with family members of the precarious workers might have provided more in-depth insight into the effects of work-injury and return to work processes from their perspective and should be considered in future research. Strengths of this study include a systematic, ground-up data gathering and analysis methodology as well as trustworthiness. The iterative back and forth between data gathering and analysis allowed us to inform the interview schedule or broaden the sample, as needed, while the robust analysis echoed similar findings among workers and their treatment by employers and the compensation system. Finally, throughout data gathering and analysis, the researchers ensured qualitative rigor with detailed field notes and constant and open discussions around coding and development of themes.

Conclusion

To date, there has been little understanding of the effects of work-injury or illness on the families of injured workers. When compounded with the additional layer of being precariously employed at the time of injury, our study found problematic RTW experiences linked to self-interested employer and compensation system policies and practices that are ill adapted to the reality of the precariously employed. Injured workers described how the effects of income loss, prolonged compensation claims and appeals, and non-accommodation affected family and friends in the form of strained or ruined relationships, or in some cases, greater reliance and support to help rehabilitate the injured worker. Responsibility then appears to be placed on the injured worker and family members to be able to return to work and resume normal duties, which is different than standard employment relations where employers and compensation systems have

more of an incentive to support sick-listed workers. While we cannot provide any easy solutions to the challenges of navigating these relationships, this study points to ways that family is impacted in the return to work process and should be considered throughout the return to work process. A first step would be a re-examination of Ontario's work reintegration policy, as employers were consistently able to maneuver and find loopholes, at the expense of workers and their families. A critical theoretical approach to the social relations involved in the return to work process can further help uncover gaps in the management of precarious workers, which can be jointly applied by employers and compensation systems. This can include family member access to greater social and financial services as a means to improve health and economic outcomes of precariously employed workers.

Acknowledgements This project was funded by a Partnership Development Grant—Healthy and Productive Work provided by a joint initiative between Canadian Institutes of Health Research (CIHR) and the Social Sciences and Humanities Research Council (SSHRC). Project ID: 890-2016-3026.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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