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## Women's experiences of the workers' compensation system in Queensland, Australia

Jo Calvey  
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**WOMEN'S EXPERIENCES OF THE WORKERS'  
COMPENSATION SYSTEM IN QUEENSLAND, AUSTRALIA**

By

**Jo Calvey**

BA (Psych)., Dip Rehab

A Thesis Submitted in Partial Fulfillment of the Requirements for the

Award of

**Master of Health Science (Occupational Health)**

at the Faculty of Communications, Health and Science

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## **Abstract**

This was a phenomenological study undertaken to understand women's experience of the workers' compensation system. Eleven women were interviewed. They ranged in age from twenty-five to sixty-five years and represented diverse socio-economic and educational backgrounds. All women were from a non-indigenous background. The initial question to women was "Can you tell me what it is like to be involved in the workers' compensation system?" The narratives were analysed and interpreted using Hycner's (1985) phenomenological guidelines.

Five core themes were found: negative versus positive/neutral experiences, the workplaces response and role in the process, women's experiences of payouts and tribunals, reasons why women may not claim workers' compensation, and the impact of the process on each woman and their family(s). Acker's theory of 'gendered institutions' was used to understand why "many apparently gender-neutral processes are sites of gender production" (Acker, 1992b, p. 249). The experiences of the eleven women suggested that the workers' compensation system in Queensland is gendered. The women indicated that the workers' compensation process was a disincentive to making a claim. WorkCover was viewed as siding with the employer, bureaucratic in nature and lacking values associated with empathy, sympathy and caring.

Recommendations for improvements to the workers' compensation included: establish legal obligations and enforcement of occupational health and safety responsibilities to injured or ill workers; adoption of occupational health and safety values by employers; change the attitudes of employers (recognising women as breadwinners and workers are not disposable); a single case manager to advocate for injured or ill workers; recognition of mental and emotional consequences of an injury or

illness; provision of rehabilitation that recognises mental and emotional factors as well as the importance of family participation; greater involvement of employers and employees in the rehabilitation process; and finally, improved service delivery which involves consistency, ethics, clarity (regarding the WorkCover process for injured workers and employers), accountability and involvement of all parties.

The knowledge embedded in the interviews, expressed through core stories and themes, was essential to making women's voices visible and providing an insight into service delivery based on women's experiences and needs.

## **Declaration**

I certify that this thesis does not, to the best of my knowledge and belief:

- incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education;
- contain any material previously published or written by another person except where due reference is made in the text; or
- contain any defamatory material.

Signed

(Jo Calvey)

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# Chapter One: Background to the Study

## Introduction

This thesis describes a phenomenological study of the experiences of women with the workers' compensation system in Queensland. The research is a response to the dearth of literature on women with regard to the occupational health and safety arena. Bale (1989); Cameron (1994); Cooper and Faulks (1999); Quinlan (1996); and Shackelford, Farley, and Vines (1998) acknowledge that women have largely been ignored in studies of workers' compensation and workplace injuries and diseases. In addition to the value of telling the stories of these women, it is anticipated that the research will assist in making women more visible to service providers, academia, and to the wider community (Moyle, 1996).

## Organisation of the Thesis

This thesis describes the background to the study, the research process, and the findings that emerged.

Chapter one looks at the existing literature. It firstly looks at how the workers' compensation system is an institution with underlying assumptions and values. The literature indicates that the primary driving force of workers' compensation appears to be costs. This thesis then provides a picture of occupational injuries and diseases, which demonstrate the difference between female and male distributions of workplace injuries and illness as well as the overriding under representation of women. Finally, this thesis describes studies that indicate that the workers' compensation system discriminates against women; as well as why this may occur.

Chapter two provides the reasoning for using a phenomenological approach. This is achieved by highlighting the failure of existing research to adequately utilise women's voices as well as provide rigorous methodological issues. A phenomenological design addresses these issues. The phenomenological approach is used to drive the assumptions and methods of the present study.

Chapter three contains a step by step account of the research process and the decisions used to obtain descriptive and reliable data. Thus, it is concerned with sampling, data collection, data analysis and evidence of methodological rigor. Finally, this chapter addresses the ethics and foreseeable limitations of the study.

Chapter four to nine focuses on the emergent themes. Each chapter addresses one of the five main themes to emerge from the data. These are: Positive versus negative experiences (this places women's experiences into either descriptor and looks at how each factor differs); the response and role of the workplace in the workers' compensation process; women's experiences of payouts and tribunals; reasons why women may not claim workers' compensation; and women's answers to the question – was the experience affected by your being a woman? Direct quotes from women were utilised to ensure that their voices prevail and relevant literature was linked to compare or contrast existing literature or research.

Chapter ten looks at the impact that the workers' compensation process had on the women, their families and/or significant others. These stories were based on the transcripts and historical information. Each woman's story is presented on its own.

Chapter eleven provides a summary of the findings and their implications. Due to the exploratory nature of the research, chapter twelve concludes by looking at recommendations that are formulated from issues raised by the women throughout the

themes as well as the use of direct quotes from women about the desired changes to workers' compensation – from their point of view.

Finally, the appendices provide historical information relevant to the study as well as documents relevant for evidence of rigor (such as consent forms, advertisements). Appendix I provides an introduction to the eleven participants stories about the workers' compensation system. The provision of these stories enables the reader to place each participant in context.

### History of the Workers' Compensation System in Queensland

Workers' compensation began in 1916 in Queensland (see Appendix A for historically significant events, p. 243). It was not until 1996 that the Kennedy Inquiry brought about the first comprehensive look at the system. As with other workers' compensation inquiries, the impetus for this one was that the workers' compensation system was in the red for \$290 million (Kennedy, 1996). The major response to the inquiry was the introduction of the WorkCover Act 1996 and the tightening of eligibility criteria. Examples of the reductions in the availability of financial support to claimants included: the definition of a 'worker' was narrowed to exclude non-PAYE employees and journey claims were downscaled (see Appendix B for WorkCover definitions of 'PAYE, injury, worker, rehabilitation', & claims, p. 244) – this alone was estimated to save \$13 million a year. Kennedy did recommend that negligent employers are made responsible for injuries (in terms of payments) and recommended the Queensland government followed an increase in the lump sum payment from \$100,000 to \$130,000.

The Legal & Accounting Management Seminars (1997) adopted the view that this narrowing of definitions was used to reduce the number of people who could claim

workers' compensation. Glaser and Laster (1990) supported this view that individual workers are scapegoats for the costs and torts of the workers' compensation scheme.

From July 2000 (see Appendix B, p.244) WorkCover indicated that employment must be a significant contributing factor to the causation of an injury. The difficulty with these criteria is that not all injuries, illnesses, or diseases have a clear and overt causation. Diseases may be insidious, cumulative, impacted by many factors, and present after a long duration. WorkCover provides financial support and lump sum payments for injured workers; insurance for employers, oversees employers who self insure, and observes the 1997 regulations for the WorkCover Act of 1996. Some of the roles of WorkCover are conflicting by nature. An example is the opposing roles of insuring on the one hand and paying out on the other, whilst observing the need to reduce costs.

Inherent within the WorkCover system are values and assumptions – it is not a neutral institution. Under the Queensland system, workers receive eighty-five percent of their normal weekly earnings for the first twenty-six weeks. After this time the rate decreases. Why are individuals compensated at a lower rate? The obvious reason is a financial one, to save costs. The Industry Commission (1994) indicates that compensation is less than pre-injury earnings to provide an incentive for workers to return to work, to encourage rehabilitation, and to encourage workers to behave in a safety conscious way at work. What does this tell us about the underlying assumptions? These beliefs demonstrate that workers are viewed as being responsible and in control of workplace accidents (rather than employers). 'Encouraging' individuals to return to work by decreasing earnings is symptomatic of the beliefs that workers' compensation claims are an all expenses paid holiday; workers fake and exaggerate injuries; and it can

result in a huge windfall settlement (Blackett-Smith and Rubinstein, 1985). Workers' compensation presupposes that individuals will eventually return to work. It acts as a safety net until such time as individuals can either resume work or pass onto welfare benefits. It does not cope well with individuals with permanent, long term, or multiple disabilities/illness.

### Focusing on the Costs of Workers' Compensation

The measurement of costs is dependent upon one's interests, focus, and values. There are the indirect and direct costs borne by injured/ill workers, their families, and the community. The traditional focus looks towards the funding shortfalls of workers' compensation, which have spurred numerous commissioned inquiries. Sass (1999) states that "In an economic society, what dominates our thinking about occupational health and safety is workers' compensation. Today, occupational health and safety is driven by workers' compensation costs rather than by prevention" (p. 130).

### Monetary Costs of Workers' Compensation

In 1994 The Industry Commission (1994) estimated that workers' compensation costs \$10 billion annually. Emmett (1997) indicates that between \$15 to \$35 billion in costs are underestimated due to the following factors: Fourteen percent of the workforce are not covered under compulsory workers' compensation; it does not include claims for less than five days; and it does not take into account indirect costs.

## Indirect Costs

The indirect costs of workers' compensation have not been calculated. They do however include: lost production, lost workdays, individual and family costs, as well as cost shifting. Emmett (1997) studied the economic costs borne by different groups and found that forty percent of costs were borne by employers and workers' compensation, thirty percent by injured workers and their families, and thirty percent by the government.

As the name implies, cost shifting involves moving costs from workers' compensation on to other welfare benefits, particularly Medicare and the Department of Social Security (DSS). According to the Industry Commission (1994), the DSS indicated that at least 20,000 workers' compensation claimants per year in Australia seek social security payments, at a cost of \$200 million per year. Cost-shifting is likely to occur due to the tightening of eligibility criteria (such as industrial deafness changing from a definition of a one percent loss to a five percent loss), restricted maximum benefits payable, the increased complexity of the compensation system, and the adversarial procedures of the workers' compensation system (Stewart and Doyle, 1988). When looking at indirect costs there are always the immeasurable costs of injury and illness for an individual and their family.

## Summary

The information presented so far asserts that an essential and primary motivating force within the workers' compensation system is the focus on costs. Particularly on cost saving measures to the detriment of claimants. This desire to reduce costs has shaped the focus of the existing literature and research. Subsequent sections provide an overview of

the major focus categories of existing research. Within each section is the inclusion of views that may differ from the traditional cost saving focus. The topics are as follows: 1) Prediction of return to work rates, 2) rehabilitation, 3) Repetition Strain Injury, 4) workplace harassment and bullying, 5) statistics, 6) Fraud and malingering, and 7) women and workers' compensation.

### Prediction of Return to Work Rates

Research indicates that women are less likely to return to work; blue collar workers are less likely to return to work compared to white collar workers; and age and receipt of workers' compensation affect return to work rates negatively (Carmona, Faucett, Blac, and Yelin, 1998; Crook, Moldofsky, and Shannon, 1998; Gluck and Oleinick, 1988; and Kenny, 1994).

Katz et al (1998); Mont, Mayerson, Krackow, and Hungerford (1998); and Parker, Murrell, Boden, and Horton (1996) all focused on 'patients' recovery from specific conditions. They found that workers' compensation was a factor that affected patients' recovery in a negative way. Workers' compensation resulted in a decrease in coping, an increase in perceived pain, and lowered perceived mobility. The researchers did not investigate why this may occur. Instead, the focus was on workers' compensation as a disincentive to return to work thereby, reinforcing the 'victim blaming' stereotype. Casey and Charlesworth (1984) and Lambert, Wood, and Morrison (1992) both found no link between the possibility of receiving a settlement amount and a subsequent return to work. Sass (1999) states that despite the suffering of workers "occupational health and safety represents an establishment of uncaring and lack of empathy. Statistics are used empirically but ignore the link between working and living conditions" (p. 128).



The above research fails to acknowledge the possibility of other confounding variables. Examples may include the type and amount of industrial democracy, management, information, disability, family responsibilities, stigma, and support from co-workers. Wohl, Morgenstern, and Kraus (1995) focused on female aerospace workers in the manufacturing sector. They found that the presence of young children at home (particularly those under six years of age) increased the risk of occupational injury for women due to fatigue.

Contrary research indicates that the workers' compensation process may act as a disincentive to claims. For example, The Industry Commission (1994) showed that individuals lost twenty-five to fifty percent of their incomes post injury; there was a failure to cover some injuries (Stewart, 1994); there were delays and even illegally terminated payments (Blackett-Smith and Rubinstein, 1985); and the adversarial nature of workers' compensation was found to lead to a loss of personal identity and status for injured workers (Keaney, 1998).

The present study will explore whether or not the workers' compensation process impacted on the participants and what type of factors are an incentive or disincentive to claiming workers' compensation.

### Rehabilitation

Under the WorkCover system rehabilitation is a compulsory condition for workers to receive benefits. However, employers are required to take 'reasonable steps' to provide rehabilitation. There is no clarification regarding what is considered 'reasonable'. According to The Legal and Accounting Management Seminars (1997) the incentive to provide rehabilitation is related to a quick return to work by employees, which in turn

leads to the cessation of benefits, minimisation of claims, and ultimately the reduction of premiums for employers.

It must be acknowledged that there is a great deal of research which illustrates the benefits of rehabilitation, but the problem is that it is tempered by the values and beliefs of institutions and service providers. The predominant service delivery model is the medical model – with rehabilitation based on clinical predictions of recovery time based on types of diagnoses. Clarke (1998) demonstrates that work disability is often a psychosocial or behavioural issue, rather than a medical one. Predictors of an early return to work included job security, a supportive work environment, and accommodations made for a gradual return to full work performance. Kenny (1994) found that injury variables (such as nature, location and result of injury) accounted for twenty-eight percent of the reasons for time lost from work. Whilst worker variables (such as family responsibilities) accounted for thirty-four percent of the reasons for time lost from work. Kenny also found that part time, lower paid, and older workers took longer to return to work. This is significant because women represent a large proportion of part time and lower paid workers.

Casey and Charlesworth (1984) looked at rehabilitation and found that ‘light duties’ were not made available for most workers; there were no incidences of modifications of the workplace; and work hazards were often not removed or changed.

Clapham (1994) looked at why women from non-English speaking backgrounds were not receiving rehabilitation. It was found that rehabilitation provider’s felt that it was less cost effective to provide services to these women due to cultural differences and language difficulties.

Quinlan (1996) signifies that women have had less access to rehabilitation due to a lack of transport and family commitments.

### RSI (Repetition Strain Injury)

In the 1980's there was a great deal of medical interest in the condition known as RSI and this can be revealed by the numerous research articles dated at that time. These reports include Ashbury (1995); Carmona, Faucett, Blanc, and Yelin (1998); Katz et al (1998); and Quintner (1995). They identified that RSI is predominately experienced by women and the medical profession has attempted to socially construct this disease.

In the 1950's, Doctor Phalen (cited Sass, 1999) published a series of articles regarding carpal tunnel syndrome. He indicated that women could not experience this condition as only males engaged in the strenuous use of their hands. Thus, from 1950 to 1980 it was a growing problem for women (due to the often repetitive nature of their work) yet it was denied by the medical profession as a real experience for women.

Asbury (1995) carried out a five-year study on women in Ontario. It was found that women were at greater risk from RSI than men were and that women receive workers' compensation for longer periods than their male counterparts. This may be due in part to the repetitive nature of women's work (Commonwealth Department of Community Services and Health, 1989; O'Donnell and Hall, 1988).

### Workplace Harassment and Bullying

Within Queensland, workplace harassment and bullying focuses on both overt and covert definitions. Overt bullying includes yelling, screaming, insults, unjustified criticisms, constant humiliation, and unjustified threats of dismissal or other disciplinary

procedures. Covert bullying includes sabotaging employees work by withholding information, hiding documents or equipment, overloading or giving impossible deadlines, isolating or ignoring an employee on a consistent basis, and not providing appropriate resources and training. Ishmael (1999) indicates that a culture of bullying is where values, beliefs, and norms are learnt over a period of time and are adopted by a group. This culture is reinforced through a workplace culture and supported via a tradition of hierarchical management or a military model management style. Mayhew (2000) states “The toleration of this type of behaviour is described as systemic failure” (p.7) of an organisation.

The Victorian WorkCover Authority (2001) identified that workplace harassment and bullying is commonly reported from the fields of health and community services, education, and public administration. Queensland statistics reveal that forty three percent of workers’ compensation claims from workplace bullying originate from the above industries (Queensland Workplace Bullying Taskforce, 2001). The Irish Taskforce on the Prevention of Workplace Bullying (2001) found that nine percent of women reported being bullied compared to five percent of men.

The Queensland Workplace Bullying Taskforce (2001) reveal that from July 1999 to December 2000, WorkCover Queensland compensated eighty eight workers who were suffering injuries as a result of bullying, The Division of Workplace Health & Safety received one hundred and fifty eight complaints, and one-third of complaints to the Anti-discrimination Commission relate to bullying. The Taskforce estimate the direct and hidden costs to be approximately six billion to thirteen billion dollars per annum.

The potential costs associated with workplace harassment and bullying include (Mayhew, 2000; Queensland Workplace Bullying Taskforce, 2001):

- A. High levels of anxiety, depression, stress-related illness, as well as absenteeism and high turnover amongst recipients
- B. Diminished productivity; reduced job satisfaction, morale and employee involvement, and poor industrial relations
- C. Increased legal costs, cost shifting, and higher workers' compensation premiums.

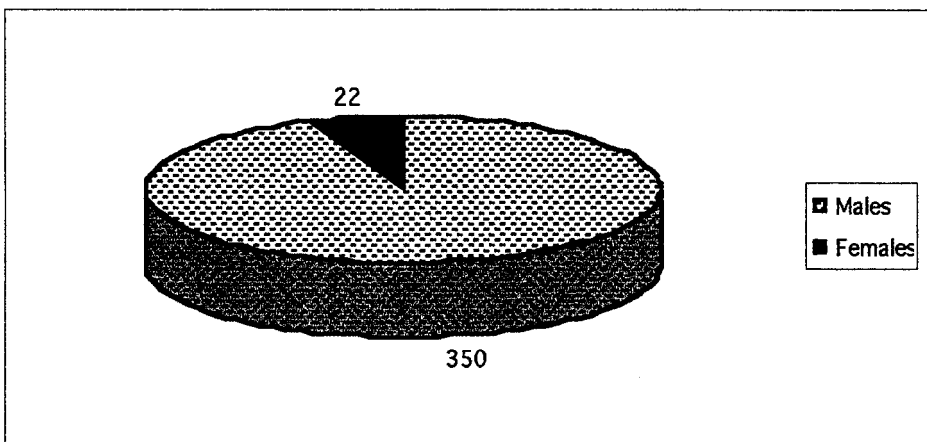
Hoel and Cooper (2000) estimated that workplace bullying causes between one-third and one-half of work-related stress cases. Russell, Young, and Hart (1995) found that although stress disorders represent four percent of workers' compensation claims, the cost represented eighteen percent of the total claims for that same year. These high costs were predominantly due time off work and the costs associated with returning the individual to the workplace.

Within Queensland there is some awareness that workplace harassment and bullying is a growing problem which requires remedies and strategies to eliminate it. In 2001 (see appendix H, pp.251-252) the focus on violence within the nursing profession prompted the call by the Queensland State for 'zero tolerance' and a concurrent investigation by The Queensland Workplace Bullying Taskforce (2001).

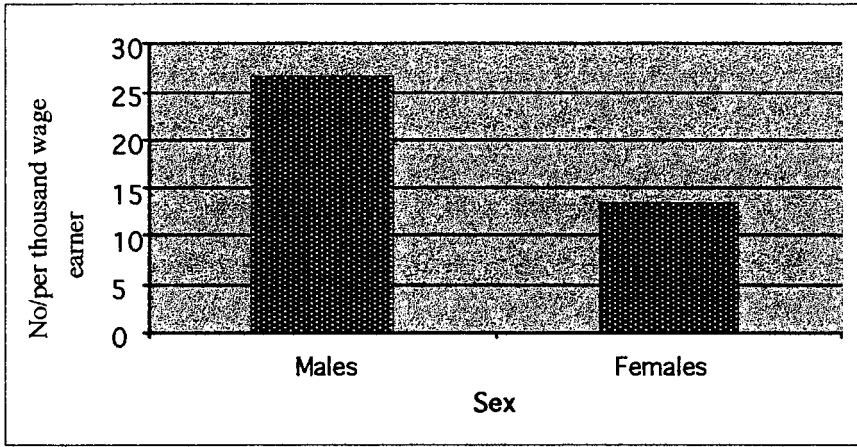
### Statistics

In looking at the statistics in the occupational health and safety field it is evident that female and male experiences differ. The distributions of male and female occupational domains are distinct, and this is reflected in the distribution of statistics (such as type of injury). The overall picture that is conveyed is that there is variation in the types and distribution of female and male injuries, illness, and disease; this is reflected in the use of workers' compensation.

So, what do the statistics show about women? The statistics indicate that the Queensland workforce is composed of fifty-eight percent males and forty-two percent females (Blackmur, Fingleton, and Akers, 1992). Within Queensland, women are predominantly part-time workers (see Appendix C, Table 1, p.245) and employed within the service sectors (see Appendix C, Table 2, p.245). Figures one and two show that workplace fatalities and incidence rates of injury and disease are higher for men than women.

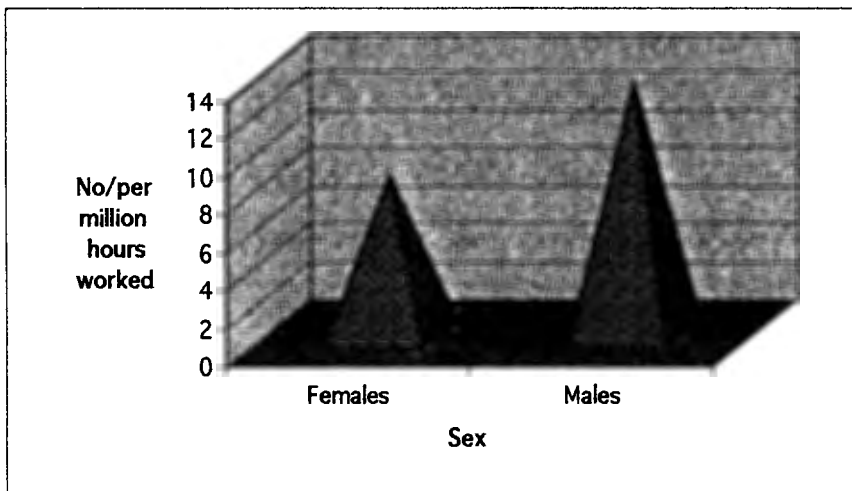


**Figure 1:** Female & male recorded workplace fatalities in Australia (excluding Victoria & ACT) 1998-1999 (Source: National OH&S Commission, 2000).



**Figure 2:** Australian incidence rate of reported workplace injury & disease by sex, 1998-1999 (National OH&S Commission, 2000).

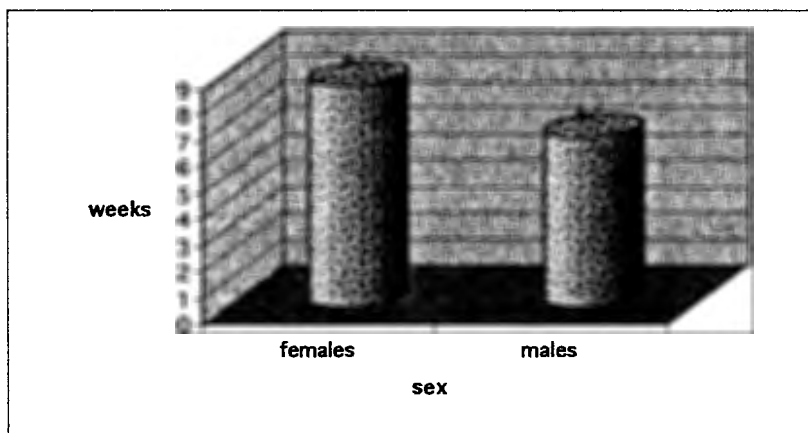
Figure three indicates that although women may have a lower incidence rate than men for an injury/disease, they have a relatively high frequency of receiving an injury/disease during their life-work cycle when compared to men.



**Figure 3:** Frequency rate of reported workplace injury/disease in Australia by sex, 1998-1999 (Source: National OH&S Commission, 2000).

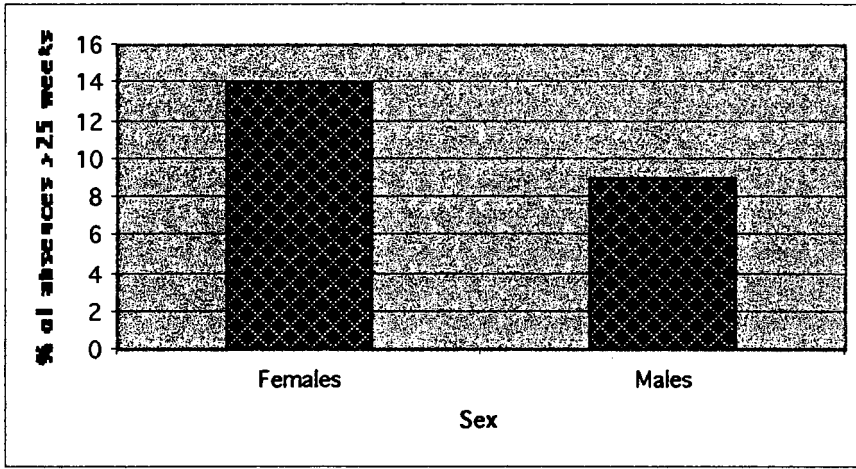
The National Occupational Health and Safety Commission (1998) statistics showed that the most affected occupational categories for female workers were: registered and enrolled nurses (12%), cleaners (11%), trades assistants and factory hands (11%), and clerks and related workers (9%). Sixty-three percent of injuries for women were predominantly musculoskeletal (which included strains, sprains, RSI, and carpal tunnel). Women also experienced three times the proportion of mental disorders compared to men. Male claims for nervous disorders were 54.8% compared to 18.6% for females (Quinlan, 1996).

O'Donnell and Hall (1988) found that women were more likely to suffer a chronic injury/disease and less likely to suffer an acute traumatic injury than their male counterparts. Figures five and six demonstrate that women may experience more severe occurrences of occupational injuries/disease in terms of time lost from work.



**Figure 4:** Average time lost from work in Australia by sex, 1991-1992 (Source: AGPS, 1994).





**Figure 5:** Absences from work of more than twenty-five weeks in Australia by sex, 1991-1992 (Source: AGPS, 1994).

Casey and Charlesworth (1984) discovered that fifty-nine percent of women did not return to work compared to forty-two percent of men. Biddle, Roberts, Rosenman, and Welch (1998) indicate that those individuals with a long latency period from exposure to development of a disease were less likely to apply for compensation.

There is a consensus in the literature that the statistics may underestimate and under represent women's workplace injuries and illness (National Occupational Health & Safety Commission, 1994; Commonwealth Department of Community Service and Health, 1989; Industry Commission, 1994; O'Donnell and Hall, 1988; and Stewart, 1991). This under representation (not only for women) may occur due to non reporting of accidents; exclusion of claims for less than five days and journeys to and from work; exclusion of military personnel and public servants; unrecognised cases of occupational disease (Quinlan and Bohle (1991) estimated this to be 20,000 cases per year); lack of co-operation between WorkCover and OH&S authorities (Industry Commission, 1994); and the exclusion of fourteen percent of the workforce, which includes voluntary

workers, subcontractors, homeworkers, and the self employed (Industry Commission, 1994).

### Fraud and Malingering

Compensation neurosis is defined as “litigants who present symptoms and disability that are disproportionate to the original injury or to any demonstrable continuing physical abnormality” (Mendelson, 1985, p. 561). This ‘illness’ was validated by its inclusion in the DSM III and ICD-9 (International Classification of Diseases). Bale (1989) and Dembe (1998) indicate that the diagnosis of ‘occupational malingering’ reflects deep-seated cultural and social biases towards women and non-dominant cultural groups.

Blackett-Smith and Rubinstein (1985) signify that its use provides an excuse for unsuccessful medical treatment, and at worst it allows individuals to be labeled as dishonest to undermine their credibility, and ultimately, to lower the amount of compensation.

Whatever term is used, whether it is ‘compensation neurosis, occupational malingering, moral hazard, fraud, or malingering’, there is a failure in the research to adequately support such concepts. As has been previously stated, research indicates that the area of occupational injury and recovery is complex with a great number of variables impacting on individual experiences. Yet psychosocial, behavioural and workplace variables are at best, downplayed, or more frequently, ignored. The present study will attempt to address this issue and look at these variables from the participant’s point of view.

## Women and Workers' Compensation

Blackmur, Fingleton, and Akers (1992) and Cameron (1994) found that studies of workplace disease/illness and workers' compensation render women invisible. Balka (1995) illustrates this finding by looking at occupational stress. Although occupational stress has been identified as one of the leading health problems for women, they are often excluded as subjects of relevant studies.

The overall picture with regard to women and workers' compensation is that they are less likely to use and receive workers' compensation. Quinlan (1996) found that although women make up forty percent of the workforce they only represent twenty-seven percent of compensation claimants. Stewart and Doyle (1988) found that female migrant workers were almost six times as likely as Anglo-Saxon men to have their claims rejected. Finally, Blackett-Smith and Rubinstein (1985) found that women received significantly less compensation than men did. In terms of money, the median received for women was \$15,000 compared to \$25,000 for men. Two-thirds of women received less than \$20,000 compared to only one-third of men. Finally, men were ten times more likely to receive over \$30,000 when compared to women.

There is evidence that workers' compensation discriminates against women. This is best observed within the realm of entitlements. Casey and Carlesworth (1984) demonstrate that male workers are able to claim additional benefits for dependents (such as spouse and children) whereas females have to prove that they are the sole providers in order to receive the same entitlements. Graycar (1985) shows that women are unable to claim for loss of domestic working capacity, yet men are able to claim it as a secondary loss. The implication for women is that "Undercompensation and benefit exclusion add

up to greater personal cost burdens for women as a result of employment injuries” (Stewart and Doyle, 1988, p. 16).

There appears to be some consensus that women’s work tends to be concentrated in low paid, low status jobs and women are less likely to be members of unions (Commonwealth Department of Community Services and Health, 1989; Messing, 1997; O’Donnell and Hall, 1988; Quinlan, 1996; and Stewart, 1991). Other identified suggestions for women being less likely to claim or be granted compensation include: language difficulties experienced by women from non-English speaking back grounds – where one quarter of the female workforce are immigrants (O’Donnell and Hall, 1988); difficulties in understanding processes for claiming compensation (O’Donnell and Hall, 1988); lack of credibility given by doctors and insurance personnel (O’Donnell and Hall, 1988); the long term nature of women’s occupational illness/disease; and women’s domestic responsibilities (Cameron, 1994)

It is critical to note that Blackett-Smith and Rubinstein (1985) controlled for type of injury, dependents, and unskilled workers and concluded that men still received more compensation than women did. Lippel (1995) found that women claimants were less likely to succeed before review boards that were predominantly composed of male decision-makers. This systematic discrimination against women claimants was typified by Lippel’s findings that women ‘Type A’ personalities were denied compensation compared to male Type A personalities; and personal difficulties had a positive effect for male claimants but a negative effect for female claimants. These findings indicate that the workers’ compensation system is a gendered institution. This idea will be expanded upon in the next section.

## Theories about Workers' Compensation Discrimination of Women

Sass (1999) indicates that over time, the initial language expressed by workers about their working conditions has been lost in the social construction of academics and occupational health experts. This loss has been particularly paramount for women as ideologies and power structures are dominated by patriarchal realities. The underlying theoretical proposition is that women's employment injuries and lack of visibility reflects women's relative lack of power in the workforce (O'Donnell and Hall, 1988). Acker's theory of 'gendered institutions' provides a basis to understand why this may occur for women.

According to Acker (1992a) the term 'gendered institution' means "gender is present in the processes, practices, images and ideologies and distributions of power in the various sectors of social life" (p. 567).

Acker (1990) argues that organisations are almost always developed and dominated by men to create and perpetuate gender segregation of work. Business and industry are viewed as essential and the source of wealth and well being. Furthermore, Acker (1990) indicates that gender segregation is achieved through work practices which include divisions between paid and unpaid work, income and status inequality, the dissemination of images and gender that are invented and reproduced by organisations (such as the worker being 'gender neutral'); and the pressures and processes of individual gender identity as determined by the organisation. To achieve these goals organisations create an artificial division between production and reproduction, based on an organisation of gender. Acker (1992b) indicates that in industrial capitalist societies production is privileged over reproduction. Reproduction is primarily viewed as the domain of female responsibility and is relatively invisible and devalued. Acker (1992a) states that:

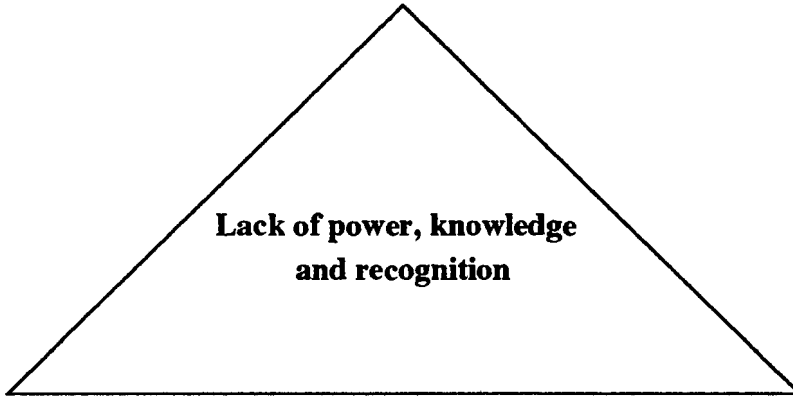
“the divide between reproduction and production constitutes the gendered understructure of society’s institutions. This divide is perpetuated in institutional processes that...are organised on the assumption that reproduction takes place elsewhere and that the responsibility for reproduction is also located elsewhere” (p.567).

Some of these processes and practices are overt and open whilst others are deeply embedded and invisible.

Acker (1992b) advocates looking at how gender is used as an organisational resource. This maybe achieved by looking at the way organisations and industries manage, organise and control workers and workplaces. Furthermore, Acker (1992b) acknowledges that gendered processes are concrete activities, thus, interest lies in what people say and do. Acker (1992a) states that the question to ask is “How have the subordinates and exclusion of women been built into ordinary institutional functioning?” (p. 568). The present essay will attempt to address this issue and look at the gendered processes of the workers’ compensation system from the experiences of eleven women.

The following Figure (6) shows how differing factors interact and exist to the detriment and discrimination of women. These are all based on existing theories and literature (Blackmur, Fingleton and Akers, 1992; Cameron, 1994; Commonwealth Department of Community Services and Health, 1989; Graycar, 1985; Messing, 1997; O'Donnell and Hall, 1988; and Sass, 1989), which have been combined to display a generalised format.

**Lack of access to:**  
 Decision making in legal aspects  
 Information & awareness of hazards  
 Vocational training  
 Research  
 Representation in management  
 Representation in policy development  
 Decision making



**Attitudes/values**

Women are primarily responsible for child rearing and domestic work.  
 Domestic work is non-economic.

**Characteristics of women's work**

Repetitive  
 Low paid  
 Low skilled jobs  
 Lack of ergonomics for women  
 Traditional service industries

**Figure 6:** Diagram showing the interplay of factors that interact to discriminate women within OH&S.

Significance and Purpose of the Study

This study seeks to redress the lack of attention by researchers to the experience of women of the workers' compensation system. Blackmur, Fingleton and Akers (1992); and Messing (1997) acknowledge that research has traditionally excluded women and is insensitive to women's issues. Cameron (1994) asserts that this has flowed over to workers' compensation research that has rendered women invisible.

The purpose of this study was to provide a platform for the establishment of female realities of workers' compensation. In producing an exhaustive and accurate description of these women's experiences it was hoped that this will open up a dialogue among women consumers and service providers of workers' compensation. The greater the visibility of women – the harder it is to ignore them.

To achieve this end it is appropriate to utilise a phenomenological approach. A phenomenological approach aims to lay bare the essence or central meaning(s) of the lived experience for this population. To achieve this, women's feelings, perceptions, and attitudes associated with the workers' compensation system.

In conclusion, the specific objectives of this study were:

- A. To describe the experience of women with regard to the workers' compensation system in Queensland
- B. To gain an appreciation for the meanings of being a women consumer within the workers' compensation system
- C. To extrapolate the shared meanings of being a women consumer with regard to the workers' compensation system
- D. To consider the shared meanings of their experience against the current political, economic, and social climate for women's occupational health and safety in Australia; and
- E. To explore the implications of their experience for occupational health and safety researchers, service providers, and interest groups.

The next section will look towards the relevance and essentialities of a phenomenological approach to women's experiences of the workers' compensation system.



## Chapter Two: Phenomenology – A Theoretical and Methodological Framework

A phenomenological approach is fitting when looking at the lived experience of conscious beings (people who are aware of the world). It proposes that experiences cannot be generalised across different groups, cultures, or times. However, phenomenology recognises that there are essences, shared essences, to everyone's experiences of a phenomenon.

This chapter begins by looking at the existing literature on workers' compensation in Australia that have utilised women's voices. It then proceeds to look at why this paradigm is suitable to the study. The concluding section looks at methodological issues of relevance to the study.

### Existing Studies that Utilise Women's Voices

Four articles were found that used quotes from women; these were predominately used to highlight researchers' ideas.

Casey and Charlesworth (1984) devoted a few lines to each of the three women's voices within their study. Each quote highlighted the adversarial nature of the worker's compensation system. An example of one of the quotes is "I think the worse thing – worse than the pain itself, is the way everyone treats you. You really do feel a third class citizen" (p. 12).

The Industry Commission (1994) report into worker's compensation used a one page case study to illustrate the personal costs of an injury. This woman had written a submission expressing her experience of a loss of rights as an Australian citizen--

particularly the loss of confidentiality, rights to information, and a loss of power. For example, “The treatment I have endured for the past four years is criminal. Any self-esteem you have is soon torn away. You are powerless to protect yourself” (p. A11).

Keys Young Pty Ltd (1999) explored the information needs of people who had an injury. They carried out qualitative discussions with injured persons, representatives of hospitals, insurance companies, and the worker’s compensation scheme. They found that there is a need for more information about rehabilitation, returning to work, financial entitlements, legal information, and information about community support. They utilised short quotes to highlight their points. Examples are “It’s me against professional people” (p.14) and “I just want to be back to normal” (p.17).

The final study found was by Stewart (1994). This focused on the personal costs of occupational injury using a questionnaire (which was sent to 200 people who had made a compensation claim) and semi-structured interviews. Interviews were carried out on twenty key personnel (which included – union members, previous executive officers of workers’ compensation, workers’ compensation personnel, a rehabilitation co-ordinator, academics, a workers’ health centre worker, and public sector workers) and sixteen injured workers. The interviews with key personnel were used to identify issues to be addressed in the questionnaire. The questionnaire and interviews showed that income support was inadequate and many individuals were in debt; there were delays in reimbursement for injury related expenditures; rehabilitation and training were inappropriate; individuals experienced strains on interpersonal relationships; fatigue from pain and interrupted sleep; constant discomfort; social isolation; and reduced self-esteem. Quotes from respondents were used to illuminate statements about costs for individuals.

An example of a quote that was used to highlight the delay in payments to workers' compensation recipients is:

I rang the insurance company because the agency said they hadn't received (the cheques). They said they had already been cashed. Yet I hadn't got them. They were sending the cheques to the agency and the agency was cashing them (p. 40).

Each of these studies failed to establish how women view the whole experience of workers' compensation. For example, looking at processes, contexts, and interactions. This is in part due to the focus of the studies and the paradigms undertaken. Coming from a phenomenological approach, an inherent problem with these studies is the lack of discussion and exploration of methodological issues with regard to audit trails and member checks.

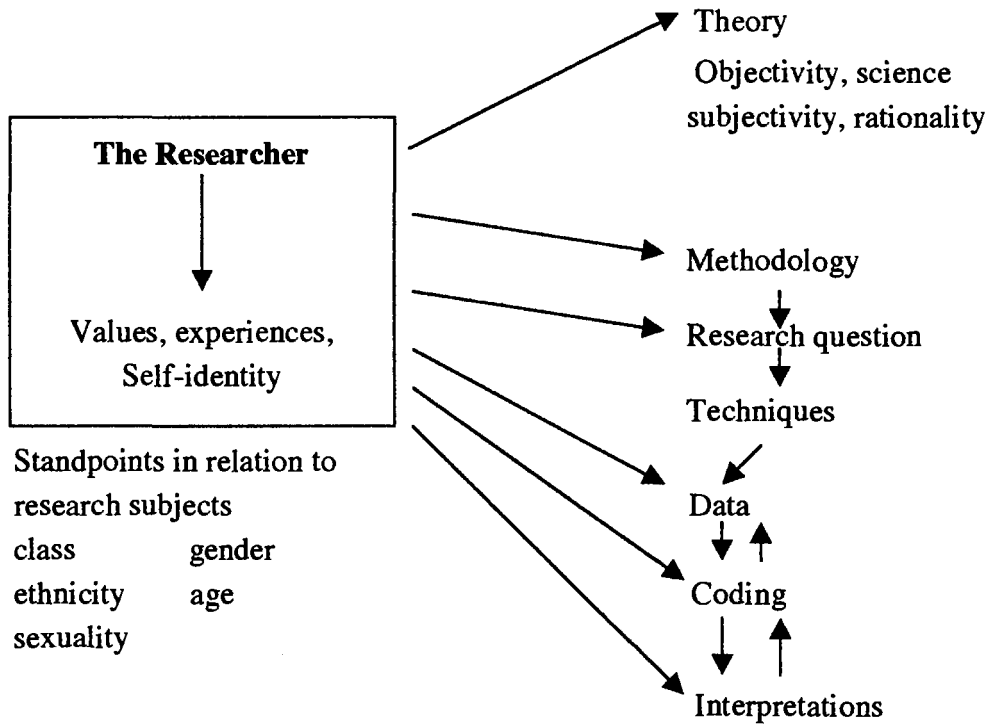
### A Phenomenological Paradigm

An exploratory study allows us to ask questions, to find out what is happening, and to explore a phenomenon. Phenomenology assumes that the subjective is valid, thus, women's' experiences are valid. Assumptions that are held within the research and are derived from a phenomenological approach include [Hammond, Howarth and Keat (1991); Moyle (1996) and VanManen (1990)]:

- A. Cultures (including institutions and environments) are ever changing
- B. Research is shaped by time, place and participants
- C. Research is interpretive and different researchers would have different accounts of the phenomenon under study

D. 'Truth' is subject oriented rather than researcher defined

Hence, the researcher's role is to provide knowledge with regard to theory and research processes. The following graphic representation by Holland and Ramazanoglu (1994) is used as a reference point.



**Figure 7:** The research process showing the subjectivity of the researcher(s) [adapted from Holland and Ramazanoglu, 1994].

### Phenomenology as a Method

In seeking to illuminate the human experience, a phenomenological inquiry does require that part of the control and rigor emerges from the type of participant chosen and their ability to articulate and describe the experiences being researched. Hycner (1985) states that "...the phenomenon dictates the method (not vice-versa) including even the selection and type of participants" (p. 295).

A phenomenological study is retrospective by nature. Language is culturally constructed. Thus in the telling, experiences are already interpreted and distilled by participants. A retrospective viewpoint may allow for a much fuller description due to the participant having an opportunity to reflect back on the experience and to integrate it consciously and verbally (Hycner, 1985).

Jarrett and Lethbridge (1994) and Lemon and Taylor (1997) indicate that phenomenological methodology involves four basic steps: Bracketing, analysing, intuiting, and describing. Each one of these factors is a process – both complicated and integral to the present research.

#### A. Bracketing

Is a conscious, effortful, opening of ourselves to the phenomenon as a phenomenon... We want not to see this event as an example of this or that theory that we have. We want to see it as a phenomenon in its own right, with its own meaning and structure.

Anybody can hear words that were spoken; to listen for the meaning as they eventually emerged from the event as a whole is to have adopted an attitude of openness to the phenomenon in its inherent meaningfulness. It is to have 'bracketed' our response to separate parts of the conversation and to have let the event emerge as a meaningful whole (Keen, 1975, p. 38).

It is not possible for a researcher to be absolutely and totally free from a presuppositionless space, but the aim is to be aware and conscious of these biases, thus providing an opportunity to keep a check and control on them. Clarification and self-

reflection of potential biases and presuppositions has been aided via the exploration, reflection and verbalisation of the literature as well as establishing relevant phenomenological issues for this research. Bracketing continues throughout data collection and analysis.

## B. Analysing

In analysis participants carry out an introspective recall of information and reflection. The role of the researcher was to make decisions about the data collection. Words were coded using emic terms (participant's perception of the lived experience) and were categorised into more conceptual terms. To assist with analysis, Hycner (1985) was used as a guideline for the phenomenological analysis.

## C. Intuiting

Intuiting also involves reflection. The researcher seeks to understand the phenomenon under study. This is achieved by looking at emergent codes and themes in terms of the whole experience for participants and the identification of essential processes. This is supported when member checks are carried out and the people who experience the phenomenon immediately recognise descriptions and interpretations (made by the researcher/s).

## D. Describing

Describing is the process of compiling data into a succinct and meaningful set of common themes and/or processes.

## Summary

This chapter has provided a frame of reference for considering the key features and merits of using a phenomenological approach. It can also be used as a framework for the reasoning and choices behind the research process in the following chapters.

The following idea from Gilligan (1987) summarises the basic philosophy of the phenomenological approach.

We should listen to women. We should not prejudge them by forcing them into categories that were never constructed to illuminate their experience at all. Instead, we need to listen to how they think about their lives in the terms that they choose to use – in their different voice (p. 57).

The next section of this report describes the processes that were used to collect the information to meet the studies objectives and to describe the experience of women with regards to the effectiveness of the workers' compensation system in Queensland.

## Chapter Three: The Research Process

This is an exploratory interpretative study that aimed to provide rich data about eleven women's experiences of the workers' compensation system. Van Manen (1990) explains that this is a worthy aim when the "lived experience is the starting point and end point of phenomenological research" (p.36).

This chapter aims to provide the reader with the necessary information to be able to follow the procedural steps and decisions used to obtain descriptive and reliable data, as well as how the researcher went about the analysis of that data. The present chapter will discuss and describe the selection of women participants through open-ended interviews, the analysis of data using Hycner's (1985) phenomenological guidelines, and will consider the ethical considerations and research limitations of the project.

### Sampling

As stated previously, the purpose of the present study is to understand women's experiences of the workers' compensation system. Given this purpose, it was essential to locate participants who were willing to share their experiences of the workers' compensation system. The sample number was based on the acquisition of rich and descriptive information rather than satisfying a numerical quota of participants. As Stake (1995) indicates, we are interested in each participant's uniqueness and commonality whereby the opportunity to learn is of primary importance.

It must be acknowledged that the number of participants was limited by financial and time constraints. Swanson-Kauffman (1986) indicates that qualitative research can be



quite expensive, time consuming, and an intensive process, when transcription, coding, and analysis of data are performed.

The researcher decided to place advertisements (see Appendix D for the advertisement, p.246) at a hospital, a university, WorkCover, and in state school newsletters. This method proved to be relatively ineffectual (it yielded only one participant). It was then decided that the snowball technique was to be utilised whereby people are able to recommend potential respondents. Sarantakos (1993) indicates that this technique is particularly useful when interviews may elicit personal or sensitive material. Initial contacts for referral included hospital workers and two rehabilitation co-ordinators within the education department. The rehabilitation co-ordinators provided the researcher with potential participants as they indicated that they understood how difficult it was to find and contact potential participants due to their own research experiences. In the case of the hospital workers, they provided referrals to women who they knew (either as friends or co-workers) had experienced the workers' compensation system.

Contact with potential participants was either in person or via the phone. In both modes, potential participants were provided with an introduction to the researcher and the reason for the research. Confidentiality and anonymity were discussed as well as examples of questions which could be asked at an interview. Individuals who were met in person were given a copy of the consent form to take away and look at. Potential participants who were contacted over the phone received a form in the mail. Each potential participant was given at least one day to think about whether they wanted to participate or not. They were then contacted at a later date (either in person or via the phone) to find out if they did or did not wish to participate.

Three participants were concerned about whether they had enough to talk about, as they felt their experiences were “*uncomplicated, fine,*” or they had “*no problems*”. These women were assured that all experiences were valid and of interest to the researcher. All three women were included in the research. One potential participant was concerned about questions being “*too personal*”. However, this concern was allayed when examples of questions were provided as well as a discussion of confidentiality and anonymity. One potential participant was not included in the sample because although she had suffered several work injuries, due to her injuries being related to a congenital condition, she had not claimed for workers’ compensation. The researcher discussed the inability to use the potential participant in the research, as the criterion of participation was for women experiencing the workers’ compensation system. It must be noted that one woman who was contacted via the phone, declined to participate in the research. The researcher was able to discuss the research process with the woman, but when asked if she would like to participate, the woman became upset at the thought of having to “*dredge up the past*”. She was still having to “*deal with a court case*” and felt that she “*would be unable to cope*” with talking about her experience at the present time. The researcher thanked the woman for her time.

The sample was comprised of eleven women. Participants ranged in ages from their late twenties to their early sixties. All women were from a non-indigenous cultural background and included women from differing socio-economic backgrounds.

## Data Collection

Using a phenomenological approach, the collection of data was carried out using open-ended interviews. The open-ended interviews were guided by the central questions:

- I. Can you tell me a little bit about yourself?
- II. Can you tell me what it is like to be involved in the workers' compensation system?
- III. Did this affect your family? If so how did it affect your family?
- IV. At any time, do you think that you being a woman affected your experience?

Due to the narrative style of conversation, sub-questions were asked to either enhance or clarify a theme or information given by participants. For example:

- How did this affect you in the long term?
- Did you receive any rehabilitation?
- What did you mean by.....?

During the conversation both verbal and non-verbal listening skills were utilised. These included such things as: nodding appropriately, making facial expressions, saying 'hmm, yes, OK', and asking questions if unsure.

Each participant chose the context in which the interviews were conducted to assist with convenience and feelings of comfort. Of the initial interviews - one interview was carried out at the participant's workplace, three were at the researcher's home, and the remaining seven were undertaken at the participants' homes. One participant initially requested that the interview take place at a café. The researcher indicated that this would interfere with the clarity of taping. The participant then opted to be interviewed at her home.

Participants were told that they were being asked to describe their experiences of the workers' compensation system. Confidentiality and anonymity was discussed and signed informed consent was obtained. The researcher provided all individuals mentioned in this thesis with a pseudonym. All locations and names of participants' workplaces were omitted and only overriding governing bodies were included where appropriate (for example, Queensland Health and Education Queensland). Although exact dates of events were obtained for most participants, only approximate months and years are given for reasons of confidentiality. The third interview was devoted to allowing each participant to check the draft copy of her story. They were able to add, change or delete any information they wished, and were asked if they felt that their confidentiality had been protected as much as possible. There were three participants who wanted exact dates left in. One woman stated "*I don't give a shit. It happened and it shouldn't be hidden*". Two other women stated "*I'm not worried about the dates*".

There were three interviews per participant. All of the initial interviews were taped and notes were taken to increase accuracy. Initial interviews lasted between one hour to three and a half hours in length. It was important to spend a varying amount of time prior to and after the specific conversation about workers' compensation establishing and maintaining rapport. This was established with a generalised conversation about various topics (such as talking about local news, family, holidays, pets, and current jobs) over a cup of tea. Due to the informal nature of the interviews, the researcher dressed casually in jeans and a shirt, and on one occasion was still dressed in her work uniform. On that particular occasion the participant commented "*Oh you work for Ed Queensland*". The researcher talked about her job and what it entails and then moved on to talking about the interview process. Interviews ended when participants requested it

or saturation had occurred. Saturation was indicated by the repetition of information and no new information was given. Examples of statements made by participants indicating that saturation had occurred included: *“I think that’s all...”*, *“I’ve talked about that...”*, and *“I’ve had enough...”*

After initial contact with potential participants had occurred, it took an average of two weeks to obtain an interview. The interview tapes were dropped off to the transcriber to be typed verbatim and it took an average of two weeks to receive a transcript.

Concurrent to interviewing and transcribing was the initial coding of participants’ data. The aim was to follow-up with a second interview by four weeks. This did not always occur due to schedules of participants and such factors as public holidays. The purpose of the second interview was to clear up any misperceptions or missing data from the first interviews and to validate the emerging categories. To assist with this process, each participant was provided with a summary page that also contained researcher questions regarding ambiguous data, these were highlighted in red. The researcher also asked eight participants the following question : At any time, do you think that you being a woman affected your experience? The remaining three participants were not asked this question as they had directly addressed this issue within their first interview.

Here is a quote from the three participants to demonstrate this: *“ I’m sorry to say it that way, but it’s just come to my attention that every single person has been a woman.”*

*“I often wondered if I had of been a man if it would have been different.... I felt exploited as a female!”*

*“But I suppose if I’d been a guy- things would have probably moved through a lot quicker and I probably would have got more of a payout...”*

Nine of the second interviews took place in person and two were via the telephone. They lasted from fifteen minutes to two hours in length. First interviews were completed approximately twenty weeks after data collection began. Second interviews were completed approximately twenty-eight weeks after data collection began.

The third and final interviews were dedicated to discussing the draft copy of each participant's story (see Appendix J and chapter ten). Four were carried out at participant's workplaces, two at their home, and five occurred over the telephone. Interviews lasted anywhere from five minutes to two and a half-hours in length. Third interviews were completed approximately thirty-one weeks after data collection began.

It should be noted that the interview process occurred in two waves. This was not a deliberate act but occurred due to difficulties establishing contact with the initial transcriber. The first wave consisted of seven participants and occurred over ten weeks. Second interviews were completed by week eighteen. This two step process was beneficial as it allowed time for feedback from participants, evaluation of the transcriber, and reflection by the researcher of data collection progress. Given this opportunity to look at that data, the researcher decided that further participants were needed to enrich and provide thick information for the themes.

Feedback from the participants indicated that they were dissatisfied with the presentation of the transcripts. The primary concern was that the conversation did not flow naturally. This was due to the format of stopping a sentence from a participant whenever the researcher responded (see Appendix F, p.249). One participant was so concerned that she indicated that she wanted to withdraw her data because she sounded "*dumb*" and "*people would know who it is*". The researcher was aware of ethical considerations and did not want to pressure the participant to stay in the research.

However, the researcher did explain that the transcripts would not be entered 'as is' into the research and that natural informal conversations may appear and sound different when in written format – especially when it is complicated by a disjointed format. The researcher visited the participant in person to demonstrate how the transcript had been used with regard to themes and clusters of meaning. The participant looked these over and was able to make comments on each one. The participant indicated that she was relieved and satisfied with what the researcher was doing with the data. The researcher then told the participant that if she still wished to withdraw that the researcher would carry out the participant's instructions immediately (at this point the researcher felt that she could not do anything else to alleviate the participant's concerns). The participant did not choose to do so.

Due to the initial analysis the researcher had thirteen clusters or themes (see p.43). These were utilised in the second wave of interviewing in two ways (both of which were always utilised after the primary taped conversation had occurred). The first was to give the participants an idea of how their data would be utilised and the second was to provide potential areas for participants to talk about. This helped to facilitate information sharing by some participants. For example: One participant stated "*Oh looking at that, it's interesting that I haven't talked about my family*".

There was a two-week intervening period between the first and second wave of interviewing. In that time the researcher found another transcriber who was more satisfactory with regard to cost, communication, accuracy, and efficiency than the initial transcriber. The second wave of interviewing occurred fifteen weeks after data collection began.

Even though data collection and analysis occurred concurrently, for the sake of clarity, these processes have been separated into two distinct sections. Moreover, this concurrent process meant that the researcher had to 'bracket' her expectations. An example of this is that as participants conversed the researcher could picture where the conversation fitted into the emerging themes. Hence the researcher had to eliminate such thoughts and allow the conversation to flow naturally.

### Data Analysis

All initial interviews were tape recorded and notes were taken. Note taking included inflections, the real time setting and context, and areas to clarify. The researcher, using both the tape and notes, checked the transcription for the purpose of assisting with accuracy and familiarisation of the data. Participants were then given a copy of their transcript to check through so they could add, change, or remove any information they desired. A large margin to the right of the transcription was used to allow notes in the coding process.

Hycner (1985) provides a clear and comprehensive guideline for the process of data analysis. Hycner's methods were utilised in the following way:

1. Listening to the interview for a sense of the whole (Hycner, 1985, p. 281).

This involved listening to the tape several times as well as reading the notes and transcriptions several times. This provided a context for the emergence of meanings and themes for later on, as well as providing the researcher with an opportunity to listen to the non-verbal and paralinguistic levels of the conversation (such as pauses, intonations, and emphases).



2. Delineating units of general meaning (Hycner, 1985, p. 282).

This phase involved the researcher beginning the rigorous process of going over every word, phrase, sentence, paragraph, and non-verbal communication to elicit participant's meanings. This was done with as much openness as possible, and at this point it did not address the research question. The researcher attempted to stay very close to the literal data. Table three provides an example of the elicited meanings from a participant's transcript.

<i>(1) Rehabilitation – there's none. Which (2) I reckon is a <u>big</u> mistake – (3) is something that needs to be addressed. (4) Because you need your rehab (5) to get back into the work, (6) emotionally and physically.</i>	<ol style="list-style-type: none"><li>1. There is no rehab</li><li>2. Reckons it is a <u>big</u> mistake not to have rehab</li><li>3. Need to address that there is no rehab</li><li>4. You need to have rehab</li><li>5. Need rehab to get you back to work</li><li>6. Need rehab both emotionally and physically</li></ol>
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3. Units of relevant and redundant meaning (Hycner, 1985, p.286).

Once the units of general meaning were noted the next phase was to eliminate clearly redundant segments, which did not illuminate the research question. These segments may have been incomplete, or fillers whilst participants gathered their thoughts. For

example: *“um, maybe if they I don’t know to go through the procedures ok...”* The participant at this point had gathered her idea and proceeded to explain what she meant.

In this section it was important to note the number of times a meaning was mentioned and how it was mentioned. With this in mind, the aim was not to look at the statistical number of times something may have been mentioned, but to look at the emphasis and importance placed on meanings by individual women. This also entailed looking at non-verbal and paralinguistic cues which may have emphasised or altered the literal meanings of the words spoken by the participants (such as sarcasm, emphases, rhetorical questions). For example: *“I mean I went down to that tribunal, that was a great, first hand...”* The word ‘great’ was emphasised and stated with a sarcastic tone; indicating that the participant actually meant it was the opposite of ‘great’.

#### 4. Clustering units of general meaning (Hycner, 1985, p. 287).

The aim here was to determine if any units of relevant meaning naturally clustered together. To ask – Does there seem to be any common themes or essences to units of relevant meaning? Carrying out clustering for each participant as well as comparing and contrasting themes between participants facilitated this process.

An example of a theme cluster for participant one was:

*“I’m a person. I am a human”.*

*“I wanted to be treated like a proper person”.*

An example of a theme cluster between participants was:

*“Trying to get money out of them, it was so frustrating”.*

*“The hardest thing for me was getting money”.*

This clustering of meaning required the constant act of going back and forth between the transcripts, the units of relevant meaning, and the clusters of meaning. Hycner (1985)

notes that another researcher might come up with slightly different clusters given that there is more room for different perspectives and levels of experience in this process. It should be noted that if clustered meanings were found to have fitted into two themes than they were added into both. For example:

*"They put you through so much! Like I said – so much stress and you feel they must probably think that we'll put them through so much, they'll probably say 'Oh forget it'".*

This was added to the themes for 'negative types of experiences' and 'reasons why women won't or haven't claimed workers' compensation'.

#### 5. Determining themes from clusters of meaning (Hycner, 1985, p. 290).

Within this phase the researcher interrogated all the clusters of meaning to determine if there was one or more central themes. The aim was to look at whether the themes expressed the essence of those clusters and that portion of the transcript. Hycner (1985) acknowledges that "Obviously, more so than the previous ones, this procedure addresses more of the gestalt of the relevant segment and the clusters of meaning" (p. 290).

An example of a theme cluster from participant one was:

Dehumanisation – *"I am a person"*

*"I am a human"*

*"I wanted to be treated like a proper person".*

Table four lists the central themes that emerged from the eleven participants' transcripts.

<b>Table 4: Thirteen themes that emerged from the data</b>
The impact on the individual
Changes wanted to workers' compensation
Whether the experience was perceived as being affected by the individual being a woman
Reasons for not claiming workers' compensation
Experiences with doctors and specialists
The response of workplaces
Types of negative experiences
Types of positive experiences
What the future holds for individuals
Impact on the family and/or significant others
Experience of tribunals or payouts
Experiences with workers' compensation personnel
Experiences of rehabilitation

6. Writing a summary for each individual interview (Hycner, 1985, p. 291).

At this stage the researcher went back to the interview transcripts and wrote a summary of the interview. This looked at a synopsis of the workers' compensation experience for each participant, and how the themes fitted into the whole experience for each participant.

7. Return to the participant with the summary and themes (Hycner, 1985, p. 291).

The researcher then returned to each participant with the transcripts, the written summary, and emergent themes. This provided an excellent opportunity to carry out a

reliability check. The aim was to see whether the participant agreed that the essence of the first interview had been accurately and fully captured. If not, then corrections were made. This also provided that researcher with the opportunity to ask further questions or fill in any missing information. For example, it was unclear from the transcripts exactly what the findings of the tribunal were for a participant. Returning to the participant provided the researcher with the opportunity to ask about this information. It was revealed that the tribunal found the injury to be unrelated to work and the participant provided the researcher with a historical document to support this statement.

#### 8. Modify themes and summary (Hycner, 1985, p. 292).

With the new data from the second interview, procedures one to six were utilised again. This allowed the researcher to look at the data as a whole and to modify and add themes as necessary.

Concurrent to the analysis of themes was the compiling of each woman's story (see Appendix J, p. 254 and chapter ten). Analysis of this data involved organising information into a sequence. This was necessary because the transcripts were taken from a taped conversation whereby information emerged naturally. An example of this was a participant who stated "*Oh, now I remember. That's right. I had to see them because...*" Hence, the participant expanded upon a previously mentioned incident. Analysis involved the removal of incomplete sentences and conversation fillers, as well as changes made to clarify information (for example, "*He said to me*" has been changed to "*The doctor said to me*" to clarify who the participant is referring to).

**Table 5:** An example of two participants' stories and the analysis of their transcripts

Transcript	Analysis (the participant's story)
<i>The only problem with that was that it was x [persons name] holidays and he didn't want to change his holidays. So I just kept on working. By the end of the two I was flat out walking again.</i>	The only problem with that was that it was the manager's holiday and he didn't want to change them. So I just kept on working. By the end of two weeks, I found it hard to walk again.
<i>I had surgery it was about \$20,000 worth of surgery so, they paid for that I think that was the maximum paid – that they could pay for surgery. So I had to go to a private hospital so they paid for a private hospital. Because this particular doctor doesn't operate at a public hospital... I ended up paying – to pay \$1000 for that. That's because it went over the \$20,000. I think it was \$21,000 in the end.</i>	My surgery cost about \$20,000 which WorkCover paid for. That was the maximum amount they would pay for surgery. I had to go to a private hospital because the doctor I had didn't operate at a public hospital. I ended up paying \$1000 because it went over the \$20,000. I think it was \$21,000 in the end.

9. Identifying general and unique themes for all interviews (Hycner, 1985, p. 292).

At this stage the researcher began to look for themes that were common for most or all of the interviews. Those themes, which were similar, were clustered together as indicating a general theme. Not only did the researcher look for similar themes, but also

it required the identification of differences or unique experiences between participants. These variations were important counterpoints to the general theme.

10. Contextualisation of themes (Hycner, 1985, p. 293).

Hycner (1985) indicates that it is helpful to place the general and unique themes back within the overall contexts or horizons from which they emerged. The contextualisation provides the means for the researcher to reabsorb the fullness and depth of the context and meaning of what was said by participants. An example was when two participants mentioned “*not ever wanting to be injured*”. It was not something they chose to happen to them. Yet they had no control over how the system proceeded to treat them – being “*degraded and frustrated*”. This also led to feelings of dehumanisation.

### Research Issues

Validity in any scientific research is an important issue. It attempts to answer the question – Does the research data accurately represent or capture the phenomenon being studied? This is equally important within a phenomenological approach; it can be measured by the concept of ‘rigor’. In turn, this concept can be gauged by the following four criteria:

#### I. Credibility

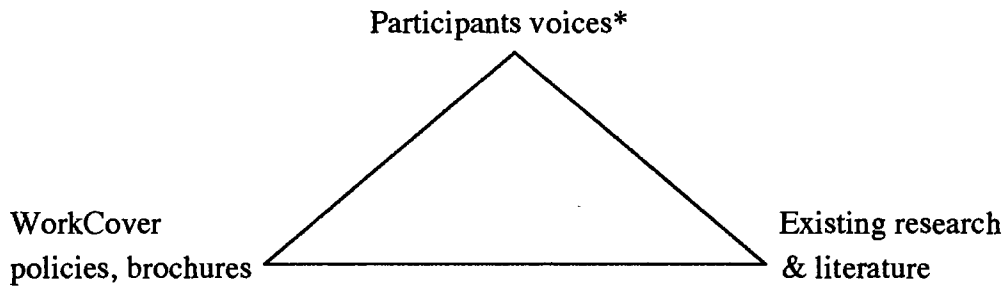
This is where people who experience the phenomenon immediately recognise descriptions and interpretations of it. Hycner (1985) suggests that the first credibility check is the participants themselves. Participants were invited to read and edit the transcripts and themes from their interview data. The member checks provided the participants with the opportunity to check for credibility – to see whether they rang true. Sandelowski (1986) states that “Truth is subject oriented rather than researcher defined”

(p. 30). The implementation of multiple interviews and a summary of the initial interview strengthened credibility of the data for each participant. This not only assisted with thoroughness of data collection but it also allowed for the cross-checking of information (Moyle, 1996).

Carspecken (1996) acknowledges that credibility is enhanced when multiple recording of data are utilised. To facilitate the greater accuracy of information, the researcher taped each interview and also took notes. Interview data not only included verbal information but also noted non-verbal and paralinguistic details, as well as the context and settings. Historical documents and pamphlets were also obtained from ten participants and this assisted with supporting participants' information. Some of these documents included, diaries, communications with WorkCover, Doctors and specialists reports, WorkCover tribunal documents, grievances, communications from workplaces, and WorkCover client updates.

The findings from data analysis were examined, not only between participants, but also with the tradition of literature in the area of workers' compensation. The aim was to discover the commonalties between experiences, and to look at contrasting experiences and interpretations with regard to the data. This process is known as triangulation. Figure eight diagrammatically represents this process.





**Figure 8:** An example of triangulation of data (\* Triangulation also occurs among participants).

Seale (1999) indicates that the inclusion of quotes from individuals supports the authenticity of that data. This has been reinforced with the use of extensive quotes from participants in the analysis and discussion of emergent themes. This also has increased the replicability and auditability of the research (Moyle, 1996). Campbell and Bunting (1991) acknowledge that participants are the experts on their own lives.

Hycner (1985) acknowledges that the researcher cannot come from an absolute and totally presuppositionless space. The aim is to identify any presuppositions and to suspend them so that the researcher is able to understand what the participants are saying rather than what the researcher expects the person to say. A very basic form of this involves refraining from the use of leading questions. Thus, the researcher utilised generalised open-ended questions.

## II. Fittingness

Fittingness not only relates to how well the research 'fits' other comparable situations, but also how closely the findings of the research 'fit' the original data obtained in the study (Moyle, 1996). This process was facilitated by continually relating themes and clusters of meaning back to the original transcripts.

The emerging themes were scrutinised for any ambiguous, contradictory or seemingly unrelated elements. Any ambiguous elements were explored further with the participant concerned. No totally unrelated themes were found, only types of experiences may have differed (for example: only one participant had experienced a workers' compensation tribunal), thus suggesting a significant level of 'internal fittingness' of the study (Moyle, 1996).

Guba and Lincoln (1985) indicate that the ability to make generalisations about the data does not lie with the researcher but rather with those wanting to make the generalisations. The responsibility of the researcher is to provide a clear audit trail to allow others to make decisions about transferability.

### III. Auditability

This occurs when an outside researcher can follow the decision trail of the researcher who carried out the study. To facilitate this, the researcher has provided an audit trail of decisions made about the research.

To assist auditability and the process of bracketing, the researcher maintained diary and field notes that included memos, perceptions, hunches, and artifacts (such as newspaper clippings).

### IV. Confirmability

Confirmability has occurred when the research process is clear, systematic and well documented. As each of these measures of rigor have been addressed in detail with respect to the current study, it follows that confirmability of the study has also been demonstrated (Moyle, 1996).

### Ethical Considerations

Ethical approval to conduct the research was given by Edith Cowan University's Ethics Committee (see appendix I, p. 253).

At the outset, participants were informed about the aim and format of the study. Confidentiality and anonymity was discussed with all participants and informed consent was obtained (see Appendix E for a copy of the consent form, p.247). All participants were advised that they could withdraw at any point of the study and they could withdraw all or any information – particularly if they felt uncomfortable with any information disclosure.

Due to the sensitivity and personal nature of the data, the researcher was prepared to refer participants to Legal Aid or The Injured Workers Association; this was not required in the study. Although, one participant did require time to recover from emotions evoked from describing her experience. During the interview, taping was halted and only resumed when the participant declared that she wanted to continue.

### Research Limitations

Due to time restrictions and financial constraints the sample was restricted to women within Queensland. This was offset by the amount of rich data obtained from participants. All participants were from a non-indigenous cultural background.

In utilising interviews it is acknowledged that data may be subject to observer and expectancy effects. To reduce these factors, the researcher asked open-ended questions and carried out the process of bracketing. By the very nature of the study it is necessary to rely on participants to recall past events accurately. Meyer (1993) acknowledges that this type of reliance is essential to the process of doing research with people rather than

on them. Accuracy to recall was enhanced by the utilisation of historical documents with the participants. The use of a variety of data sources included participant's documents and WorkCover pamphlets. The historical documents included: WorkCover bills and payments, letters received from WorkCover, medical certificates and doctors letters, employer letters, and diaries and notes kept by participants. As expected, the researcher was unable to obtain files from WorkCover on any of the participants due to client confidentiality. In looking at the documents it was useful to be reminded of what Yin (1994) pointed out – if you do get to use archival evidence then you should be aware of who produced it, for what audience, and for what purpose?

### Summary

The present chapter has attempted to provide a clear audit trail for the reader. This has been achieved with the provision of information about the research process – from the contact and involvement of eleven women participants to the analysis of themes derived from narrative style interviews. Fundamental to the process, was the researcher's awareness of ethical considerations and the confidentiality of participants information.

In the following section the data is presented to the reader. Chapter four provides an overview for each of the eleven participants, whilst chapter five presents the emergent themes for all participants.

## Chapter Four: Looking at the Emergent Themes

The aim of this chapter is to reveal the themes that emerged from the analysis of interviews, using Hycner's (1985) guidelines.

Swanson and Chapman (1994) indicate that we seldomly look at or understand what happens to people as they go through a process. Furthermore, "The effects of social interventions are seldom fully known" (p.67). It is hoped that by providing full conversational passages from participants that these will not only illustrate and illuminate each theme, but it will also focus on the impact that the workers' compensation process has on each participant from their perspective. Each participant's direct quotes are presented in italics and their given names are pseudonyms.

With regard to the interpretation of data, Stake (1995) acknowledges that it is up to the researcher to decide how much to provide interpretations about each case study. With this in mind the researcher has decided to minimise interpretation due to the exploratory nature of the study and the desire to focus on the women's' stories. Therefore, interpretation of data will look at emergent themes, such as how many participants talked about the theme and look at whether there were any contrasting points of view. Existing research and information relating to the emergent themes will be used to either compare or contrast information (for example, women's experiences versus WorkCover mission statements, or in other words, espoused theories versus theories-in-use). To facilitate the discussion of themes (in some cases) researcher questions have been placed after the presentation of quotes from participants.

The predominant focus of chapter five is to look at women's descriptions of their workers' compensation experience in terms of negative versus positive/neutral

experiences. Thus, the focus is on the question, what factors impacted to make the workers' compensation experience a predominantly negative one? This in turn has been divided into subthemes which includes: The bureaucratic nature of the system (such as delays due to red-tape, delays in payments, lack of information and a lack of coordination of services); the adversarial nature of WorkCover (such as a lack of neutrality and women were treated as though they were dishonest); experiences of WorkCover personnel (for example, the lack of neutrality of staff and differences between male and female staff); experiences of doctors and specialists (which looks at the lack of competent and fair treatment by medical personnel, a failure to look at work environments and job tasks, excessive charges for services, dissatisfaction with specialists carrying out investigations, and conflicting findings between doctors and specialists).

### Negative versus Positive/Neutral Experiences

The overriding theme from the participants was whether their experiences were of a negative nature or were of a neutral/positive persuasion. The strongest theme to emerge was that workers' compensation was a negative experience.

Seven out of eleven participants expressed their experience of workers' compensation in negative terms.

*I'm more upset about WorkCover than what actually happened at the workplace. The whole process is not right or fair. I advise people to go to a good psychologist and go to court.*

*The whole experience was negative.*

*As a 'victim' you have no rights. You get retraumatised and revictimised and revictimised over and over. And what's worse for me is it's on file.*

(Suzie)

*The introduction to WorkCover was yet another aspect of the biggest nightmare of my life. The words which come to mind, when I think of WorkCover are (Just to name a few): -*

- *Obstructive*
- *Destructive*
- *Bullies*
- *Hostile*
- *Uncooperative*
- *Antagonistic*
- *Grandiose*
- *Dictatorial*
- *Authoritative*
- *Fractionalised*
- *Unprofessional*
- *Egotistical*
- *Ill- prepared*
- *Poorly educated, or prepared for the position*
- *Unsympathetic*
- *Unobjective; and*
- *Blatant sympathisers of the employer. (Colleen)*

*So my Queensland experience is very very distressing. If someone came to me and said, "should I go off on WorkCover," I would say 'No'... The process is totally sole destroying – personally and professionally. The allegations against you are destroying. The amount of time that's been wasted has been destroying.*

*Everyone's said – 'Don't claim WorkCover – you'll have to go through hell and back'. And that is what I've found to be the case. I have been to hell and back. And I know I have to keep going back to hell, and bring myself – rally myself each time, through this claim. (Lyn)*

*They put you through so much stress and you feel like they must think that 'We'll put them through so much – they'll probably say 'Oh forget it.'*  
(Rebecca)

*I don't know – It's not even something I would feel like doing after dealing with that mob! They're right bastards! (Michelle)*

*Well I had to go through the system, which was not a pleasant experience. I have been intimidated, insulted and treated like a second class citizen. (Sharon)*

*The stigma attached to any kind of mental illness is huge. Having to explain to someone what's going on in your head, someone who's not a doctor, to a financial person an account type person (from WorkCover). I felt very judged. I don't know if I was or not – I probably wasn't, but in my state of mind at the time I felt really judged. (Emily)*

In comparison to these seven participants negative experience, four participants expressed their experience in terms of neutrality or as a positive type experience. However, two women had their cases complicated due misunderstandings or delays in processing as a result of workplace actions.

*The actual workers' compensation – the small part that I had contact with, was very minimal. And as we go through I will show you just the little bit of confusion, like it was as if they weren't understanding or reading the actual injury properly. But that was the only problem that I really felt that there was a cause for concern. When I received a letter from the workers' compensation board, they said that I injured my muscle. And I felt that for a compensation worker, they should make sure of their facts of what the actual injury was. I suppose it was a different way of interpreting, really.*

*And also, the woman from head office (from my workplace), she also approached my doctor. You know – she got my permission, written permission, first. So that she could approach him to find out about my injuries. So I don't know whether that was a normal procedure. In hindsight I suppose it was unusual. Like I had nothing to hide because everything had been addressed, so I couldn't see anything at the time – no reason why she couldn't approach him. (Julia)*



*I was off work. Had my back strapped. Was having physio. The claim form went in pretty well straight away and there was no problem with WorkCover. They were supportive of me. They could see my injuries were legitimate. Just the documentation wasn't handled in time by my work.*

*When the claim went through it wasn't actually WorkCover where the problem was. My claim wasn't lodged by my supervisor. And with WorkCover – if I can remember rightly – I think from the time that the incident happened, I think it can't be any more than two weeks and the report/claim has to be lodged. And it hadn't been lodged. That's where the problem was. It wasn't put through and I kept thinking why it wasn't. And that's why I ended up paying for the physio. It ended up being a real hassle.*

*I had to have an interview with WorkCover as well, which was quite daunting because I'd never experienced any formal dealings with them. So I was quite anxious about it. Oh yeah! And I had to make a formal statement. (Donna)*

*I didn't have any problems with WorkCover itself. I mean workers' comp went through fine. It wasn't really a big incident for me. I didn't see anyone; it was all done through my employer, so no, that's about it. Pretty simple, pretty basic. (Louise)*

*Basically with workers' compensation they were quite good. They were reasonably efficient with everything. Looking back they were excellent. (Joanne)*

### Questions or Discussion Points Generated by the Women's Narrative.

1. What factors impacted to make this experience a predominantly negative one for seven of the women?
2. What factors made the experience a predominantly positive or neutral one for four of the women?
3. What is the difference between the negative and positive/neutral experiences?

Addressing Question One: What Factors Impacted to Make the Workers'  
Compensation Experiences a Predominantly Negative One?

This question is a complex and multifaceted one, thus it has been divided into level two themes (depicted by a single number) and level three themes (depicted by a decimal point e.g. 1.1).

1. The Bureaucratic Nature of the Workers' Compensation System

All participants reported some degree of frustration in the process of claiming workers' compensation due to the bureaucratic red tape, delays in payments, lack of information, and lack of co-ordination of services. Each of these factors will be discussed in turn.

*I wish it wasn't so bureaucratic...user friendly would be nice. But I suppose they're just doing what they've gotta do. (Emily)*

1.1 Delays in the workers' compensation process due to red tape.

Due to the amount of paper work to be filled out and the length of time taken by WorkCover to process the numerous numbers of forms, women experienced delays with regard to the services that they could receive or wished to access.

*When the doctor did testing for nerve reaction I went off for a scan. I had to fight to get WorkCover to pay me. It cost about five hundred dollars. (Sharon)*

*It wasn't quick. Like we thought it would be fair and quick and over and done with quickly. But it took about twelve months before I received any payments due to workplace delays in filling out paperwork and delays due to disputes with the investigating psychologist and doctors. I had to use my RDOs, sick leave and holiday leave. Yeah, so I mean if anything*

*was very serious then forget it and when it's this type of claim (which they wrote down as workplace stress) the process is slow. (Suzie)*

*Like I said, to me WorkCover was really just 'red tape' it was just pieces of paper and that's all it means to me – doesn't mean much else. (Louise)*

*Because I think even with the specialist, WorkCover were paying for it. But they sent their bill in and it took them six months or more to even get paid for the first visit, because WorkCover took so long. When I went in for the final time the specialist said they had just gotten paid for the year before, and they said "How long is it going to take before we get paid this time?" And I said, "I don't know".*

*And with the second operation, it wasn't until, I think, a couple of weeks before hand that they agreed that they were going to cover me for that operation as well! (Rebecca)*

*I had to fill out fortnightly or monthly? I can't remember which one, reports to WorkCover to keep getting WorkCover payments. The reports to receive payments - I felt like I was in court, they went over it with a magnifying glass. (Colleen)*

*All the time you know, you've got to have these medical certificates for them – everything has to be covered medically.*

*Then I had to go to physio so there were further days I was off. Then I had to return back to the doctor for another re-assessment. And I had already applied for compensation. And it did at the time take a little while to come through. I think it has a lot to do with the paper work coming from the doctor and the physio – it's the due process I think. (Julia)*

*I paid the physio up front. I don't know whether it's because it takes some time for the WorkCover to be approved. I know that one of the physio's I had – it seemed to take awhile for them to get paid by WorkCover. As soon as you say WorkCover they sort of think 'Oh, I'm not going to get paid' – so I paid it. And then put my receipt in, or whatever. (Donna)*

*I went to the physio one day and she said, "No, can't do nothing today because they haven't okayed anymore, you've gone up to your limit". Well I thought 'You're still on WorkCover – they should still be paying'. So I paid it that time and got the money back from work. So I rang the human resource manager up again and she got on to them, and they contacted the physio and said to keep going with the physio for as long as I needed it. But I had to keep going back to the doctor's every week then to get a medical certificate. You know, they're both saying that I still need physio but WorkCover keeps wanting these medical certificates.*

*The second time they stopped paying the physio I rang WorkCover and the girl said "Oh you're not covered, you're only covered for three days and we're waiting for another medical certificate". And I said "Well no one told me I had to get another medical certificate". And so she said, "Well it's in the computer – it's frozen until we get another medical certificate". So I had to go and get another medical certificate, you mail that and two weeks later still nothing. So you ring them up again.*  
(Michelle)

*The actual process of going through all the damn paper work and all the rest of it was just really hard, 'cause when I get sick, I have problems putting on matching socks. I'm useless. I have problems with speech, can't think straight at all, so the whole process of getting the WorkCover organised was really hard.*

*A lot of doctors reports, a lot of paper work to be filled in by doctors, and having to remember this that and the other. I couldn't remember what I had for breakfast. So it is one of the things that happen when I get sick, is I totally lose what I am doing. So that part of it was really hard. And having to work to their timetables for putting things in and it all makes sense that they have to work that way. How else are they going to function? But from my end it was really hard – but I made it through.*

*But it's a lot of bloody paper work. They are about to send me another whole bunch of forms – so I don't know what they are going to be like. But it's continuous too, it seemed to me to be too often – there were more forms to be filled in and sent back. Saying exactly the same thing as the last lot said – probably necessary for people that are making lots of progress in different areas. And so I suppose it's gotta be done but it's just, I continuously keep getting letters from these people.*

*The problem with the whole situation this time is that you can't get WorkCover until two weeks after your last sick day hour pay is used up.*

*So there's a two-week interim where you don't get a cent. Now that makes things tricky from the start. Then they send you the form and you do all the paper work ... and that means sending them some forms. They send some more forms back to you, that you're going to have to take to your doctor. Then you send them back to them. Then they send you some more forms – that you've got to get filled in again. And then they have to be sent back and looked at. (Emily)*

Emily went on to say:

*This time, one of the things that really does stick in my head and it's a silly little thing – I needed to return some forms but ended up in hospital again, I was sick, I was not well. I got this lovely [ said with sarcasm] letter saying basically – 'If you don't return the bloody forms, we won't even think about you and we'll just write you off as a dead loss' - that's basically what it was saying. And I thought it was a bit rude. I didn't think it was necessary. Yes, they have to get their paper work done in a certain time frame. Yes, I understand that but hang on a minute, let's be kind of a little bit compassionate here. So that certainly sticks in my head. That stressed me out for the next week.*

Lyn also mentioned the use of impersonal and threatening letters:

*The process is certainly not friendly. I received a letter from WorkCover stating that when I went to see the psychiatrist, not to feel threatened by his impersonal manner. When I actually went to see that psychiatrist, I was terrified. I felt like I would be a bit of meat stuck on a chair, and had questions aimed at me, and have to answer them. And when the interview finished I actually mentioned it to the gentleman, and he actually read through it and he said "Wow that certainly does scare you doesn't it". Now as I said, I'm not silly and I know what government processes are and things like that, but a letter such as that, attached to a letter of appointment to see a psychiatrist would be enough to scare the pants off any one.*

Keaney (1998) indicates that feelings of loss and disruption can be aggravated by the impersonal treatment (let alone the overtly hostile acts) received from WorkCover.

## 1.2 Delays in payments.

*Every fortnight I had to get the union onto it for weeks, for months it seemed. And eventually every time I'd get paid but not without a battle and more stress. (Suzie)*

*Oh the payment. They are always late in paying you, when you're on a budget or whatever. It was always such a frustrating thing. You put in your claim and it would never come in on time. That was hard. The pay. Then there was all this run around. The Ed department put a thing in then it went to WorkCover, and it was just like that all the time. Your payment was never on time. (Sharon)*

*But as for WorkCover I'll tell you right now – I had to ring up every fortnight asking for money, for them to pay me – because I needed wages. Workers' compensation said 'Oh we haven't had this, we haven't had that. Oh it will be sent in so many weeks and everything'. But I had to keep ringing up the whole time because WorkCover is just too slow. It took four to six weeks before they sent you your first money. But you're ringing up and they're saying "Oh this department's handling it" or "You've got to get in touch with them" or "We haven't had notification yet that we can start but once we do we'll back date it". And then they tell you "We're sending a cheque out each fortnight" but if you didn't ring they weren't sending it.*

*You're kind of having to wait and sort of haggle and ring up about trying to get WorkCover to pay you. I had that much stress... (Rebecca)*

*And while all this was going on, no money was coming in and that's where I had my first run in with WorkCover – was getting any money out of them. Well, I think I was off about six weeks before any money came in. (Michelle)*

*Now I took that time off, six weeks or so, and I still haven't had one payment. So things have been really, really difficult financially. I had to go back to work – because there was no money coming in. (Emily)*

Casey and Charlesworth (1984) acknowledge that delays and stops in payments by insurance companies (such as WorkCover) appears to be a practice that is “so common it would appear to be a deliberate policy on the part of many insurance companies” (p. 31)

In Stewart’s (1994) study on the personal costs of occupational injuries, it was found that because income support was inadequate many individuals were in debt. Emily’s quote indicates that individuals may be forced to return to work early due to financial hardship. The implication of this is that further injuries may occur, as individuals have not had adequate time to recover from their injury/illness.

Michelle and Rebecca both expressed their inability to cover everyday costs due to delays in payments from WorkCover:

*You would always be a fortnight behind with payments from WorkCover. I would phone on the Friday and it was two weeks behind, and they would say it was coming. But the cheque wouldn’t arrive till the following Wednesday/Thursday. The rent was due and I had to tell the landlord that the cheque hadn’t arrived. So when the cheque arrived I was only paying what was owed. (Rebecca)*

*I rang up the real estate agents and I told him “As soon as I get some money from WorkCover I’ll pay my rent”. They said “No, no that’s fine!” And the Human Resource Manager rang up too and told them it was getting sorted out - so they didn’t think that I wanted to live here for nothing. (Michelle)*

Colleen endorses this idea when she raises the issue of the apparent lack of recognition of women as income earners:

*I was forever fighting to get fortnightly payments. WorkCover’s attitude was if you want five cents, prove it. Payments were always delayed. I was the breadwinner of the family and we had no income. It wasn’t a game. I was scared to go to the bank, I couldn’t make any payments and I was*

*scared they would foreclose on my home. There were delays in payments, part payments, for all sorts of weird and wonderful reasons.*

Stewart and Doyle (1988) indicate that women are discriminated against due to the view of 'spouse dependency' for entitlements and benefits. For example, a male worker can claim additional money for a spouse and children whereas women have to prove they are the sole providers.

### 1.3 Lack of information sharing by WorkCover.

*WorkCover has been very evasive. If I ring up and ask to speak to my claims officer, it can take three or four days for someone to get back to me, even a week. The people are very evasive with information they give on the telephone. Even this morning when I rang up and asked what was happening with my claim, they still didn't tell me they had sent a registered letter, two days ago, to say that my claim was rejected.*

*I felt let down by the system in the fact that WorkCover didn't make contact with me along the way. And when I actually originally went and saw WorkCover, I was in an extreme state of depression and anxiety. Not knowing what was happening, at work, or the process or anything like that. And to not contact a person would only exacerbate any of those problems.*

*Certainly there is an easier process...And when you get the letter stating that you were unsuccessful in your claim, even that's negative because I haven't been contacted and all of a sudden I've been sent a registered letter, and no one will talk to me. (Lyn)*

*They mostly return calls, but sometimes I didn't get phone calls returned for days or weeks or not at all. I was also unaware that after six months on WorkCover you are only paid sixty percent of your wage, no one told me. (Suzie)*



*...And it was the next day that I got my cheque by express mail, but it no where near covered for that amount of time because of the tax that came out of it. They didn't explain the forms, so it was more or less classed as a second job so I was paying an extra amount of tax. And I asked the girl about all the tax and asked why I was paying so much tax. She was good too, she explained why, and I said, "that should be explained to people when they are filling out these forms!" And she said "Oh well – just put in your tax, if you do it, and you'll get it all back at the end of the year". I think I was still down about four hundred dollars. (Michelle)*

*Really what sort of sticks in my mind is like WorkCover itself – that they took so long and they put you through so much and then they still don't really put your mind at ease – that 'yes, it's going to come on a regular basis' or 'yes, we're quite happy and satisfied with what the doctors say, yes we will go ahead'. (Rebecca)*

*In an effort to make the processing of my claim more efficient I asked WorkCover what my next step would be or what I needed for further WorkCover needs, I was often told to leave it and 'all would be revealed' approach. Then when I would submit my next claim, I would be informed that it was not valid or couldn't be processed under normal practices because I had neglected, omitted or forgotten to include certain relevant documentation. This was after I had requested what was needed for the next stage. It was a constant struggle and battle to try and comply with the next stage before it occurred. The process appeared to be deliberately made difficult with obstacles.*

*WorkCover were obstructive. Their attitude was 'how dare you ask us for information'.*

*At one stage my WorkCover payment didn't arrive and when I approached WorkCover I was informed it was held up because I had applied under FOI [Freedom Of Information] to access my file therefore the staff had to attend to that and not on processing my payment. Apparently I was expected to accept this as appropriate and that I should have known this would happen anyway – I didn't. (Colleen)*

Stewart and Doyle (1988) indicate that the workers' compensation system has become increasingly complex and difficult to negotiate and yet WorkCover appear to

withhold information from clients, why is this so? Some women alluded to the highly adversarial culture of WorkCover, to high staff turnover, and the lack of personnel; which in turn, lead to untrained or misinformed staff and delays in the processing of claims.

*However, there appeared to be significant staff turn over numbers and I never knew just who was my case manager whenever I rang up because they changed so regularly and without negotiation or notice. It was a constant case of repeating my story over and over again to each and every new manager because, on many occasions they hadn't had time to read my file or were new to the position and at times didn't seem to care one way or the other if I had a file or not, or my case manager was unavailable for me to speak with. (Colleen)*

#### 1.4 Lack of coordination of services.

This lack of consistency of WorkCover personnel in dealing with each person has the effect of duplicating information disclosure by women and the replication of services.

*And when you're ringing WorkCover you're getting different people all the time. You've got to go through the whole rigmarole each time you ring them - to tell them what's going on. And it got that way I just didn't deal with them I just rang our Human Resource Officer. (Michelle)*

*The way WorkCover has changed the people handling the case, regularly. So my claims officer, the person I've been told to contact if I need to speak to anyone, has changed five times, to the point where my last call to them today was to the original person I started out with – so that was confusing to me. And I consider myself to be educated and learned and familiar with government processes, so I hate to think how someone from maybe a non-English speaking background, how they would feel going through the same process. (Lyn)*

*In the end I had to go back and they thought it was something else, I've been sent back to neurologists, I've been in splints... It's just like a circus, like a roundabout – going from one to another. That really drains you mentally and physically. (Sharon)*

## 1.5 Summary.

In this section women found that WorkCover lacked co-ordination of services, of particular concern was never having one case manager assigned to each person; there was a lack of information sharing, where some women described WorkCover in terms of 'evasive' and 'obstructive'; there were delays in payments to doctors and/or specialists; and delays in investigations and the processing of numerous quantities of paper work. All of these observations indicate that the WorkCover process is bureaucratic in nature.

Women indicated that they had to fight and battle to get payments from WorkCover. The effects of this meant that bills, rent and mortgages went unpaid. Some women were scared and worried as they are the primary income earners for their family.

The next section describes the adversarial nature of the workers' compensation process.

## 2. The Adversarial Nature of WorkCover

*In that time WorkCover said you work for us now and it felt like, and it seemed to me that they were going to look after me. I really felt 'Oh this is good, I don't have to worry about Queensland Health 'cause WorkCover's gonna sort them out. And they were going to do an investigation, they're an outside party and so things would be sorted out'. That's not how it happened. By September/October, WorkCover were changing their tune, they weren't the nice people looking after me anymore.*

*They were happy to have on my files lies and defamatory information told about me, with me not having any way to correcting it unless I could write and do things myself. Which, if I couldn't have done myself, it would have cost me a small fortune to get somebody else to do it.*

*Because Queensland Health can get those files and I thought it was defamatory and people had access to it, and I didn't see anything confidential or right about WorkCover and what they do. And what they can say about people and it's on my file, and even when you ask them to retract it they can't. There has to be something in writing to readdress it, but it's still there. And that can be very damaging to somebody.*

*And so I wasn't happy at all with WorkCover and the way they conducted the investigation, there's no fairness and there's no justice! (Suzie)*

*Now we get onto workers' compensation.*

*I thought I was going to be protected from further bullying, harassment or discrimination, what a big mistake that delusion was.*

*I found that WorkCover were happy to accept information from people with no knowledge base about me. I wasn't even made privy to information, so I couldn't reply. Information was ambiguous and it wasn't discussed with me. I asked them why not? They wouldn't answer me. It was not open to negotiation.*

*I had blatant lies entered into my personal file without my knowledge and of which WorkCover chose to believe without checking for allegations with me to be true or even accurate.*

*I did manage to have Queensland Health remove some defamatory remarks in my file which were written and also some direct quotes from the executive officer in my WorkCover file. Because none could be substantiated, however, some were left in and I was told I would have to write a letter stating my case against them. It was as though I had to address each and every statement on an individual basis. This was unsatisfactory to me because the reports were blatant lies and scurrilous, however, Queensland Health just kept fobbing me off and in the end I gave up. To my knowledge they are still there today on my file for anyone who can access it to read.*

*If it wasn't for FOI, I wouldn't have found out about these lies. (Colleen)*

*And all the correspondence, the way it was put into the file and into the order in which the psychiatrist would have read it, started off with my most recent 'show cause', which was after the date that I went off on stress leave. That was the first report they would have read (was the previous performance management issue). And even when I read through*

*the report, you could see that it was stacked for all the performance issues to be raised. And then the other incidences were considered to be minor... The fact that I put a grievance after January was also brought up as an issue, and treated as a backlash at my supervisor. And I was asked by the institute 'did I have a vendetta or a grudge against my supervisor', in front of my union rep. (Lyn)*

These three women describe situations whereby WorkCover investigations were performed in an unprofessional and non-neutral way. They described the willingness of WorkCover to accept information from employers, co-workers, and doctors and specialists without checking for accuracy of the allegations; stacking of information of files in a negative way, adding irrelevant information to files, and a lack of consultation with the women themselves.

*I found that both Queensland Health and WorkCover wanted me to supply names of people in my reports and I refused to do this because the perpetrators were part of a culture to which no specific person should be named. These 'culture' phenomena seemed to be an outerspace concept for Queensland Health and WorkCover at the time and they appeared to refuse to give me credence for anything I said/reported that related to behaviours, pack mentalities, attitudes or practices, all they wanted were names. I had to laugh at one time, when they did ask certain staff (from my workplace – who had been part of the pack mentality and culture) to give informal reports on me. I informed the agent that that was like asking Adolf Hitler what he thought of the Jews. You are hardly going to receive an objective, unbiased report, especially when some of the staff had privately reported to me that they were unable to support me in the workplace for fear of reprisals. (Colleen)*

All of these women obtained their files under FOI (Freedom Of Information) and this was the only way they were able to discover what was occurring under the workers' compensation process.

It is essential to note that these three women were claiming for 'stress' due to workplace harassment and bullying. Messing (1997) indicates that the compensation system is ill adapted to situations where the relationship between aggressors and occupational illness is complex and multifaceted.

## 2.1 Lack of neutrality of WorkCover: Siding with the employer.

*Under the Freedom of Information I've got a copy of my file. What I found in that file was, there was a lot of communication between WorkCover and my employer.*

*There was a lot of communication between my employer and the investigating psychologist, with WorkCover. And I'm talking about information which was irrelevant to the case, being put into the complaint to discredit my claim.*

*They've also added the performance management, which was resolved without disciplinary action. Therefore the union have said to me that it shouldn't have been bought up in a stress-related work claim.*

*I feel that the way WorkCover have been in contact with the workplace, they certainly aren't there for the claimant. They are a government organisation; they work with the organisation. And that became very apparent in my case.*

*And because the psychologist report, that's the psychologist who was investigating for WorkCover, she had stated in her investigation that she thought that the workplace had acted appropriately under discipline action and 'show cause'. So in that case they were allowed to speak to me in the way they had and treat me the way they had, because they were 'disciplining' me. (Lyn)*

*Workers' compensation aren't there in the beginning to help you. They wait 'till you fall apart and then they sort of provide a service. Well they do, they provide a service for the employer, that's who they provide the service for.*

*WorkCover would quite readily accept the employer's side, accepted and acted upon their side. I would have to justify everything . The executive officer had read or been privy to my reports but I had never been privy to his reports. That was very unfair. A great injustice and extremely biased!*

*WorkCover were supposed to be reviewing both sides, but they always came weighted (in favour of the employer).*

*Like I said, it's like WorkCover is blatantly with the employer. So how can they be objective? (Colleen)*

WorkCover (1999) indicate that their goal is to develop a customer focus as an 'impartial regulator', moreover, workers' compensation is based on a no-fault characteristic whereby employees do not have to prove fault on the part of the employer.

Yet these women's experiences do not support such a theory.

*WorkCover just kept on telling me that I had to prove that I was damaged, regardless of all the lies that were being said about me. When I went through the statements and said 'this is not correct' or 'this is not right' and I don't know where they got this information from – this is after my interviews alone with the psychiatrist and the psychologist. And WorkCover said, 'Oh well you'll have to respond, just put it in writing and respond to that'. I was just in a mess and was finding it very difficult to respond to anything. And eventually I told WorkCover, to cut a long story short, eventually I told them I couldn't stand it any more, I wasn't going to address anything until I felt ready to. (Suzie)*

Lippel (1995) indicates that in the case of workers' compensation, the onus to establish the legitimacy of the claim lies on the worker. Consequently, this demonstrates the difference between espoused theories versus theories-in-use.

The effect of this lack of neutrality by WorkCover is clearly expressed by Colleen:

*WorkCover made an intolerable work situation ten times worse by being under WorkCover. 'Under' being the operative word because they try to bury you through subjectivity, inconsistency, abuse, marginalisation, and lack of information.*

*WorkCover didn't seem to think this type of workplace behaviour was an undue cause for stress. Maybe if that is the sort of behaviour that is the norm in WorkCover organisations, then why should they perceive it as abnormal in the other workplaces? People are frightened to challenge*

*WorkCover because they have you by the proverbial 'short and curlies' and if you make trouble for them they can and do make your life even worse than the reason you claimed WorkCover for.*

These women's experiences clarify Blackett-Smith and Rubinstein's (1985) quote, which states that:

*"An understanding of the effects of the workers' compensation system on injured workers, the inadequate compensation they receive and the harassment they are often subjected to would support the conclusion that ('compensation neurosis') was a realistic fear rather than a sign of psychological problems in the injured worker" (p. 30).*

Indeed, these women have demonstrated that the term 'compensation neurosis' could be changed to 'compensation stress' or 'trauma' as it could be considered a consequence of the highly adversarial and stress inducing nature of the workers' compensation process.

## **2.2 Individuals treated as dishonest and as though they are not a person.**

*I have found as soon as you say you are on WorkCover some people treat you like you are a second class citizen. I am an individual and I am to be treated like an individual with rights. I believe that my questions must be answered.*

*The whole system is degrading for people who are honest and they don't treat people as individuals because they think they are tarred with the same brush as far as I am concerned. They don't realise that people, who have worked hard all their lives, are not liars or cheats. They don't seem to understand that people are truthful and honest and are not out to rot the system.*

*I wasn't a liar, what I felt was true. I just wanted to be treated like a proper person. You always had the feeling that people thought you were lying all the time.*

*You feel like... I am a person. I am a human. Just treat me like one.*  
(Sharon)



*I think it's just the way they treat people – like they are bludgers, and they aren't. But they can't tar everyone with the same brush!*

*And if they've got no quibble with the doctor you are going to – he's not a doctor that just puts people off work because they say this or they say that! They shouldn't query his opinion. I mean like I had one of the top physio's in Queensland, and they were querying her. I can't see why they treat you like you're bunging it on. It's not something you set out to do; it's not deliberate. (Michelle)*

*They sort of go on as though 'how dare we sort of make claims through them to get money!' They give you the third degree. I reckon they would do wonders for the FBI or something! They must give them lessons! (Rebecca)*

*I know back injuries, stress, and mental illness can't be seen. And people don't want to put in the complaint for harassment and bullying. And the definition in my case for harassment and bullying, is what the person perceives it to be - therefore I wouldn't put in a complaint unless I genuinely believed I had a complaint. I've been a manager so I know the processes, and I am not trying to pull the wool over anyone's eyes. I'm not trying to pretend that I'm stressed by something when I wasn't, while I was on performance management or 'show cause'. (Lyn)*

*Instead of feeling supported or protected or believed by WorkCover, I felt the exact opposite. I felt I had to prove I wasn't a fraud, lying and cheating the WorkCover system. (Colleen)*

The predominant feature linking all of these women is that their occupational injuries are invisible disabilities (such as carpal tunnel syndrome, stress) or are difficult to quantify (for example, back injuries).

*My husband had a physical thing and it was a piece of cake, generally speaking. Unless they see the blood and guts... if it's emotional it's different. You can see a broken bone but not a broken mind. WorkCover don't have that lateral view. In WorkCover if it's emotional or mental then they don't have any sympathy or empathy. A broken mind is irrelevant to WorkCover, a broken mind and spirit is a non-event. They don't realise the impact that stress has on the immune system. (Colleen)*

*That was one of the other things...Because physically you haven't got anything that looks sore, a broken bone or anything, people don't tend to think you've got anything wrong with you. (Sharon)*

*And of course I had this really rare lung condition and they don't know what causes it or what cures it, some people live and some die. I ended up in hospital with open lung surgery to diagnose it. Anyway, I think I was off work for six months. I didn't even organise it, but that was a physical thing, and everyone thought I was going to die, and everyone was nice to me and it was physical. (Suzie)*

Keaney (1998) acknowledges that medical practitioners, workers' compensation, friends and family may doubt invisible disabilities.

Rebecca and Sharon expressed their concern that WorkCover are unable to deal with complex injuries/illness that require a holistic view of the person.

*When my knee went out from under me the second time, before I had the second operation it took nearly six months before they said, "Yes we will cover you". Because they needed to know whether it was a different claim all together or whether it was still on-going from the one before. And I think it took a couple of months before they were able to find out that it was on going. (Rebecca)*

*I have to tell you something. I went through WorkCover because I had a problem. They put it through and it was okayed. I was told that it was due to my work. But because I left it over the years. I really tried to hope it would go away. But when I came back to WorkCover I said, "OK it has not got better", they started off a new complaint. Meaning they would not attach this one to what had happened in the past. Even though you were saying to them "It's exactly what I experienced back then". Now they always made it a separate thing – they didn't want to relate this ailment to the back one. That's how they got away with it. And they totally confuse you and it is so frustrating saying, "Hey, but it was exactly the same as back then, the pains the same". It never went away. I absolutely couldn't get it through their brain.*

*I tried; I really tried for it to go away. But it didn't work out that way. You could never get it through to them. They always reckoned it was a new claim. A new ailment. And even though I went there with both hands having a problem, they treated each hand as a different claim. So it was brilliant [said with sarcasm]. I couldn't understand it actually.*  
(Sharon)

Keys Young Pty Ltd (1999) found that those that are seriously injured tend to have their needs addressed, and it appears that the needs of people who are less seriously injured are not addressed well. The implication of this is that women are more likely to suffer chronic injury and disease [For example, The NOH&S Commission (1994) found that sixty three percent of injuries are predominantly musculoskeletal such as back strain and carpal tunnel] compared to men, who are more likely to suffer an acute event. Furthermore, Dembe (1998) explains that women are traditionally viewed as exaggerating their illness or injury owing to their allegedly 'nervous and hysterical nature'.

*The doctor in WorkCover tried to say that I had this underlying thing, that I was bringing it on myself or something. And yet for years I've dealt with major things and it's never been a problem. My husband and I split up at one stage as well, I was messed up but I managed to organise my*

*workload with others and do things. I didn't have a nervous breakdown. It was like this doctor was saying, 'this has always happened to you, it always has and it always will'. And it never has. (Suzie)*

Colleen states that:

*Male injuries tend to be concrete. WorkCover aligns itself with male proof – it's got to be concrete. Masculine/patriarchal proof of evidence – that's my experience.*

Acker (1990) states that “sexuality, procreation, and emotions all intrude upon and disrupt the ideal functioning of the organisation, which tries to control such interferences” (p. 152). This is achieved through the concept of the gender-neutral worker. This worker is completely devoted to the job, has a strong commitment to the organisation and has no body, no feelings, along with no gender (Acker, 1992b). Women do not fit this ideal. Cameron (1994) indicates that medical professionals perpetuate these ideas and practices when they interpret “women’s illness or injuries in relation to the private sphere and the family, while interpreting men’s in relation to the public sphere and work” (p. 43).

Three women acknowledge that some people maybe dishonest.

*Maybe I should have cried or jumped up and down. And said things were hurting when they weren't, or something like that. I've seen a couple of people who have gone through WorkCover and actually had similar problems and they got away with blue murder. I don't know how they got away with it.*

*I know it's hard to tell who are the true people that are injured. (Sharon)*

*But I can understand why they have to do these things. Because I suppose there are so many people claim WorkCover and it costs the country a lot of money. But they really do put you through the third degree. (Donna)*

*You see on TV about these ones their chasing that are collecting WorkCover for years and years, and I think, 'How do they get away with it – after the way I've been treated?' They're so strict, they've got to have a medical certificate all the time – how do these people get away with it?*  
(Michelle)

However, Hays (1998) carried out a survey and found that the notion that most workers try to use job injuries to cheat their employers is false. According to the survey, when workers realised they would miss time from work thirty-nine percent said that financial hardship was their primary concern.

### 2.3 Summary

In chapter one of the present study it was noted that WorkCover appears to provide a complex and highly adversarial service producing modest outcomes. These women's experiences support such a finding. Equally important, these women have experienced a system that defines and shapes the process in which consumers are forced to participate. If the analogy of a game is used, we see that one team – 'the consumers', are not told what the rules are whilst the other team – 'WorkCover', not only know what the rules are but they define them.

Colleen summarises this idea when she states:

*I felt that any loophole that WorkCover could find, WorkCover would capitalise on it. I think it's grim that they hold these purse strings, and they know they have control!*

Colleen directly states that WorkCover have control. As we can see from the women's experiences, power and control is perpetuated and maintained by the lack of information given to claimants, the bureaucratic nature of WorkCover, delays in payments, and high

staff turnover. Women expressed feelings of alienation (for example; when women were treated as dishonest and not like a person) and stress caused by the process.

Lyn states:

*I'm feeling that even WorkCover is corrupt. I believe, if I say believe it's all right, it's not an allegation. From my experiences I believe that the process is corrupt with WorkCover.*

*It's just a farce to me; it's really just a farce - a waste of money.*  
(Sharon)

The next theme looks at the women's experiences and observations about WorkCover personnel.

### 3. Workers' Compensation Personnel

Six out of the eleven women mention their experience of workers' compensation personnel. Of these six women - five describe WorkCover staff in negative terms and one woman uses positive language to describe her experience (Joanne's experience will not be discussed in this section but will be reviewed under the description of 'positive types of experiences of the workers' compensation process'). Julia mentioned that a WorkCover employee was not clear about the facts about her case – particularly with regard to her injury (see p. 55).

### 3.1 Lack of neutrality of staff.

Sharon provided a diary entry made after a workplace meeting to discuss her re-entry back into work. This is what she wrote:

*I get the impression that they won't give me a healing time. At the end of the meeting I was left speaking to the person from WorkCover. I felt quite intimidated with what she was saying. Which was that if I did not get better or I was unable to do the work that I had been doing, that my employer would leave me out in the cold. They had no responsibility to help me, or if I had to have a transfer I would not automatically be in line for one and that I would have to stay at this job even if it meant I could hurt myself more. I felt very intimidated and so I rang up the union and they said, "what she had implied was untrue".*

In the interview Sharon referred to this event and stated:

*I didn't expect that, that was a shock. My workplace wasn't supportive. It was as though the whole thing was preplanned... Those little things that happen all the way through it – they make it hard.*

Once again there is the feeling of WorkCover siding with the employer (perhaps because employers pay the compensation premiums, however, no published research could be found to back this statement). Sharon goes on to express her concern that staff made efforts to get her out of the workers' compensation system:

*I wasn't confident with the two people I dealt with at WorkCover. I just felt they got rid of this guy I dealt with. I felt he didn't have much confidence in himself. He really didn't know what he was doing. In some ways he didn't know how to deal with certain things. In the end it seemed as though (whether they did or not) they got rid of him and they bought in this girl and she was actually bought in to get rid of me, that's the whole feeling about it.*

*The so-called 'professionals' were so scared of WorkCover. It's as though they get a bonus point for getting a person off WorkCover.*

*I found them quite rude and distrusting. It's like when you mention it's your back it's 'Oh yeah, you just want a couple of weeks off'.  
(Michelle)*

### 3.2 Differences between male and female WorkCover staff.

It is interesting to note that Colleen and Michelle talk about the differences between treatment received from female versus male workers' compensation employees.

*And there was this other girl and she was from another area, and for the whole time I was speaking to any of the others in the office, this girl was the nicest. She treated you like a person – she was only there relieving. I remember my money hadn't come in and she said, "This should have been done, it's all here in the computer – it's all been okayed". And she said 'how do they expect you to survive'. She told me to go to the office the next day to pick up a counter cheque that she would have ready for me. Because she said, "Even if I mailed it today it's too late this afternoon – you still won't have it until at least Tuesday next week". I went to the physio first, and then went to the office and there was a counter cheque waiting.*

*And I thought the fellows were just so rude. But this girl, I can't remember her name, she was there relieving but she was just the nicest one. The guys need a course on how to treat people. What did the guy say to me? Like I had to go for an interview and for two weeks I was flat on my back in bed and he said, "Well why haven't you been in before?" I said, "Because I was put on strict bed rest. I was flat out walking so how was I going to get in here?" I said, "I couldn't sit up". He said, "Oh this will take awhile it's got to go to head office". I felt like walking out there and then and saying "Just shove it mate". I mean that's what I say – just put up with it. (Michelle)*

Another example given by Michelle was:

*I remember I made a call to WorkCover. I said how I had no money. The guy at WorkCover said, "You should have some money saved, having worked all these years". I put the phone down.*

This quote demonstrates that WorkCover personnel were willing to make assumptions about clients based on their own beliefs and attitudes rather than providing a professional approach to service delivery.



Colleen describes her traumatic experience with one particular workers' compensation worker:

*The male whom I did make contact, left a lot to be desired for the role in which he was employed. The thought of speaking with him would leave me feeling intimidated, insulted, abused and violated. And too often I would be in tears by the conversations end with him. I always felt like a battered victim again (except by WorkCover this time) after speaking with him. His manner, attitude and practice was appalling and I have likened him to Adolf Hitler, particularly in his response to me when I challenged some of his decision making which was in opposition to medical reports, my reports and the ongoing nature of my stress leave. At one time when I challenged his decision-making to refuse my claim, I asked 'how could he come to a decision like that' when my case was formally supported by all the relevant experts. And he responded "I can and I did" in a very controlling and bombastic manner. Once again I was left speechless because of tears.*

*The area manager destroyed what was left of my life and wielded that power like a dictator from hell. He destroyed my family and professional life.*

Colleen then goes on to say:

*The women handling the case were very supportive. I did find the females more supportive and empathetic. I felt it was a huge gender polarisation, generally speaking.*

### 3.3 Summary.

These women have expressed concerns with regard to the professionalism and neutrality of WorkCover personnel. Two women found female staff members to be empathetic to their situation, whilst these very same women discussed male WorkCover employees in terms of rude, judgmental and controlling.

In the case of WorkCover, some of these factors have been identified. For example:

- High staff turnover

- Lack of training of staff. Particularly in the area of dealing with people, and these are people who are under a great deal of physical, mental and emotional stress. Sharon states that "*I expected them to be more human*"; and a
- Lack of staff

In Casey and Charlesworth's (1984) study of workers' compensation settlements for Liquor Trade Union members they found that there was inadequate training and staffing levels with regard to workers' compensation service delivery. Phegan (1985) adds fragmentation of services, lack of funds, and complete absence of co-ordination. The Industry Commission (1994) acknowledges that governments often try to create low-benefit, low-cost workers' compensation schemes to attract business to their state which often leads to poorer services (such as a lack of early intervention).

Colleen, Sharon and Suzie talked about their experiences and thoughts about the staff at WorkCover:

*I met my previous case manager on the street one day. And what really surprised me was that she remembered me because my case was treated so badly. Anyway, she then proceeded to inform me that most of the staff leave WorkCover because they cannot work there from their own workplace stress based on the poor management, attitude and practices within WorkCover. Apparently anyone with a caring nature doesn't last too long. Maybe it's not recruiting anyone with the right attitude. Maybe it's a recruitment issue, maybe a management issue, I don't know. I'm not sure if it's a regional or federal issue.*

*Why is the staff at WorkCover predominantly female, such as the case managers, it seems a contradiction in terms? (Colleen)*

*Every other time I've been in to WorkCover, the feeling I get is everyone is totally stressed out, running around, not happy, as if it's a dysfunctional workplace and overworked and just not enough time to get things done, or that's what it appears like. (Suzie)*

*I suppose it must be a fairly stressing job. But you work in that situation don't you? We all work in jobs that have a certain amount of stress.*  
(Sharon)

The last section looks at women's experiences of doctors and specialists – some of whom were directly employed by WorkCover to carry out investigations on their behalf.

#### 4. Women's Experiences of Doctors and Specialists

Seven women mentioned doctors and/or specialists as a negative experience. Of these seven women, four (Sharon, Colleen, Julia and Lyn) have also been included in 'positive types of experiences of WorkCover' as they expressed both types of experiences. Julia's overriding experience of doctors and specialists was positive but she does express concern with regard to costs associated with these services. Colleen and Lyn expressed positive sentiments with regard to their own general practitioner and specialist but these were not extended to their experience of WorkCover specialists. Sharon found that the physiotherapists at a hospital to be helpful.

All told seven women used positive terms to describe their experience with doctors and specialists, whilst Michelle did not mention them in her conversations.

##### 4.1 Lack of competent and 'fair' treatment by doctors and specialists.

*They had a doctor – I remember him. He was like 'weird'. He came from another area and I had to see him once or twice. He just did his job. And that was probably one of the things that was a real groan - when I had to see him. When I had to see him the second time it felt like the biggest waste of time.* (Joanne)

*You have to go to medical practitioners that WorkCover say you must go to... They're real dick heads, really strange... They're bloody hopeless anyway. (Sharon)*

*I remember going to this one doctor they sent me to and he was a real – Oh God! – He was a real idiot. I told him what happened and my symptoms and stuff like that – and he turned around and said, 'lots of women had this. And that was because they had weak wrists and they should do far more exercise and strengthening their wrists'. So he basically told me to go home and start doing push-ups. So that was really helpful! [Tone indicates the opposite meaning is intended] I thought 'where is this guy coming from?'*

*And I think the doctor's kind of look at you suspiciously, especially when it is a nerve and there's sort of no obvious signs. I mean you feel like you are being dishonest, annoying and taking up time. For me it was definitely work that caused it. I mean I was only twenty-five, I don't do repetitive sports like tennis and that sort of stuff which I could attribute it too.*

*And then I went and saw a specialist. He did a quick test: 'Just flex your arm like that, flex your arm like this'. He asked me what sort of work I did and then he just basically said I had suspected carpal tunnel. But the problem was that I saw him a few weeks later and by that time the pain and swelling had receded. I couldn't just turn the problem on and off. And because of the injury I started taking care of it (though that's a good thing) Anyway, he gave me a letter of referral for a month and he said, "If you have a reoccurrence you can come back for tests' and stuff like that. But I never went back because I looked after it during that time. (Louise)*

*But the way people spoke to you and the body language of so called 'doctors'. It was just so degrading in some ways. I used to sometimes go out of the doctors and cry. They never even listened to you; they never even wanted to know. This is the so-called 'professionals', not so much my medical practitioner. The specialists pissed me off. (Sharon)*

As Sharon told me her story, she became upset and we had to suspend taping to give her time to recover.

*I remember one particular specialist (their neurologist) I was sent to by WorkCover, as soon as I walked into his surgery his attitude, his body language and the way he spoke to me was just inexcusable. He lost his notes and had forgotten why I was there. So he said my injuries were consistent with a car accident. A car accident! I thought 'you dick'. He denied he thought it was a car accident later. I felt so much anger that he should treat me like that. I was angry. I reckoned if I had a gun I could have shot him. It was truly demeaning.*

*It took me a long time to get over that visit; I shall never forget it. My respect for certain professionals has certainly declined. I vowed that I would never walk into another professional's office without a tape recorder.*

*Doctors, they were one of the worse things! (Sharon)*

Blackmur, Fingleton, and Akers (1992) noted that women tend to be under more scrutiny by doctors with regard to their illness or injury. Acker (1992b) states that “gender, as patterned differences, usually involves the subordination of women, either concretely or symbolically...” (p. 251). For example, Messing (1995) found that women’s health problems are often assigned to weakness or hysteria; and when officials on workers’ compensation boards were interviewed, Lippel (1995), found that they did not acknowledge traditional women’s work as stressful. Moreover, Casey and Charlesworth (1984) carried out a study on Victorian Liquor Trade Union members with regard to their experiences of workers’ compensation settlements and found that claimants received insensitive and rough handling by doctors requested by the insurance company to carry out medical exams.

#### 4.2 Failure to look at work environments and job tasks.

*My nerve damage was definitely due to work. I mean it was intense, repetitive work, you're doing heavy loads. Before that I never had any problems. It was just the nature of the work, it was so repetitive. But they (the doctors) didn't worry about that. (Louise)*

*They saw you about five minutes and decided they knew everything about you and of course your job, even though they didn't bother to ask what it was all about. They weren't interested; they didn't want to know. So I wonder how they can come to their conclusions? How hard could it be working with children with a disability? (Sharon)*

Blackett-Smith and Rubinstein (1985) state that “Workers’ compensation boards do not decide cases primarily by objective assessment of evidence, but through the creation of stereotypes and their application to particular cases” (p. 31). They found that two of the most predominant stereotypes were based on sex and nationality. In chapter one of the present study it was acknowledged that the assumption or view is that women’s work is not only safe, but work is not as important to females as they are primarily responsible for the home and family, and they can find a male to support them (Blackett-Smith and Rubinstein, 1985). We can see that this is untrue. The women in this study have quite clearly stated that work is important to them (see Appendix J for each woman’s story). This significance occurs at many levels. For example: When discussing work and careers, women talked in terms of ‘love’ for their job, dedication and commitment were also evident - this points to women achieving self-worth from work. For some women work was also essential for the maintenance of family financial support, as they were the sole ‘breadwinners’ of the family.

The assumption that women's work is safe is a false one (see chapter one for statistics and a further discussion of the issue). Sprout and Yassi (1995) indicate that women are predominantly found in service industries, which have largely been ignored with regard to occupational health and safety concerns. Equally important, Wigmore (1995) found that because of sexist attitudes, social and structural inequities, and the type of work women do (such as nursing, education, social work), women are often the victims of workplace violence.

To contradict the myths about women's work, Sharon explains just how demanding her work was:

*The work was very demanding physically; there was lifting, assisting children with mobility and carrying out task and performing daily living skills. These are only some of the things I was required to do on a daily basis. And remembering, some of these children were severely disabled as well as behavioural problems so most of the time you were working with resistance and weight bearing on your arms, hands and shoulders and sometimes you had to restrain a child from hurting themselves or other children.*

*As well as the above physical work, I was required to set up the teaching room and the gross motor circuit, as this was part of my job. Most of the time I was required to set up twice a day. The equipment required two person lifts but because of circumstances (e.g. time limits, work had to be done) most of the time you did the work by yourself.*

Acker's (1990) theory reveals that gendered hierarchies are achieved through attitudes that were experienced by Sharon. For example, Acker (1990) explains that "skills in managing money, more often found in men's than in women's jobs, receive greater recognition than skills in dealing with clients or human relations skills, more often found in women's than in men's jobs" (p. 150).

Burry (1990) provides a medical perspective, which indicates that doctors have to act as decision-makers, often on social decisions and with a lack of training with regard to industrial accidents and rehabilitation issues. The Industry Commission (1994) supports the idea that there is a lack of knowledge and training for doctors with regard to occupational injuries and/or illnesses and that doctors are required to judge a workers ability to perform certain tasks at work.

WorkCover (1997c) acknowledge that “In some instances the treating medical practitioner may need to visit the workplace to assess the work tasks” (p.2). This poses a logistical nightmare for doctors. Without the implementation of resources and the time needed to carry out such tasks, doctors are sometimes forced to make decisions from their office rather than a decision based on workplace observations. The women’s experiences indicate that doctors did not carry out workplace visits.

WorkCover (1997c) indicate that medical practitioners may request an assessment by a suitably experienced occupational therapist or physiotherapist. Only two women (Sharon and Louise) talked about a meeting with their workplace and Education Queensland representatives (such as OH&S Officer’s) about concerns of workplace injuries. However, this did not occur because of WorkCover procedures but at the request of the workers themselves (see chapter 6 – ‘The workplace’ for a further explanation).

According to WorkCover (1997a) the treating medical practitioner is responsible for the medical management of the worker’s injury and the issuing of the worker’s medical certificate. WorkCover acknowledge that workers’ compensation claims management is a team process which includes WorkCover Rehabilitation Counsellors and WorkCover Claims Staff.



Although WorkCover acknowledge that occupational rehabilitation aims at maintaining or returning injured and ill workers to suitable employment, it does not expect the WorkCover Rehabilitation Counsellor to perform functional capacity assessments or task assessments. For example, WorkCover (1997b) indicates that doctors can determine fitness for work and work restrictions/limitations but an assessment by a suitably qualified allied health professional “may” help in identifying the above factors.

WorkCover (1997a) also indicate that their staff works with the treating medical practitioners as part of each worker’s ‘Workplace Injury Management Team’ (which may include the Workplace Rehabilitation Co-ordinator, WorkCover Rehabilitation Counsellor, rehabilitation providers, the injured worker and employer). So far, the women in this study have indicated that, not only does the ‘team’ continually change but the women are often times unaware of who constitutes their ‘team’ (A discussion of rehabilitation has been reserved for a separate chapter - see chapter 7).

#### 4.3 Excessive charges for services.

*One thing that did surprise me was the price, the fees that the physio’s [physiotherapists] charged. For the money they charged, I think it was overvalued for the service I received. I felt I needed massage more. The physio put me back [in terms of aggravating the condition]. (Julia)*

*I mean these doctors are rubbing their hands. Oh WorkCover money! I’m sure they can charge as much as they bloody like. (Sharon)*

*I asked WorkCover if I could see another psychiatrist or go back to the doctor and they refused. They said they can’t do that because it costs so much money. So they were very much governed by how much*

*investigations cost and how much they have to pay psychologists and psychiatrists. So if I had a bad report that wasn't correct, they had no intention of paying for me to see somebody for my own sake.* (Suzie)

The Industry Commission's (1994) report into workers' compensation in Australia found that medical practitioners and hospitals not only overservice workers' compensation patients but they also charge higher fees.

Cooper and Faulks (1999) state that "We are constantly coming up against the grim face of self-interest. There now exists a legion of 'experts' who make a comfortable living from injured people" (p.3).

It is interesting to note that WorkCover provide incentives, in the form of increased fees, for timely report writing by medical practitioners. Unless prior written approval has been sought from WorkCover, reports that are delayed longer than six weeks attract no fee. The reason given for this is that reports delayed for that long are of little use to WorkCover because "Delays in determining liability or the need for treatment or rehabilitation add considerably to the cost of claims" (WorkCover, 1997d, p.1).

#### 4.4 Women's dissatisfaction with WorkCover investigations.

Suzie, Lyn and Colleen expressed concerns and dissatisfaction with the way in which psychologists and/or psychiatrists working on behalf of WorkCover carried out investigations. All three women were claiming for 'stress' due to workplace harassment and bullying.

*I was sent to a psychiatrist so they could prove I was insane. WorkCover flew me down south for a psychological test. The problem was that I couldn't do the test because the way it was set out I would have given two different types of answers. The test would have been different depending on whether it was based on my 'normal work' or on the 'stressed*

*situation'. I told him that I just couldn't do it and he turned his back on me. So I filled out any old answer, I didn't read the questions I just marked randomly. I told him what I had done, he didn't say anything he just picked up my sheet and left with it. That's who WorkCover sent me to! The psychological profile was just a joke. (Colleen)*

This particular experience by Colleen also reflects the experience of Sharon and Louise.

All three women have noted that medical personnel expected them to be able to switch their injury or illness, on and off, at will.

*The things that do stand out is number one – my psychologist didn't follow the process that she said she would follow. I felt very vulnerable and stuck in a room, and having to answer questionnaires which had three hundred and sixty odd questions in them. And it was A, B, C, D; none of the answers are right – all that type of thing. And she basically left me in a room that had one chair in it, like a jail cell, and handed me two questionnaires that I had to fill out, and said, "Just leave them on the chair and go when you're ready". And that was my second interview with her. I didn't get a chance to talk about any issues of the report that I had given earlier.*

*The fact that the psychologist never came to me before she wrote her final report stands out. Because that is in the process she told me that would be followed. And it is in the process that my own private psychologist had said would be followed. I was told that they would interview me first, they would interview everyone else, and then they would come back and interview me again... So that was confusing to me. (Lyn)*

*And psychologists and psychiatrists don't do the right thing. Nor do I believe that psychologists or psychiatrists have enough time to do the right thing, and to fully understand the circumstances so that they can get it right, when it comes to stress and workplace bullying. Oh and the other thing! The other really important thing is that a psychologist employed by WorkCover to investigate a WorkCover claim for stress and workplace bullying goes around, interviews people and just gets opinions and gossip from people – not facts. Some people interviewed weren't even there. But the WorkCover psychologist said, "I can interview who I want" and she*

*asked people, "Tell me about Suzie, tell me whatever you want". She didn't get information that related to my claim.*

*The other thing with the investigation was that people, some people were frightened, you can tell in the interviews, even though they knew what was happening they were also trying to say good things about the director because they were frightened for their jobs, or whatever reason. So I was judged based on that information and then she comes up with a decision based on the balance of probabilities. It's not a court of law, it's not possible they can do that, and yet they do that to make a decision on a claim. And I think it's wrong and should stop, because it's not a fair system.*

*In her report she thought the treatment was 'fair' and something. And how the hell would she know? I mean she didn't even do a proper investigation, you know it's really unbelievable. You know it's just so unfair – WorkCover and the whole process. (Suzie)*

To further support Suzie's statement that the investigator did not perform a proper investigation, The Public Sector Commission – Fair Treatment Appeal Hearing found in favour of Suzie's claim that she had been harassed and bullied at her workplace by her supervisor and the consultant. This contradicted the WorkCover investigator who reported that the workplace treatment was fair. The question is – How can you expect a workplace to admit freely to harassing and bullying behaviour?

Colleen indicates that investigators are either not given the time, or don't take the time to perform investigations in a thorough and professional manner.

#### 4.5 Conflicting findings by doctors and specialists.

*I was seeing my own psychologist and was sent to a WorkCover psychologist who was investigating the case. The two reports are very conflicting, and my psychologist did expect to be questioned about that. I noticed that in the Freedom Of Information folder that it stated that I was only mildly depressed. But that certainly wasn't the case even on the first day I went to see the psychologist. When I went and saw the psychiatrist, I gave him the whole of my details in full of the events that lead up to my claim for WorkCover stress. I was with him for half an hour. And his report actually came back to WorkCover stating that in his opinion my*

*depression was a result of workplace stress and the conditions I had been subjected to, over the period of time. However, that report was then overruled, in the fact that WorkCover actually sent him my file and said, 'read all the other stuff and see if you're going to change your mind'. (Lyn)*

*You can't work through your own doctors. They have to send you through theirs. As though they don't trust your medical practitioner so they send you to one of theirs as well. Same as they're going to send you to a neurosurgeon, they send you to one of theirs but you can also allocate if you want to go to one of yours, it's just like that all the way through. The orthopedic surgeon you can go through theirs as well as your own. Like after I had the operation, I went back to him and he said it's not worthwhile having the operation – they sent me to their orthopedic surgeon. And he suggested an operation. Can't WorkCover believe one doctor or one neurosurgeon? I mean I went to three neurosurgeons and god knows how many general practitioners (would have been three). I went to one of their medical practitioners after I had the first operation, and when I went to him he said to me that it wasn't healed and that they should do something for me. But I never heard anything back from them. I'm sure the system could be rewritten to make it a lot easier for everybody – the doctors and patients.*

*The doctors they send you to... it's as though they keep on trying to get a doctor who will say 'No, it is not work related'. They send you to one of theirs who says 'she has no problem'. I mean it's just so confusing. They'll send you to any doctor to try and find out who's the first one to say 'no'.*

*Everytime you came out of one of these so-called 'doctors' you felt they were incompetent or they were trying to find a reason to knock you back. I mean it's just continuous continuous doctors. You have to go through the same garbage all the time. But I won't go near them again. (Sharon)*

Not only do Lyn and Sharon describe a situation in which they are given conflicting reports and medical opinions but they are also faced with having to see numerous medical personnel. This replication of services increases costs and delays the process whilst increasing the frustration felt by these women.

Sharon also felt that doctors and specialists disliked dealing with WorkCover and their 'patients'.

*Doctors hate WorkCover. All the paperwork, it's far too much. There must have been something, WorkCover harassed them. It was probably a waste of time, too much hassle.*

*I remember I went back to my doctor because I had stitches. I had been away from WorkCover quite awhile, two years maybe. I went back to my doctor and said, "Look I'm going to state this – I still have problems with my hands!" He stood up abruptly and said, "Well what do you want me to do about it?" He was really strange as though he froze and thought 'Oh god, she doesn't want me to go through this again'. It was fine, I can understand it's a lot of problems. Apparently they have miles of paperwork and so on. But I would never go near them.*

Keys Young Pty Ltd (1999) explored the needs of people who are injured in New South Wales and discovered that some individuals felt that the medical profession were somewhat wary of people seeking compensation and in addition they believed that they had been discriminated against on the basis of their making a claim for compensation.

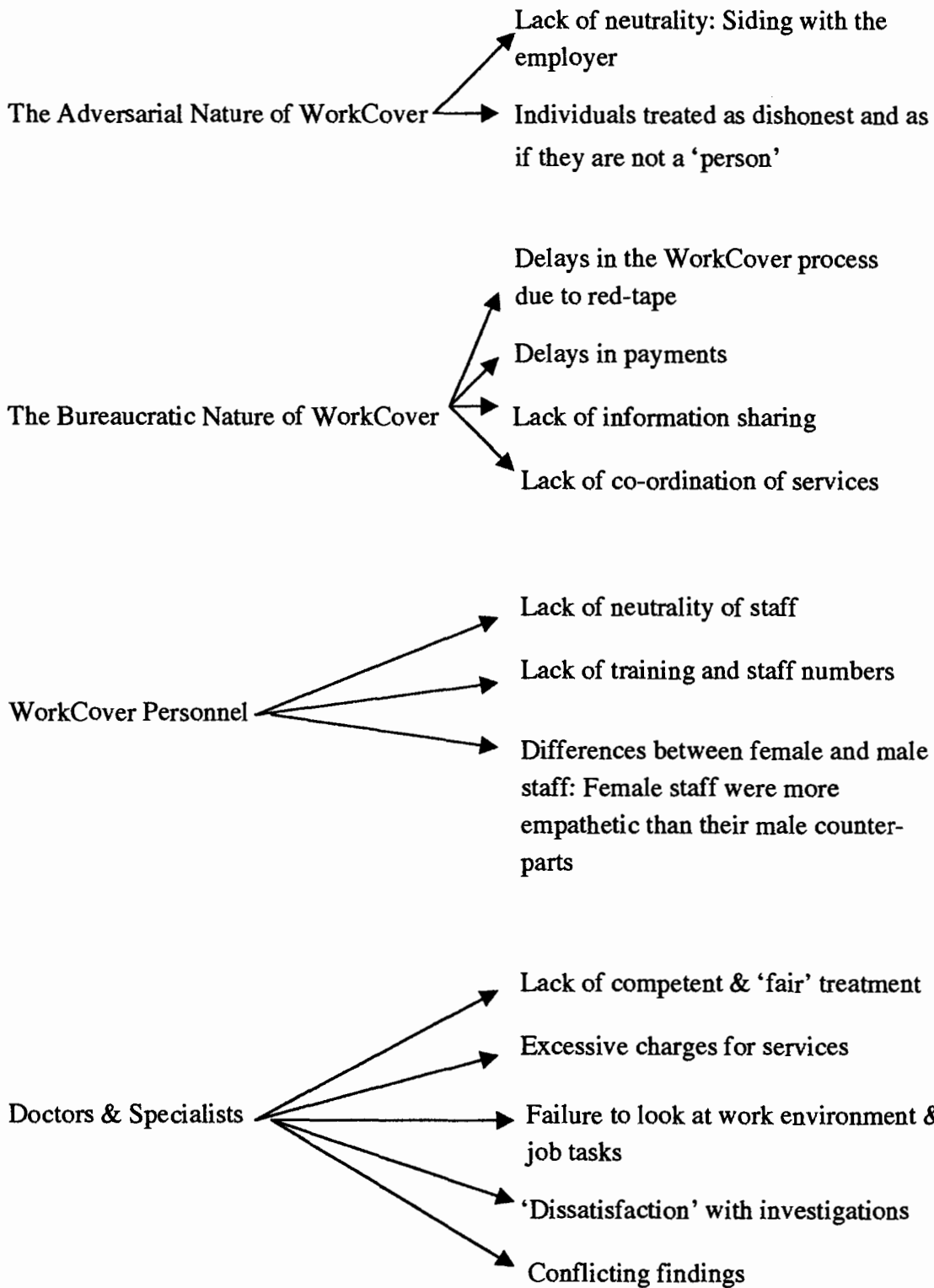
One reason for the specialists and/or doctors' reluctance to deal with people from WorkCover could be due to the issue of delays in payments. In chapter four section 1.1 (pp. 58) Donna and Rebecca both acknowledge that their respective physiotherapist's expressed concerns about delays in receiving payments from WorkCover. Rebecca indicated that her physiotherapist did not receive payment for her first visit until six months later. Donna ended up paying for her physiotherapy and being reimbursed at a later date.

#### 4.6 Summary.

This section has looked at the negative experience of doctors and specialists for seven women. In their conversations they talked about the lack of competency of doctors and/or specialists, insensitive and unfair treatment by doctors, a failure to investigate work environments and job tasks, excessive charges for services, and replication of services. In addition, women discussed investigations that were based on biased, inappropriate and false information without consultation with the women themselves, and the replication of services whereby individuals were required to visit numerous specialists/doctors until WorkCover received the response that they wanted.

#### Review of Question One: What Factors Impacted to Make the WorkCover Experience a Negative One?

At the beginning of the chapter the question was asked – What factors impacted to make the WorkCover experience a negative one? Eleven women’s experiences indicate that it is due to:



**Figure 9:** Eleven women's descriptions of what made WorkCover a negative experience.



Figure nine shows that the women in this study have identified four major factors that contributed to their experience being a negative one (the adversarial and bureaucratic nature of the workers' compensation system, WorkCover personnel, and women's experiences of doctors and specialists). However, it should be noted that there is further information that was imparted by women (such as rehabilitation, impact on the individuals and their families) which could have been used as support for question one. However, some factors could not be experienced by all participants (for example, a WorkCover tribunal), and some experiences were not directly due to WorkCover (such as workplace responses) yet they are still integral to the whole WorkCover process.

It is now time to look at what factors were at work to create a positive or neutral experience for women on WorkCover.

## Chapter Five: Looking at the Positive or Neutral Experiences of Women and How these Differ from the Negative Experiences

This section focuses on what factors impacted to make the workers' compensation experience a positive or neutral one for the women in the study. The information provided by the women was placed into the following subthemes: experience of doctors and specialists; positive discussions about WorkCover personnel; workplace support, and acknowledgement that workers' compensation provides (some) injured workers with time to heal.

The final section then looks at the data and asks, what is the difference between the positive/neutral experiences and the negative experiences?

### Discussion of Question Two: What Factors Impacted to Make WorkCover a Positive or Neutral Experience for Women?

Donna, Louise, Julia and Joanne expressed their overall experience in a positive or neutral way.

*They were very good, at getting money for everybody on time (as in specialists), and they had no worries arranging things. What with flights to go down for a MRI [Magnetic Resonance Imaging] there was never any problems.*

*It was a good experience in comparison to what you hear of some people saying. If I wanted something I rang them up and it was done – it was no hassles. When I went back into the workforce and then I had to have surgery afterwards it was a matter of a phone call and they did the arrangements. As long as you gave them a weeks notice, of course! That's only natural. They were very good. They happily paid for most things as we went.*

*But everything else with WorkCover was really very good. They didn't insist that you come in all the time to do this and do that. It was fine to do*

*it by post – because you know, having a back injury it was very difficult getting in and out of cars and stuff like that. (Joanne)*

Joanne's experience of WorkCover as efficient in paying specialists and providing services differs from some of the other women's experiences. Why is this so? Joanne goes on to explain that she felt that her positive experience was predominantly due to her WorkCover case-manager:

*It was good. There was never really a time that I was disappointed with the system and may be it was all to do with one particular case worker. Maybe it was her thing. Maybe I'm not a pushy person anyway and maybe that was it too.*

*I had a really good caseworker and she was really good and really efficient and she'd come around and she'd ring-up to make sure everything was going as planned and everything... I think it was my caseworker, she was really on the ball. I had her from day dot. Yes she was really on the ball, she was really helpful, and nothing was too much of a problem really. It was probably her attitude and her outlook. That got me through it.*

This experience of Joanne's differs markedly from some of the other women's experiences (see sections 1.3 and 1.4, pp. 63-66) because she states that she had the one case manager through out her claim. Compared to the other women this consistency of WorkCover personnel appears to be out of the ordinary.

*Basically the 'compo' it was paid. I got good support there. All the physio bills they paid those. But I had good support from everyone. Very good support.*

*But the actual way it was handled from the time it happened – the support I got from my supervisors was excellent, and head office. I did get very good support and anything of concern and they would address them – they satisfied my inquiries. Yes – it was very good. (Julia)*

Julia indicated that communication among all parties was an important factor in defining her experience as a positive one:

*I always feel communication is so important and there shouldn't be any misunderstandings really. I think that's why everything went so well with payment and support because the communication lines were excellent.*

*There was no problem with WorkCover. They were supportive of me.*  
(Donna)

As Louise previously stated:

*I didn't have any problems with workers' compensation itself. It wasn't really a big incident for me – the WorkCover thing.*

It is interesting to note that Julia, Donna and Louise all indicated that their experiences were not complicated but were fairly straightforward. Both Julia and Donna indicated that their cases were facilitated by the fact that their accidents were witnessed within their workplaces and the witnesses observed a direct link between the incident and the resultant injury. Whilst Louise indicated that she thought that her case was uncomplicated due to the short duration with which she was on workers' compensation (see Appendix J for an over view of each women's story).

All of the eleven women indicated that there was some factor that was of a positive persuasion for each of them. These have been placed into the following themes:

1. Experience of doctors and specialists.

*He was my doctor at the time – a very good doctor. He would only give them [meaning WorkCover] the information that they would need.*

*Then the office requested their doctor examine me. I went in there and I explained what had happened, and he had all the documents that they had been given. He understood that I was wanting to get back to work. And even though he could see that I was quite happy to be going back part-time – he still stressed on me that I was to be very careful, because*

*of the injury - I could do further harm. To stick with the instructions I'd been given for lifting. (Julia)*

*My GP was very aware of what I was trying to do to improve the appalling nursing practice and attitudes from within the hospital and was very supporting and encouraging.*

*I originally asked the GP for two weeks off, however, she informed me that in an effort to make the management listen to my concerns about the disgusting occurrences in that hospital, I would need to be off for longer than two weeks. And she also felt I needed the extra time off because of my large weight loss (from workplace stress) and poor health and proceeded to write me off four weeks.*

*My GP and specialists all said it was workplace stress, they all agreed to that, there was no problem there. (Colleen)*

*The doctors always check you, and make sure you can go back to work. I think on that particular incident I was going to go back earlier but I couldn't. There was no way I could; I would have been very, very silly to. And with WorkCover the doctors say to you – because it is a WorkCover claim they're responsible to make sure that you're right to go back to work. (Donna)*

*Well I went and saw the department's psychologist and she was brilliant. I don't know how I would have survived without that psychologist. (Louise)*

*So I'm lucky, I had a really good psychiatrist. We worked out plans and things to do, and I chose to go out and do things like a folk art class for two hours a week. Just to get out of the house and meet people. (Emily)*

*My psychologist helped me a lot. (Suzie)*

*The doctor and specialists – they were fine! They were all good. My doctor was brilliant, he was great. (Rebecca)*

*I must state the physio's I went to were brilliant. They helped me. They were the only people in the whole time I felt confident in. And who helped me to try and get things back to normal. I have to state that, because they were, they were the only ones...* (Sharon)

*Several years ago when I first mentioned going off on WorkCover for the harassment and bullying, I was told "Don't take WorkCover just take stress leave" by my general practitioner. He said to me that he didn't feel that I was strong enough to handle the repercussions of a WorkCover claim. I acted on his advice and relied predominantly on counselling through the government organisation.*

*I had her support - but my psychologist, that I have been having counselling with, was surprised that I did take a WorkCover out. She had originally worked for WorkCover before she went into private practice, and she spent a lot of time counselling me on the processes that I would have to work through now that I had gone onto a WorkCover claim.* (Lyn)

There were two women (Michelle and Joanne) who did not talk about doctors or specialists in term of a positive experience. However, Michelle did not talk about doctors or specialists in any of her interviews. The remaining nine women expressed positive language in reference to some doctors and specialists. Overall, these doctors, psychologists, physiotherapist's, and psychiatrist's were chosen by the women themselves to provide a service – they were not required to go to them because they were investigating the women's claims.

## 2. WorkCover personnel.

Rebecca phoned WorkCover about a threatening letter that she had received from

WorkCover:

*But then when I rang them up, the lady who signed off at the bottom of the letter, and it was obviously just a standard letter they send everybody – she was lovely. And so that was a nice experience to make up for the yucky letter.*

Colleen stated: *my case manager – she was very supportive.*

Joanne also indicated that her case manager was *really good.*

Both Colleen and Michelle noted that the women at WorkCover tended to be *nurturing and sympathetic* (see Colleen's experience section 3.2, p.80) where as the males appeared to be rude and controlling (see Michelle's experience section 3.2, pp. 79).

Suzie also expressed positive sentiments towards one-woman worker at WorkCover:

*Their life could be so much easier if they were nice (I'm stereotyping the lot of them) you know I haven't met a nice one yet. Except for one woman who was part of the investigating agreement, she was good, seemed to have some empathy and was nice and seemed fair.*

Suzie then went on to explain why she found her good:

*I know that she did say that my director may get severely disciplined or sacked. I know the OH&S director also said the same thing on the same day, when I was interviewed. And they reassured me and made me feel a whole lot better at the time, and particularly this lovely lady at WorkCover.*

### 3. Workplace support.

*To just try to get over the fear I had to see a psychologist, which I have to admit, the department was brilliant about that because they paid for the psychologist – and there's no way I could have afforded it. I mean I don't earn enough to be able to pay much, I'm just getting by.*

*My boss – he was really good at that time and he tried to get me on WorkCover. Like I said, I was a mess – I didn't even have to fill out the forms, they did that for me. (Louise)*

*And I was under different management from when it first happened too the final time. The second lot of management, they were good. It was only the manager, because I mean I was willing just to resign, finish, be done with it, so I knew where I sort of stood. And it was the manager who said "you say anything to anyone and I'll deny it" he said, "but go to the union. Get them to fight for you. Go see your solicitor – don't let them get away with it". But he is a good manager, he really is. (Rebecca)*

*As I said the Human Resource Manager was fantastic like that and she made it a lot easier. I'd rung her up about something and she said "Don't ring WorkCover, just ring me, hang up and then I'll ring you back. This is costing you money". And then she'd ring me back. Well she showed she cared. (Michelle)*

*The new director is really good; he's pushing to have my case resolved. He does listen to people. (Lyn)*

*The liaison officer, she was very good. She tried to help me fill out the forms and stuff, but there was still a lot of stuff I had to do on my own. (Emily)*

Five of the women directly talked about a workplace supervisor or personnel member who provided support for the injured woman.



4. Workers' compensation provides injured workers' with time to heal.

Emily and Suzie expressed the idea that WorkCover provided them with an opportunity to heal and get better.

*I was highly suicidal, and WorkCover really enabled me to be able to take the time off I needed to get better, without the added stress of financial concerns. I wouldn't have been able to do it otherwise. I would have had to stay at work – and that would have been really bad. I don't know what would have happened. And the payment did allow me to get well. But at least it's available. I mean seriously, I've gotta be completely positive about the fact that this is something that can happen. Because I'm sure that there are other countries, and other jobs where no such thing occurs, and you're just stuffed.*

*I am really glad that the system is able to do this. (Emily)*

Suzie looks at the delays in the processing of her claim (due to Suzie challenging the investigator's findings) in a positive light:

*And in hindsight if things weren't as drawn out as much as what they were, I would still be in a mess I'd say. It gave me time to get better. Or a little bit better. It gave me time to do things like go for a walk along the beach, because that was OK I was on sick leave, I didn't have to be anywhere, I was getting paid. But I really had to make an effort to do that – relax like that.*

Review of Question Two

At the beginning of the chapter the question was asked – What factors impacted to make the workers' compensation experience a positive or neutral one? Eleven women expressed a variety of reasons that have been condensed into the following diagram:

**Table 6:** Eleven women's positive experiences of WorkCover and the reasons for the positive experiences.

<b>Positive factors of WorkCover</b>	<b>Reason for positive experience</b>
An overriding positive/neutral experience	Due to an uncomplicated claim or injury
Prompt payments to specialists and arranging services (such as surgery)	<ul style="list-style-type: none"> <li>* Having one case manager through out the duration of the claims process</li> <li>* Good communication</li> </ul>
Doctors and specialists	Women were able to choose their own medical personnel
WorkCover personnel (such as case managers)	Demonstrated characteristics of politeness, empathy, sympathetic, and supportive (Note: some women indicated that female staff members tended to display these characteristics when compared to male staff)
Workplace support	<ul style="list-style-type: none"> <li>* Organised services such as psychologists</li> <li>* Organised the workers' compensation process, such as filling out forms</li> <li>* Maintained contact and provided information</li> <li>* Support from specific individuals, such as supervisors.</li> </ul>
That WorkCover is available and delays in the WorkCover process	It provided women with the opportunity to heal

Discussion of Question Three: What is the Difference between the Positive/Neutral Experiences and the Negative Experiences?

Four women expressed their overriding experience in positive or neutral terms. The following women's experiences have been categorised as neutral because any difficulties encountered were predominantly due to other agencies or organisations, rather than with WorkCover. Donna indicated that her case was complicated due to her workplace not lodging her claim in the required time frame and there were delays in payments to specialists. Julia indicated that she did not have much contact with WorkCover but there was some confusion (by WorkCover) over the type of injury she had suffered. Julia also had concerns with regard to the excessive amount of paperwork required and the charges made for medical services. Louise indicated that she had minimal contact with WorkCover as her workplace supported her through the process and her negative experience was with regard to medical personnel. Finally, Joanne talked about her experience in positive terms and her only negative experience was with regard to a "weird" doctor.

Seven women expressed their overriding workers' compensation experience in negative terms. However, these women mentioned a particular individual in a positive way. Suzie, Colleen, Lyn, Rebecca, Sharon and Emily talked about their general practitioner(s), psychologist(s), and physiotherapist(s) in a positive way. Suzie, Colleen and Michelle indicated that there was a female WorkCover employee (such as a case manager) who provided them with a positive experience. Finally, Emily, Michelle, Rebecca and Lyn all indicated that there was a particular person at their workplace who offered support and assistance with regard to the workers' compensation process (such as managers, a human resource manager, and a liaison officer).

When looking at the eleven women's experiences, the overriding differences between a positive/neutral experience and a negative experience appears to be attributable to two factors:

- I. The first factor was that the women felt that there was someone advocating for them. This advocate could be from the workplace, a medical practitioner or specialist, or from WorkCover. The perception of having someone who cared was the predominant positive experience.
  
- II. The second factor appeared to be if the injury or illness was an invisible disability (such as 'mental illness', back pain) or difficult to quantify or evaluate (such as nerve damage, carpal tunnel syndrome). These types of injuries tended to be described by women in negative terms with regard to WorkCover's ability to process their claims. WorkCover (1997e) acknowledge that "Some applications are more complicated than others and may take longer to decide" (p.2).

A specific example of the complicated WorkCover process can be demonstrated using the protocol for psychological and psychiatric injuries. Not only does this look at 'mental illness' but it is also used for stress related injuries/illnesses because "a diagnosis of 'stress' is no longer considered an adequate basis for compensation" (WorkCover, 1997f, p. 1). Why is this so? Perhaps because "In recent years, the numbers of workers' compensation claims based on diagnoses of 'stress' have increased dramatically" (WorkCover, 1997f, p. 1).

WorkCover requires medical practitioners to determine if the 'patient' is suffering from a psychological or psychiatric illness that is directly due to a patient's employment.

WorkCover (1997f) indicate that there are some illnesses that do relate to events in the workplace but compensation will not be payable. For example, action taken to transfer, demote, discipline, redeploy, retrench or dismiss the worker and decisions not to give a leave of absence or provide a benefit in connection with the worker's employment. From Suzie's, Lyn's and Colleen's stories we can see that these exact same behaviours were used to uphold workplace values, beliefs and actions that supported and sustained harassment and bullying. In turn, this caused psychological illness for these women.

It is also interesting to note that WorkCover (1997f) explain that compensation will not be provided for an illness that has arisen as a result of "action by WorkCover, or a self-insurer in connection with the worker's application for compensation" (p. 5). Does this mean that WorkCover are aware that the workers' compensation process creates inordinate amounts of stress for some claimants? One has to wonder, particularly when they have stipulated that they will not provide coverage for this.

Women predominantly perceive WorkCover in negative terms. Their perception is that it is a 'system' that is impersonal, complicated, and highly adversarial. Although some complications such as delays in medical reports and delays by workplaces to fill in forms for WorkCover, may not be directly due to WorkCover the women in this study demonstrated that they take a holistic view of the compensation 'process'. Thus, they look at doctors, specialists, investigators, and workplaces as part of the whole WorkCover system, which impacted to create and form a cumulative experience.

The following chapters will attempt to further develop women's experiences of the workers' compensation process. Some of these services and experiences were directly provided by WorkCover (such as tribunals and rehabilitation) whilst others were linked to the whole process (such as workplace responses and actions). Further chapters will

focus on the women's experiences of payouts and tribunals, reasons why women may not claim compensation, whether they perceived that being a female affected their experience, and the impact the process had on the women themselves, their families and significant others.

## Chapter Six: The Workplace – The Response and Role of the Workplace in the Workers’ Compensation Process

The present chapter will attempt to discuss the response and role of the workplace and how it affected the workers’ compensation process. The women’s’ discussions of the workplace have been placed into the following five sub-themes:

- A. Women’s’ work is safe and the failure of the workplace to provide preventative measures.
- B. Re-entry to the workplace and experiences of rehabilitation.
- C. Positive and negative experiences of supervisors and/or management.
- D. Failure of the workplace to adhere to appropriate processes. This looks at such factors as securing confidentiality and information, lack of neutrality of WorkCover, and the lack of information from workplaces about the workers’ compensation process.
- E. Women acknowledged that delays in the workers’ compensation process might be due to the workplace not solely due to WorkCover.

All of the eleven women talked about their workplace in their interviews. Their experiences encompassed both positive and negative connotations.

### Women’s Work is Not Safe and the Failure of Workplaces to Provide Preventative

#### Measures

Seven women indicated that their jobs were not ‘safe’ but entailed risk factors.

*I know working here I take risks* (Julia)

*At the meeting I complained about not having enough help with equipment and asked if teachers could work together in cutting down the work load by only having one gross motor circuit a day. I also asked if certain items could be changed in the unit so it would make things easier – this was not done. (Sharon)*

*My female manager she loads the pallets in and out all the time. I said to her “You’re not going to be able to keep doing that”. She said, “Oh well, someone’s got to do it”. And I used to have that attitude too – where it’s got to be done so you do it. Now they don’t even bother asking me to move a pallet. But when there’s just women there – we’ve got to put it on a small trolley and bring in a couple of boxes at a time. Which makes unloading take longer. Which means we’re not getting through the work as quick as they would like us to do it, so we’ve got them on our backs about it. Eventually we’re all going to end up having back problems. I think the majority of them have now. You see them rubbing their backs. A lot of them are only young and have got their life ahead of them – Do they want to have twenty to thirty years of back pain? (Michelle)*

*I mean with the workplace they just didn’t have the facilities there at the time. Like they didn’t have hoists there which should’ve been compulsory (though in my case a hoist probably couldn’t have helped). But you weren’t trained. You weren’t trained in the use of hoists and things like that anyway. We had a few lifting techniques but it still involved manual lifting. Now they do have a ‘no lift’ policy at the hospital. (Joanne)*

The Commonwealth Department of Community Services and Health (1989) found nursing is the seventh most hazardous occupation in Queensland.

*We were given lots of back care training but the problem was at the work level. Like - you’re not assisted with lifting, the equipment is put in really badly designed places like really low down, and you don’t have the proper equipment. And the equipment is aimed at the children so it’s all at low level. (Louise)*



Donna and Julia also indicated that their jobs required *heavy lifting*.

These women indicated that their jobs were/are very task orientated. Their workplace required them to perform tasks that not only carry some risk (such as manual handling) but also did not attempt to reduce and minimise the risk – even when this was brought to the attention of management.

*Over this period the Education Department Rehabilitation Officer came to my workplace three times to inspect the work we were doing, each time he said we shouldn't be doing some of the work we were doing and that he would put in recommendations for improvements. On the third occasion a second person came with him, this person was involved with the employment of staff, also in attendance were four other peers (some of who had injuries related to work). Work practices were discussed, they inspected the site and they agreed that things needed changing and equipment could be adapted and have improvements made on them. They also stated that they would inspect all of the other areas of the school where there were concerns – this was never done. The only improvements were that the roller doors were greased and wheels were put on a computer table (this was done six months before I was transferred out). I always believed that prevention is better than the cure. (Sharon)*

*We had a meeting at our work, because there were several of us who had wrist and back problems. Anyway they (like a rehabilitation officer from the Education Department and a WorkCover representative) basically made observations. They went around and looked at one particular area and made simple recommendations. But then nobody did anything, nobody followed it through. They didn't come back to check that anything was done and the department didn't do any of the changes. I mean things like easy grip scissors were never purchased. So they never cared about prevention because nothings really changed. I still see the same things going on there – that's a shame.*

*So you have this training every two years. The department said it is mandatory for special education employees because of workers' comp. It's just so that the department can cover their butt and say, "We've*

*provided training". But on the ground level no one cares about prevention – they just want you to keep doing your job. (Louise)*

This lack of prevention was also found in Casey and Charlesworth's (1984) study whereby there were no incidences of modifications made to injured workers' workplaces and work hazards were often not removed or changed (as previously stated in chapter one, p. 9). Langford (1991) states "until employers see that it is cheaper to prevent injury rather than cure it, the 'disposable mentality' will persist" and thousands of workers will continue to be injured (p.15).

Michelle actually indicates that due to workplace negligence she suffered further injuries:

*Because when the Human Resource Manager found out that I'd worked when I was on a medical certificate she went ape shit. And both the guys got a revving from her about it, they should've let her know, they should've arranged to get someone in – you don't have anyone working on a medical certificate! Because the letter the doctor wrote to head office wasn't very polite – put it that way!  
And so I ended up being off work for three months whereas if I had just taken the two weeks off... Although the amount of damage done! But I think keeping on working made it worse. But if I had of stopped then, it might not have been so bad. So it sort of caused a bit of bad feeling between me and the male managers. (Michelle)*

Five women indicated that they took preventative measures for themselves.

*I inform them (as in new staff) that I'm unable to lift certain things – up to a certain weight, or I request their help. It's just certain things that I know I won't touch unless I'm being supported by someone else and I would not try to use that arm. (Julia)*

*I made sure I told whoever I was working with that I wanted to be careful and protect my back. And I made sure not to lift anything I couldn't. Because I had that experience with my back, I was very anxious and I didn't want it to happen again. So any children we had to lift I'd do a two-person lift, or I'd ask someone else to do it or that sort of thing. I mean it is a hard job. (Donna)*

*So I'll probably need further surgery down the track. Further on maybe, but hopefully not – I'll try and avoid it. I've been looking after myself (being a nurse). (Emily)*

*You see, for me the biggest issue that has come out of all this has been – I worry about the long term and for me it means that no one is going to worry about me long term. Therefore, I have to protect myself, which means I look at the types of jobs I do with prevention in mind. It all comes down to you having to look after yourself because no one else is going to give a shit. (Louise)*

*But they still get a bit narky, I reckon because I refuse to lift some boxes and some of those boxes are heavy. I'll just look at them and say, "Oh well, it can stay there until someone moves it". I think they realise that if I do my back again, they might be paying for it for the rest of my working life! (Michelle)*

Michelle indicated that her workplace and co-workers were not fully supportive of her injury.

Joanne indicated that her workplace blamed her for her injury:

*They did a lot of blame. Like some people do a lot of blame because they saw it as your fault – because what happened was a man fell out of bed and I tried to stop him.*

Langford (1991) indicated that nurses were told if an injury occurred it would be their fault; when nurses were unable to do heavy lifting they were told that they were 'no longer a nurse' and they were poorly treated by their own peers. Kenny (1995) also indicated that sixty percent of respondents reported that they had experienced negative attitudes towards themselves as injured workers. Of those, fifteen percent described being shunned by co-workers.

Emily stated that:

*I was at schools with principals that just didn't want to know and just thought that I was bugging it on [faking my illness]. And that was really really difficult to deal with. And that took a lot of counselling to be able to deal with people's opinion of me being 'slack and lazy'. Because I wasn't. I was out of my tree and totally incapable of doing anything very much, and it was really really hard.*

### Summary

The women in this study indicated that their jobs tended to be task orientated and included such risk factors as sprains and strains, repetitive stress injury (see chapter one for statistics with regard to women's work injuries/illnesses). They also indicated that their work was unsafe due to the workplace environment and work practices. Although some women received training with regard to manual lifting practices they indicated that their workplaces failed to address the other two factors (environment and work practices) to facilitate and enhance safety.

The women also indicated that there was a lack of implementation and enforcement of recommendations to the workplace to prevent further injuries. Due to this lack of prevention some women indicated that they attempt to prevent injuries from occurring

by refusing to undertake tasks or activities which they think may cause an injury/illness to them.

### Re-Entry to the Workplace and Rehabilitation

*And when I did go back to work it was light duties for I think a month. Like I was only allowed twenty hours a week for the first two weeks, then they put it up to twenty-eight hours until finally I was back on. But as second in charge there's no such thing as thirty-eight hours it's more like sixty hours a week. And they flatly refused me doing thirty-eight hours. I think it was about two months before I went back to doing second in charge hours. (Michelle)*

*I went through all the procedures, then went back to work on a part time basis and that sort of thing. You go back to work and they say you're not allowed to do this and that - it doesn't work out that way. (Sharon)*

*Like I said, I got good support from the start. And I came back and I had to speak with my supervisor because it was longer again (the time I needed off). And round about the second week we were looking at seeing if I could come back to work part time with light duties.*

*Also there was a woman from head office that was in contact with me too. She visited the house and spoke with me, anything I wanted to know she found out for me or informed me of what her concerns were with regard to payment and securing of my job, more than anything else. Basically wanting to know what was happening whilst I was away. Then I worked and they said I could "return on light duties".*

*All the time like there was contact between the school office, my immediate supervisor and the actual head office – it was quite good contact. (Julia)*

*And they said someone from WorkCover would come in a check on you and that, but no one never came near me. The physio came in a couple of times and sprung me. And she rang head office and said I shouldn't come in and I was lifting boxes. So the Human Resource Manager would ring the manager then. Said, "She was not to lift nothing more than a pricing*

gun". The physio wasn't really happy with me going back to work when I did, that's why she was so strict when she rang up the Human Resource Manager. (Michelle)

*In hindsight I think physically, to have a longer time off would have been good. I'm one of those people, once you start feeling good you feel like you can do it. I was only part time, two hours, then it increased as I felt confident and I had physio twice a week. (Julia)*

*Rehabilitation – there's none. WorkCover said they were going to do things, like send someone in for rehabilitation, and they didn't! Which I reckon is something that needs to be addressed because you need your rehabilitation to get back into work, emotionally and physically, especially when you've been off for awhile.*

*I just wanted rehabilitation that's what I wanted.*

*Maybe talking as a team in my environment. And talking about what I can't do and what we were going to try. I didn't want gobble-de-gook and I didn't want all this attention or anything, I just wanted people to understand.*

*I suspect that I could have been rehabilitated back into the job that I worked at.*

*When I was told I had to leave my job in special education I was put in the mainstream. I was chucked in cold turkey. Who gives a damn? You do the work. There's nothing worse, you're supposed to know everything. It was all just cold turkey. I think its support that was needed. (Sharon)*

*I had to go to physio and she [the physiotherapist] applied for the gym so I could strengthen my knee. That finished about six months later – that was all. I can't remember if I had a case manager. My workplace had an occupational therapist; she would say how many hours I should do. She got me a stool. She tried to build your hours up, like an hour on and then a ten minute break. (Rebecca)*

*And despite having a doctor's clearance to be able to go back into work, at the organisation – the organisation won't allow me back in another area. Their words were 'I had to go back to my delegated duties'. So basically what they were refusing is to rehabilitate me anyway. And at no time has the organisation taken into account my disability.*

*They haven't provided me with a chair; they haven't provided me with a desk. Which when they employed me they knew I had the back injury and the disability that went with that. They refused the Functional Capacity Evaluation Report. They didn't act on the two medical officers that they made me go and be examined by. They didn't act on their reports, which stated that I needed to be rehabilitated – I could work with rehabilitation, with modification of my workplace and the hours of my duties. And the organisation are now stating that my request for any rehabilitation is 'unreasonable', under reasonable adjustment. (Lyn)*

The Industry Commission (1994) indicates that because governments try to create low-benefit, low-cost workers' compensation schemes it often leads to a lack of rehabilitation and a lack of early intervention. Keys Young Pty Ltd (1999) found that there was a lack of support for those with less severe injuries in returning to work and negotiating light duties. Keys Young Pty Ltd (1999) indicated that this maybe because individuals who have been seriously injured and who have received rehabilitation while in hospital, may have the support of professionals to assist them.

Suzie and Colleen indicated that they initiated their own rehabilitation and Suzie states that she took control of her own rehabilitation. Casey and Charlesworth (1984) found that one-fifth of injured union members were provided with rehabilitation because of their own initiative.

*I went back to work and a return to work program – which wasn't really, I controlled that. I think it was three hours then five hours a day then six hours a day and I was working it out with how much leave I had. I mean I was sick, physically sick. In tears some days. Some of them would turn*

*into real assholes at work that were fine before. The place, the atmosphere, everything changed a lot. Our section was ostracised by other sections, for no good reason. And obviously you weren't the person to know because the director had no time for you and they all knew that. So when you wanted anything or wanted to do anything, it was made difficult for you. Not overtly but covertly in a lot of cases.*

*I went back to work and didn't have a case manager. I didn't get one because my case wasn't settled (it was still being disputed).*

*I went and got a clearance to work three hours a day. That was the best thing I could do for my recovery, going somewhere where I was accepted at work. I have done the best stuff for myself, for recovery, than anyone else could have.*

*Going to the new place I was scared, I was really insecure. It's like learning to walk again, you know, that's what it feels like. I'm learning to do all things I did well before. Now it's the cushiest job in nursing and it's good for my mental health. (Suzie)*

*I didn't get any rehabilitation. I had to ask for it. I didn't want to go back to the same workplace/environment. I wanted to go somewhere else. The executive officer (the horrible man who dealt with my case) said that there was 'no where else, there was nothing else to offer'. I actually insisted that it was my right, and that was on the Friday. By Monday I had my own office, stationary everything. He realised that he would be in deep shit if he didn't provide it. I then got sick on the Wednesday and Thursday due to stress. He then implied that I was not serious about the job. (Colleen)*

WorkCover (1997g) acknowledge that rehabilitation may involve treatment, a suitable duties program, or on-the-job training to acquire new job skills. The women in the study indicated that some did receive treatment from physiotherapists and occupational therapists, whilst Joanne indicated that she actually received on-the-job training. Sharon and Michelle indicated that their workplaces still required them to carry out activities, which were unsuitable due to their occupational injuries/illness. Rebecca indicated that her workplace occupational therapist attempted to start Rebecca on light duties and



provided her with adapted equipment – the problem was that the workplace was unwilling to accommodate Rebecca’s injury via flexible work hours. Sharon, Lyn, Suzie, and Colleen all indicated that they did not receive rehabilitation. Yet under the WorkCover Queensland Act 1996 (WorkCover, 1997h) it states that “All employers must take all reasonable steps to help or provide their workers with rehabilitation or suitable duties while they are being paid compensation” (p.1). From this quote, the obvious problem is with regard to what constitutes ‘reasonable steps’ on behalf of the employer. As well as the requirement only extends to workers who are on compensation – once this is removed there is no requirement.

WorkCover (1997h) define their obligation in terms of “ensuring that workers who are entitled to compensation have access to rehabilitation and early return to suitable duties” (p.1). How is this obligation measured? The obligation is met through the provision of approved workplace rehabilitation training courses for employers and a statewide network of rehabilitation counsellors that can help workers and employers develop rehabilitation programs. As a result, WorkCover does not have to ensure that rehabilitation occurs. If WorkCover is reliant upon injured workers reporting the failure of a workplace to provide rehabilitation, then it has not made this known to the injured worker. The women in this study have indicated that the process is unknown to them and WorkCover does not give them any information that would assist with procedures and requirements. Colleen was the only woman who was aware that she had a right to ask for rehabilitation from her employer.

Once again WorkCover has identified the treating medical practitioner as essential to the rehabilitation process. They are the “key person in ensuring a successful outcome for an injured worker from their occupational rehabilitation program” (WorkCover, 1997g,

p.1). Although it has already been acknowledged (Burry, 1990) that doctors lack specialised training in this arena (see chapter 4, p. 87). Kenny (1995) also found that employers expressed some dissatisfaction with treating doctors because they did not know the work situation.

Although Langford's (1991) comments were directly aimed at the health industry and specifically to the experience of nurses, they can be generalised and applied to the women's experiences in the present study:

“The health industry is notoriously deficient in helping nurses regain meaningful re-employment. The normal excuse advanced is that ‘there are no light duties in nursing’. This enables many employers to wipe their hands of the problem and dispense with the nurse” (p.15).

Lyn stated that:

*I've been cleared to go back to work but in an area away from my supervisor, to work in a different area. The organisation stated that 'there is no area for me to go to and to stay home sick'. The union have stepped in and negotiated that I be seconded to another organisation and I started that employment on a three-month period.*

However, in the second interview with Lyn, she revealed that the organisation was now denying that it was appropriate to find her another place of employment. The union was backing up the decision to redeploy Lyn as the whole procedure had been “*well documented that they had to find somewhere else*”.

Suzie indicated that her workplace would most likely redeploy her into an area that would be unsuitable:

*On Monday I'm supposed to meet with the manager, and the union are going to be there too. He legally has to find me another job. I have to tell him where I'd prefer to work rah rah rah. And then I suspect that they'll offer me something I'll hate. So I'm just playing the game at the moment really, underneath I have no intention of going back to work. And I'll resign when I'm ready to resign.*

In the second interview with Suzie she revealed that she had opted to resign from her position. It must be remembered that in resigning Suzie loses her career and she also stated that "*I worry about the future really*".

Burry (1990) found that some doctors may indicate that workers are unable to return to work as they know that the workplace cannot (or will not) provide light duties, and thus the workers will then be laid off.

*Because they were trying to get me back to working like full time hours because they wanted me back more or less pre-op and I couldn't. I had to get a letter from the specialist and he said 'I couldn't' plus he said I had to 'steer away from stairs' and I had to 'absolutely avoid them'. And because I couldn't work full time they said they were suspending me until 'further notice'. So it was in March that they finished me up and said "No, we can't do anything for you. There's no positions available. You can't go back to pre-op, therefore we don't want you – Sayonara!"*  
(Rebecca)

Rebecca also indicated that she is unlikely to find any future employment:

*I've now got severe osteo-arthritis of the knee and it is deteriorating all the time and it will never get better. And for me to get back into the workforce the doctor said 'unless I've got a job that only goes for only two hours at a time', he said 'I won't be any good to anyone'.*

*Basically I can't work at the moment the way my back is.* (Emily)

*I think there's been about eight people, probably more, who have resigned or left after their encounters with the director and his consultant.* (Suzie)

*Because that's part of the WorkCover process, it would appear. You know, as long as I'm on a WorkCover claim, don't come back to work!*  
(Lyn)

Langford (1991) acknowledges that in general there is a lack of understanding between rehabilitation providers and employers in helping injured workers – yet the problem is not being addressed. Blackmur, Fingleton, and Akers (1992) state that many employers “still think sacking a worker on workers’ compensation will mean they are off their books” (p.110). Langford (1991) indicates that employers’ attempts to reduce staff and avoid their responsibilities to support and rehabilitate injured workers are based on very shortsighted financial arguments. As Langford indicates that it costs the community one hundred thousand dollars to service each long-term claimant.

Colleen and Suzie’s experiences were complicated by the inability of rehabilitation to address the role that the workplace has in creating an injury/illness. WorkCover (1997g) indicate that the effectiveness of rehabilitation services should be measured by their contribution to reducing the cost of workplace injury and disease to the worker, employer and the Queensland community. From these three women’s experiences we can see that the workplace was not appropriate to rehabilitation, as it did not reduce the emotional or physical costs of injury/illness sustained by the women.

If rehabilitation was to be successful it would have to involve the intervention of an organisation (such as a neutral WorkCover) that would address the system that supports harassment and bullying. Specifically it would have to look at the workplace culture of rite and rituals, patterns of communication, the informal organisation, patterns of behaviour, power distances, and group attitudes and behaviours which enforce and sustain workplace harassment and bullying (Ishmael, 1999).

*I haven't been to work for approximately seven months. It's just one of those things. It seems to be a big power game and cultural (workplace culture) thing down there and a Queensland thing. I could keep going but it's not pretty.*

*As I mentioned earlier I feel it's an organisational culture. To protect people within the organisation, and to discredit people who do claim a WorkCover claim.*

*Certainly my claim is against my supervisor, however, her supervisor is covering for her, and the Human Resource Manager is then covering for both of those people.*

*When getting my file under Freedom of Information I found some information about other staff members that had been put into my file, which was put there to discredit my witnesses. It had no relevance what so ever to myself or my case. One was a medical certificate from a doctor about one of my witnesses. So I just feel that, within an organisation where there's a WorkCover claim – it's a set up! And that is part of what I understand to be the organisational culture happening within my employment area. (Lyn)*

Sharon and Suzie expressed their loss of their jobs as very difficult:

*It was very hard for me to leave the job that I had done for over nine years. Which I had put every effort, my heart into it. I loved it. It took ages to get over. You know I couldn't even walk in the building. It was a loss. And seeing, I know it's going to sound strange, seeing things I had worked so hard to build up with other people and so on being destroyed was another hard thing.*

*Because when you're injured, especially when you're off work that you're involved with very deeply, and you're away – it upsets the workings of the system and it can upset the children. That's what it was like in my job. So*

*it was very hard, the feelings, the emotions of having time off from work when you're not used to it. And people not understanding around you. It's really hard to describe because you feel as though you're betraying where you work. It's really hard to describe... You have all sorts of emotions and that sort of thing regarding the job and the people around you – you go through a lot emotionally. (Sharon)*

*So when they take the thing that you've really mastered well away from you, if you want to see it that way and blame them for it, then it leaves you sort of doing a second choice. But I don't know what my choice is at the moment; I'm enjoying the physical work at the moment. And I don't know if that's part of recovering from it all. (Suzie)*

Molloy, Blyth and Nicholas (1990) state that “the current epidemic of disability supports the view that there has been an excessive focus of medical factors at the expense of psychosocial considerations, leading to the marginalisation of suffering” (p.150). Similarly, the women in the present study express both physical and emotional loss due to their occupational injury/illness.

WorkCover (1997i) acknowledge that people may develop psychological complications or a clinical disorder but it is only for a trauma or critical incident – such as a hold-up, assault, or serious motor vehicle accident.

Joanne talked about her rehabilitation experience in positive terms:

*And WorkCover was really good. When I did get the job (I mean I did have to win it on my own merits) they were very good when they came in and they paid half of my wage for a month. It was an incentive for the hotel to take me on. I think they were dubious at the time because I guess the fear of the unknown. But after three months they were really glad. WorkCover was really good with letting them know that if there were any problems to call WorkCover and everything. But the caseworker came with me to the second interview, to discuss it at the time – so the people knew what they were dealing with. They were*

*very helpful in the situation. So they can get you back working and off the 'pay system'.*

*Or they'd come out and see you at the workplace if you needed anything. When I was put into the hotel they provided a new chair, a support chair for me that the occupational therapist had arranged.*

Once again Joanne refers to her case manager as involved in the process – unlike to other women's experiences.

### Summary

The women in this study (except Joanne) have indicated that rehabilitation was either non-existent or inadequate. If rehabilitation was provided it focused on providing women with physical intervention in an attempt to get them pre-injury performance levels. Rehabilitation failed to acknowledge the psychological impact that an injury/illness may have on the individual and the role that co-workers play in the rehabilitation process (such as attitudes to the injured worker). 'Light duties' were also provided for some women to assist with re-entry to the workplace but this process was inadequate because the workplace still expected women to carry out pre-injury tasks that were inappropriate and risky due to their injury/illness, they were not given enough time to heal, and the workplace would not accommodate injured/ill women by providing them with adapted work hours. This lack of accommodation and adaptation was evident with regard to women with long term disabilities, whereby organisations transferred or fired injured women workers.

### Experience of Workplace Management and Supervisors

Louise and Rebecca both indicated that they had a supervisor or manager who was *supportive* and *helpful*. Michelle said that her workplace Human Resource Manager was

really good and she got on to WorkCover. Julia indicated that her supervisors and workplace were very supportive of her.

*There weren't good experiences for me. The workplace, the first time round, it was hideous. It was really bad. So this time round it has been so much better having two supportive principals, out of four schools that I was at. Having two of them that were just great, and one of them that just didn't give a toss. And one of them that was not real pleased. But the two main schools in my life are the ones that were really supportive, so it's very different.*

*This time round, workplace wise, the principal at the school that I'm at most of the time, he was so incredibly supportive. He was amazing. I basically went round the twist for a little while and I rang him up and said "Look I can't come to work tomorrow. How can I not come to work? What happens if the kids need me? How can I not come in? What am I going to do? Aaahh". And he said, "Well if you're sick, you're sick sweetie. We'll do something about it and don't worry about it. We can fix it and that's all right you go look after yourself, we'll keep running without you". That was what I needed to hear. I needed to get permission from him to be allowed not to go back to work.*

*Whereas one of the principal's at one of my other schools was the complete opposite. And I no longer work at that school, because I found his attitude just too negative and uncompassionate and restrictive. So I decided that I'm really good at what I do and I can't help it if I get sick, it happens. And if he can't accept that then he'll just have to find someone else to do the job. (Emily)*

*Yeah and bring in a consultant to deliberately traumatise people, to destroy them, is sick behaviour. I don't think it's bad management, I think it's bad behaviour that of course results in bad management. I'm not sure which one, if it's bad management leading to bad behaviour, or bad behaviour leading to bad management, but it's all related. (Suzie)*

In her second interview, Suzie concluded that *it is very bad management due to bad behaviour.*



*It was the manager I had when I was in the first place – he was an asshole. He reckoned I was making all these claims all over the place and it was the very first claim I had ever made! He was an arrogant asshole.*  
(Rebecca)

Michelle talked about how she was still working whilst she was supposed to be on sick leave. This was because the manager went on holiday and

*I didn't know that I could've rung head office or rung the area manager – but the manager should've done it really, not me. Because having a male manager and having a male area manager and they got their butts kicked over it, they were a bit down on me at that stage. So the Human Resource Manager was sort of smoothing the waters between us all. There was probably you know a few stages there where I would have told them to 'shove the job' because it was getting pretty difficult, but it all settled down.*

*I think the area manager was having his little go at me because he had his butt kicked over it. What did he say to me? "Oh! It's only old age catching up with you". But since then he's been all right because I just said "No that's it".*

Blackmur, Fingleton and Akers (1992) reveal that many work sites have low trust between management and the workers. Furthermore, the Industry Commission (1994) indicate that how employers feel about the 'justice' of the situation also matters, because this may colour their attitudes and commitment to injured or ill workers. For example, Kenny (1995) found that employers may withhold information to injured workers, delay the processing of claims, discriminate against the injured worker (such as treating them with 'disrespect', threatening them with job loss), require consultation with numerous doctors and specialists, and provide inappropriate duties. This was predominantly due to the employers 'victim blaming' perspective and their focus on cost containment and productivity.

*I just don't know how the employing bodies can be so in cahoots with workers' compensation, when they cost them so much bloody money. They do! They might cut out on a pay here, but that person goes back into the workplace later, they're more sensitive and more readily fall apart next time round, so there's a bigger compensation, there's a bigger payout, so how can they be working together? It doesn't make sense to me. Or they end up going on the dole and then the Commonwealth has got to pay their dole. That is not financial wizardry is it?*

*They lose their mature, skilled people. They've got to train up people – that costs money, not only in training but in the workplace too, with supervision, that's costing them. If they just supported those people – just one percent. (Colleen)*

*I was really just amazed. I still am, I'm still amazed that Queensland Health will support somebody like that. But they are a health department not a training organisation so they probably don't value that sort of stuff. (Suzie)*

Sass (1999) states that “rarely is there any acknowledgement or expression of moral obligation or acceptance of responsibility by employers once an accident has occurred” (p.130) and there is no accountability or reparations on the ‘victims’ terms.

Colleen stated that:

*There has been no retribution for the executive officer or the Acting DON [Director of Nursing] or any other perpetrator in my case, even though they formally reported lies to WorkCover and it was proven they had. When I asked to have a meeting with the executive officer and Acting DON to resolve this, I was informed by Queensland Health that the executive officer couldn't find time for me and didn't feel like it. This was accepted by Queensland Health without question and WorkCover didn't show any interest in setting the record straight either. They were quite happy to leave things as was in my file.*

### Failure of the Workplace to Adhere to Appropriate Processes

*I had filled out an incident form for an accident and I remember a co-worker came back to me saying that she had an incident and she went to fill out a form and the supervisor gave her my form that I had filled out. And this co-worker just handed it back. I mean you think 'Oh bloody hell, that's not very good'. I mean even at the school level they're not giving a damn about your paperwork – it doesn't seem to mean much. So that's got me a little bit worried – filling out these forms and what's happening to them. (Louise)*

Lyn stated that:

*The process wasn't followed at work either, within the organisation. But then I don't expect that with a malfunctioning organisation. And when I say malfunctioning organisation, I'm speaking from my own experience, I was actually an acting manager within the organisation myself. I did apply for my acting position, however, I didn't want it. And when I got my position as a nurse educator, I told them it was because of the corrupt organisational management. I was very vocal about that, which I mostly shouldn't have been because I've got the backlash of it now. I have been told by the Human Resource Manager that I'm not really wanted in the organisation. And to find work elsewhere.*

*Basically I feel that my case could have been resolved just by interviewing myself, my supervisor, and working it from there. Although I guess because she was supported by her supervisor and the Human Resource Manager it makes it a bit more difficult.*

Colleen stated:

*I didn't have work support. I knew nothing about how the process worked. I knew so little that I phoned my workplace Human Resource Manager and asked to go on 'stress leave' – he refused. I was totally unaware that it was not his responsibility to make a decision like that and he did not inform me either and I found out by default that you go to a medical officer. When I reported this to WorkCover it was ignored.*

*Although I had been getting certificates from the doctor I was seeing, I didn't realise there were special forms to fill in, and no one told me.*  
(Suzie)

### Delays in the Workers' Compensation Process were Due to the Workplace

Four women acknowledge that delays are not always due to WorkCover but in some instances are due to workplace failure to fill in forms and follow appropriate procedures.

*When I actually went off on WorkCover, I had my certificate from the doctor and I submitted the other two certificates to my employer and to the Human Resource Manager and she apparently was meant to submit them to WorkCover. I waited a month and hadn't heard from WorkCover. So I went into WorkCover to ask why I hadn't heard from them and when did I have to go and see a psychologist who would investigate the case. And they had received nothing and that was two weeks later. They had received nothing from the organisation. And they followed that up and I think it was about two weeks after that before that they actually got the information from work.* (Lyn)

*I mean last time because I was off for a big block of time, it worked pretty well and they just paid me right through and that was great. But then the Education Department totally stuffed up the payment for three months. Which was really fun [sarcasm]. Then they over paid me and I had to pay it back and that's happened three times now. But that's the Education Department, they can't be perfect.* (Emily)

*So I mean a lot of times WorkCover are getting the blame when it's actually the place of employment.* (Donna)

*We filled in the forms and then of course WorkCover couldn't process anything until the employer had filled in their section. Eventually I got the union onto the employer so they would fill in their forms. So that the WorkCover claim could go ahead and be investigated. I don't think it was signed until about a month later.*

*I couldn't trust Queensland Health at all so I was taking in my certificates and hand delivering them to WorkCover, to the Human Resource Manager and to Queensland Health. Because I wasn't getting paid. (Suzie)*

### Summary

The women in the present study talked about their work in terms of not being 'safe', whereby, they were exposed to and required to perform tasks that were demanding and risky (such as manual handling). The problem was that not only did the workplace fail to reduce and eliminate the risks prior to an accident occurring, but they also failed to do this after an injury or illness had occurred to an employee. One woman (Joanne) even indicated that she was blamed for her injury. Some women indicated that they were sometimes met by disbelief with regard to their injury/illness and were discriminated against by co-workers.

Although women were faced with a lack of prevention of workplace injuries and illnesses, they sometimes responded by protecting their own safety. For example, telling others about their capabilities. It is interesting to note that WorkCover, Queensland (1999) state that the workers obligations are to "also work with your employer to modify work practices to reduce the risk of a similar injury happening again" (p.2). This quote assumes that the individual is able to control their workplace and that they are responsible for their injury (because they are required to make the changes).

One woman (Joanne) talked about rehabilitation in a positive way – she was provided with retraining. Other women received occupational therapy and physiotherapy services to make them physically ready to return to work. Women who had taken out a WorkCover claim due to workplace harassment and bullying received some form of

counselling, but the problem was, that the workplace did not change in any way to correct the attitudes and behaviours which created and endorsed workplace harassment and bullying. For eight women the workplace appeared to be reluctant to accommodate their injured or ill workers because they ended up having to either step down from their current position, be re-deployed, or resign.

Although WorkCover (1997c) place a great deal of emphasis on rehabilitation because of the benefits of rehabilitation for employers and workers (such as reduced training costs, reduced claims costs, reduced absenteeism and shortage of skilled workers, fast recovery and reduced suffering, job and financial security, and minimal disruption to family, social and working life) the women in the present study tended to indicate that rehabilitation was not provided or was not adequately delivered at the workplace level. Some women indicated that due to the loss that they had sustained they required the recognition of intervention at the physical and emotional level.

Once again some women indicated that WorkCover were on the side of the employer. In the case of women experiencing 'stress' due to workplace harassment and bullying they indicated that the attitude of WorkCover was that it was an issue that was too big and too hard to tackle. For example, Lyn indicated that she was expected to stay at home. Why was this so? Perhaps it was because WorkCover did not know how to address the problem of a workplace culture of harassment and bullying, or perhaps it is because they can not recognise the problem [In chapter four (p.70) Colleen indicated that WorkCover also appeared to have a culture of workplace harassment and bullying]. In these situations the workplace actually created barriers to women performing their jobs (such as a lack of information). Lyn also mentioned that the organisation might use the WorkCover claim to further discredit the individual. Furthermore, the lack of

professionalism and neutrality of WorkCover investigators who the women indicated had placed irrelevant information into their files to discredit them.

Finally, some women indicated that their workplace failed to carryout WorkCover procedures (such as filling in forms) which resulted in delays in the worker's compensation process and hardship for the women themselves.

## Chapter Seven: Women's Experiences of Payouts and WorkCover

### Tribunals

This chapter looks at five women's experiences of receiving a payout from WorkCover due to an injury or illness. Two of these women received payouts from their workplaces – Suzie received entitlements because she resigned from her employment and Rebecca received a payout from her employer because she was terminated. One woman (Sharon) talked about her experience of going to a medical assessment tribunal. Here are their descriptions of their experiences.

Lyn indicated that her idea of resolution was based on changes to the workplace and clearing her name, not a monetary outcome:

*Being able to go back into the workplace and being a respected member. As far as a resolution, for WorkCover and the grievance, I was not looking for a monetary resolution at all. In saying that, when I had my interview with the person investigating at the organisation the other day, he actually asked me 'What was it I wanted'. And I said, "To clear my name". And he said, "No, what is it you want from us?" And I said, "Well it's all there in black and white in front of you, in dot point". And he said, "You realise we're one point nine million dollars in the red". And I said, "What's that got to do with my case?"*

*And when I talked to my union representative I explained that I was concerned that work were still paying my wages and I was worried that I would have to repay the money. And she said, "Well you'll just pay for it out of your compensation". And I said to her, "What compensation?" And my jaw must have been on the floor, because I didn't realise that it was a monetary thing. My name is what I want to resolve - to clear my name. But I also want people in the workplace to be aware that these are real issues.*



*Initially I wasn't worried about the money, I wanted to be well and feel safe at work. (Suzie)*

The Queensland Workplace Bullying Taskforce (2001) acknowledge that “In Queensland the legal options for redress currently available to an employee who has been bullied in the workplace tend to be reactive rather than preventative, designed to compensate, rather than to prevent, the bullying conduct” (p.52).

*The Industrial Relations Officer said to me, when I had finished up, that she would get this letter from the specialist to say exactly what I was capable of doing. And she said once I got that I was to apply for disability pension because it was more than likely that was about all I would get. And that was when I got onto the union. I had to go to the union and then they fought for me to get the payout from the company and I got a lot more out of it than I expected too! Because I mean, I was there for over eight years but they didn't have to pay me the full amount but they did, they covered for long service leave – I think I only had a year and a half to go and I would have had my ten years. (Rebecca)*

In chapter six (p.129) Colleen also mentioned that cost-shifting occurs, whereby the Commonwealth ends up paying the ‘dole’ due to failure to support injured and ill workers in their current employment. Rebecca indicated that cost transference occurred in her situation so that she ended up on the disability pension and being assessed every two years for entitlement. The Industry Commission (1994) state that “There are many ‘victims’ of inadequate workers’ compensation arrangements – many of them transformed by the ‘system’ into permanent dependency” (p.100).

*The payout I received was in three separate cheques. I received seventeen thousand dollars (seven of that went on tax) and a further eighteen thousand (for RDO's, sick leave, long service and holiday*

*leave). So that money went to me because I resigned. If I hadn't it would have gone to Queensland Health. WorkCover had to convince me to take the payout as it seemed weird that work had paid me out and WorkCover did too. I reckon they give it to you to shut you up so you won't take them to court. (Suzie)*

WorkCover Qld (1997j) describe two types of 'elections' that are available for permanently impaired workers. For individuals who have been assessed as having a work-related impairment of less than twenty percent they must choose between accepting a statutory lump sum compensation offered by WorkCover, or, they may claim for damages from their employer. For individuals assessed as having a work-related impairment of twenty percent or more, they are able to accept the statutory lump sum compensation offered by WorkCover and they can also claim for damages from their employer. WorkCover stipulate that if a person sustains a work-related impairment from a psychological or psychiatric injury of less than twenty percent and another injury that is less than twenty percent, then the individual cannot combine these to reach twenty percent or more.

*Well they gave me two options when they went to give me that payout, I can either accept what they give me – or go without!  
They said that if I wanted to take it further and take it through court I could – but there was no guarantee that I would get anything. And I think I had to get the union to go into bat for me – even with work. But with WorkCover it was 'take it or leave it!' - type of thing. I had to go and see a solicitor anyway to go for the payouts and to see whether it was 'just' or if I should go further. They said, "Because it was done in the natural course of work" I could not "expect to get anything more!" I'd loose if I took it to court because it wasn't the company that was negligent. So I had to accept what they said. (Rebecca)*

Rebecca went on to say that once you accept the payment there is no recourse for future consequences of the injury or illness:

*It was as if they thought 'that's finalised, it's finished. Your knee's fine as far as we are concerned, this is how it is – anything that happens to it afterwards, well that's not our problem. You'll have to start all over again, going through WorkCover and all that'. And because it was an already existing injury, if I hurt it again, they wouldn't do anything for it. Because to them they own my knee type of thing, from the way it stands, from the payout.*

Although an individual is not entitled to apply for statutory compensation for an injury that they have received a lump sum payment for: “Should your condition deteriorate, consideration may be given to further compensation under certain conditions” (WorkCover Qld, 1999, p.4). The problem is that there is no information that describes what these conditions are. However, after a phone conversation with a case manager from WorkCover Queensland, it was established that further consideration may be given for aggravation of an existing injury/illness and consideration may be given by medical assessment tribunals if further deterioration has occurred subsequent to an existing determination.

Although individuals are able to take a common law claim against their employer they have to pay for the costs themselves. Suzie indicated that the costs and possibility of failure were a disincentive to taking employers to court:

*Meanwhile I'll just keep with Queensland Health, while they're paying me, and I'm going to try and draw it out and make it as difficult as possible. So they have to keep paying me for as long as I can get them to. Because I'd much rather get it that way than take them to court. And I don't know if I want to go through the stress of going to court. And I*

*don't know if I'd win anyway, if someone could tell me I'd definitely win...*

*I think I've had enough. I think I'm ready to settle down and get out of there now. But there's also the other side that the solicitor talked about - 'You wouldn't have to work to pay the super [superannuation] and worry about retirement if you took them to court, you'll probably get that much money if not more. And it'll be over in a couple of years'. And I said, "Yes, but I would have to fight for it, this way I'm working for it". And there's a risk of losing everything you have already by doing that if you're not successful. If I won the lotto I wouldn't hesitate, I would go for a court hearing straight away, I wouldn't hesitate. I know what they did was so wrong and they shouldn't be allowed to keep on in their positions because of it.*

*And the second opinion doctor made a couple of statements that I thought were quite ambiguous and led to a lesser payout figure. But looking back now I should have gone to another doctor. But they said they wouldn't take into consideration another orthopod's view because they already had an outside opinion. If I had known then what I know now I would have really stuck to my guns and that and I'm sure I probably would have done a lot more. But anyway, that's in the past.*

*I approached the lawyers, only because they were actually offering me about a quarter of what I actually got! That was what they actually offered. But realistically I should probably have got a lot more. But I didn't because of the other orthopod's opinion. It was going to go to court with the lawyers and everything like that, but it didn't end up going - they must've gone to the tribunal (?). They did everything for me - the lawyers did everything for me. (Joanne)*

Both Suzie and Colleen indicate that they contemplated suing WorkCover as well:

*I tried taking my dilemma with Queensland Health and WorkCover to private solicitors and after a lengthy time of information gathering and reports, the solicitors informed me there was nothing they could do with the way the system is structured. It appeared to be bigger than Ben Hur taking on Queensland Health and workers' compensation.*

*(As previously stated by Colleen).*

*WorkCover accepted my claim, which is pretty incredible. I started to feel much better once the WorkCover claim was accepted. It was pretty amazing it got accepted. If it hadn't have got accepted I would've taken WorkCover to court. I know it would be crazy taking a work insurance company to court but I felt so strongly about the defamation and the lies and the lack of fairness in how they investigate. That I would have wanted a fair hearing in court, with witnesses and cross-examining and all that sort of stuff. And particularly with the psychiatrist and psychologist. (Suzie)*

Suzie went on to indicate that she felt that her claim was accepted because of the acceptance of the grievance she had taken out against her employer – *that had something to do with it.*

Lyn stated that:

*And I will take this to the high court if I have to. I have already started the review process today. I only got notification today, so I've started that. And then if my review is unsuccessful, the union will support me through a court hearing. I think it's the magistrate's court I go through for that. But I will take it right through to the end.*

Lyn also spoke about her Western Australia claim for a back injury:

*It took six and a half years to finalise the claim and it turned out the way I expected a claim to be. I knew it would be a fight. I knew it wouldn't be easy. I went back for the court case and it was settled out of court. The amount wasn't what the injury was worth. Workers' compensation argued that the current problem was also responsible. The two overlapped each other. And the solicitor said that what he felt was that the harassment that had been happening over the two years had aggravated part of my condition, and go back and sort it out at work – they were responsible as well.*

The Industry Commission (1994) acknowledges that individuals are still covered by their previous employer for up to five years. However, in Lyn's case, we can see that this time frame was passed due to the time taken for the case to be resolved.

Joanne, Rebecca and Colleen talked about how they felt that their payouts were inadequate:

*In comparison to what I thought the payout would be – I thought I would have got a lot more. (Joanne)*

*And as for their payout – for what you've got to go through and for what's still going on, I mean it's coming up for the third year – I don't think it was enough! I mean if I had my leg cut off below the knee it might have been a different matter – they might have paid me out thousands, but because it's just the cartilage's and I can still walk I guess (even if it's in short bursts). I just thought that the amount that they paid me out, the amount of time and worry, the stress and the hassle that it did, it wasn't worth it. (Rebecca)*

*With the money I got, all I could buy was a computer. I won't get rid of it. I lost my husband and my children's childhood, but I have the computer. The payout I received was really an insult and a very small paltry compensation indeed. But it was more the fact that someone believed me and treated me with some dignity that was rewarding. (Colleen)*

Phegan (1985) looked at the restitution of lost earning capacity and stated that "Its inclusion is dictated more by current expectations and the availability of funds to meet the additional cost than by logic or social justice" (p.79).

### Summary

The women in the present study have indicated that their desired outcome from the workers' compensation process was not restricted to receiving monetary compensation, but they also wanted to feel safe at work. The women indicated that not only were they forced to accept the payout from WorkCover (due to the risk of going to court and losing

and WorkCover stipulations regarding common law claims) but the payout was inadequate as it did not take into consideration the women's pain, suffering, and loss due to the injury/illness and the whole workers' compensation process.

### The Medical Assessment Tribunal

Sharon was the only woman, in the present study, to have experienced a medical assessment tribunal. WorkCover uses these when application for compensation is of a complex medical nature. There are seven medical tribunals (cardiac; dermatology; ear, nose and throat; neurology/neurosurgical; ophthalmology; orthopaedic; and prescribed disfigurement), and each is made up of three doctors who are specialists in the area of the injured worker. Here is Sharon's description of her experience:

*Recently WorkCover sent me to an Orthopaedic Assessment Tribunal, all of thirty minutes in a room with three gentlemen who were not introduced to me. So I was disgusted.*

*I mean when I went down to that tribunal the doctors seemed to be retired (a hundred and one years old). Firstly you have to go down with nobody. They say you're allowed to take somebody with you, now are they going to pay for somebody? I suppose I should have asked.*

*I arrived in plenty of time to speak with the union guy and he was late. I had to wait. And when he did arrive, because it was so late, he was saying "quickly, quickly we have to get this done and go through this" and it was just all rushed. And I'm thinking 'you don't even know me. How can you go into a room when you don't even know me?' When he got into the room where the three doctors were he went through who I am and what's wrong with me. He got it all wrong, because he didn't bother to give me the time or to understand what was going on. And when I heard that I just knew I had lucked out – that was the end of it. I just thought 'what am I doing here?' I just wanted to get away. I felt suffocated. I felt as though what am I doing in this room with these guys that don't even know me and don't know how hard I worked? They don't know my feelings. To them I'm just another person trying to get the better of workers' comp.*

*And then not to be introduced to them. I'm looking at these guys. I mean they were antiques. I should say that WorkCover get retired old doctors in, that's what it looked like when I walked into that room. Now they asked me stupid questions. Then I was taken into a room for a physical examination – get your arms up in the air, get your hands that side, turn your neck...I'm thinking 'how can you get me to turn on pain? How can you tell me to do that in five minutes?' What a lot of garbage. You're sent out and you go.*

*I was dropped off back at the union, the union representative dropped me off – and that's it. Find your own way wherever you want to go. I must say, when I walked out and walked away from the union guy and that, I sat down to have a coffee and thought 'thank god that's done!' I just felt it was such a farce.*

*In some ways I felt I'd let myself down, but because I couldn't hack them, I couldn't understand...It's really hard to describe your emotions. Maybe I'm just too emotional or maybe it just took too long to hit. I just wanted to be treated like a proper person. You always had the feeling that people thought you were lying all the time.*

*It cost them nine hundred dollars to fly me down to the tribunal and with the doctors' bills, it must have cost them at least, I reckon, two thousand dollars. That was one thing that got up my nose – because that could have paid for my medical bills – for physio and a bit of rehab, and I feel that's terrible. And if they do that for me what about all the other people that go through workers' comp, think of the money. It's certainly garbage. A waste of taxpayers money. That was one of the things I thought about a lot. I thought 'Why are you doing this? This is a waste of time and money!' Like I said when I went down to the tribunal "I'm not out to sue the department or anything. All I want is to be okay".*

*And just the way I was a nobody when I went to that tribunal. And going into a place for what, thirty minutes, and they think they know everything about you. Oh yeah they read your medical history, but half of it is gobble-de-gook. It's only what they want to see.*

Sharon went on to explain why she thought she was sent to the medical assessment tribunal:

*I think because I'd been under workers' comp too long.*

*When I told my doctor I was going to a tribunal he looked at me and said "Oh well that's the end, that's the finish, they're trying to get rid of you". That was a doctor's thoughts on it. So when you have that in mind and you go down to see three antiques sitting around – you know it rings true.*



*It's just that I feel that because I've said it's due to my work, and I went on WorkCover for it, they should be responsible for it. But of course, going to a tribunal they knock you back anyway. Well you go to a tribunal and they say, "That's the end". But it can't be the end for me because I still have the problems.*

In the second interview, Sharon provided the researcher with a letter that she had written to her local government representative and to WorkCover. The letter indicated that the reason for, and outcome of, the tribunal still remains a mystery to Sharon. Sharon also showed the researcher the letter from the tribunal that indicated that her claim had been rejected, once again Sharon could not understand why this was so. Having read the letter the researcher could understand Sharon's confusion, as it was ambiguous and couched in medical jargon. Here is an excerpt from Sharon's letter:

*The claim for payout was denied. I didn't ask for a payout and was never going to. I am writing to you so you can answer some questions that I cannot find answers to. These are:*

- A. Why was I sent to the tribunal when WorkCover had already accepted the claim as work related?*
- B. Why was I sent to the tribunal when I had never asked for a payout? All I had asked for my treatment to be continued as was my rights as an injured worker (with the treatment I was progressing well)*
- C. Why did they waste tax payers money on sending me to a tribunal when the treatment I was having would only have cost a fraction of what it cost to send me to the tribunal?*
- D. How did the tribunal come to the conclusion that my injury was not work related? I cannot turn the pain or the symptoms on or off when I want (I have worked very hard with exercise, stretching and positive thinking to cope with some of the pain I have had to keep my hands, arms, neck and shoulders flexible). They did no tests other than to get me to move my hands, arms and neck. They did not come to my place of work, they did not ask what type of work I did, and they did not see the equipment I lifted – so how did they come to this conclusion?*

Sharon has never received any response or answers to her questions.

The quote from Sharon succinctly indicated that she did not wish to receive a payout but she wanted to receive treatment for her medical condition for the long-term (because her nerve damage cannot be 'cured' only 'managed').

WorkCover Qld (1997, Brochure) states that tribunals are "completely independent of WorkCover". Thus they do not make recommendations regarding outcomes and it is not represented at the tribunal. WorkCover outlines the procedure on the day of the hearing as follows:

- A. On arrival at the tribunal the claimant will be met by the reception staff and advised on who the tribunal members are.
- B. Tribunal members will be presented with the person's claim file
- C. The members may ask questions of the individual and may request the individual to undergo a clinical examination
- D. Following the tribunal any questions, queries or complaints should be discussed with the reception staff; and
- E. Individuals will be advised in writing of the decision of the tribunal and the reason for their decision.

WorkCover acknowledge that:

"The medical assessment tribunals are comprised of highly experienced medical specialists who make impartial determinations on the medical aspects of a claim. The decision of the tribunal is final and conclusive. There is no right of appeal against the decision of the tribunal"

(WorkCover Qld, 1997 Brochure)

As we can see, the espoused theory/process of WorkCover is quite different from Sharon's experience. Lippel (1995) noted that women claimants were less likely to succeed before review boards that were primarily composed of male decision-makers.

Kennedy (1996 Vol II) concluded that tribunals on the whole were 'fair and reasonable'. Furthermore, Kennedy asserted that decisions made by the tribunals gave injured workers the benefit of the doubt. Kennedy indicated that some claimants complain about assessment but this was 'inevitable'.

There is no acknowledgement that claimants may feel alienated, afraid, and lack control with regard to the process. Plus, another problem is that the tribunals do not make determinations based on pain and suffering, loss of earnings and loss of employment or employment prospects. Sharon also indicated that there is a failure to acknowledge that injuries can be aggravated and differ from day to day due to demands, she was expected to turn her problem on and off on demand. Sharon also felt that the tribunal did not look at her work situation and what her work tasks were on a daily basis.

### Summary

In the long-term individuals and the community have to provide for the permanently injured or ill worker. An example of this is that cost shifting may occur whereby financial support is shifted from the employer to the Commonwealth (such as receiving a disability pension).

Although WorkCover have two elective options for payouts (depending upon assessment of a permanent injury as above or below twenty percent), the women in this study indicated that in reality they are forced to accept the final offer because of the disincentives of taking an employer to court. Two identified disincentives were – the

cost of going to court has to be borne by the claimant and the stress that the process invokes because the outcome is not guaranteed. Suzie and Colleen both indicated that they felt like suing WorkCover as well, but it was 'too big' an institution to take on. Two women indicated that their payouts were reduced: Joanne's was due to varying doctors' opinions, and Lyn's was due to her current employment causing an aggravation of a previously existing injury - this enabled the blame to be shifted both ways but without acknowledgement of responsibility from both of the employers involved. Once a payout was accepted and received then women felt that there was no recourse for further claims with regard to long-term deterioration of their condition. Rebecca indicated that her perception was that WorkCover now own her knee, as she has no right to claim for it in future. However, it must be acknowledged that WorkCover Qld (1999) may consider further compensation for further deterioration of a condition under certain conditions - though what these conditions are remain a mystery.

The aim of the payout is to provide financial restitution for functional or medical incapacity and disability. It does not look at pain, suffering, and loss experienced by injured or ill workers, and it does not look at the long-term consequences for injured/ill employees. Furthermore, Molloy, Blyth, and Nicholas (1999) assert that the failure to acknowledge psychological and environmental factors is "likely to be associated with inappropriate use of resources, unnecessary suffering, increasing disability, escalating costs, and an undermining of the workers' compensation system" (p.151). This contributed to women's feelings of payouts being woefully inadequate and as Colleen stated "*an insult*".

In the cases of workplace harassment and bullying there was a failure to look at prevention, to address the social and moral justice of the situation, and to look at the

psychological impact on the individual instead of focusing on financial compensation based on a medical evaluation alone.

## Chapter Eight: Reasons Why Women May Not Claim Workers' Compensation

The Commonwealth Department of Health, Housing, Local Government and Community Services (1993) indicate that woman are less likely to simply withdraw from the paid workforce, whilst, Blackmur, Fingleton, and Akers (1992) state that “Unions are aware that workers, particularly women, can be actively discouraged from making a claim” (p.35). The question is why? There is actually very little research to point to why this phenomena is occurring.

The women in the present study have demonstrated that the workers' compensation system and process is not user friendly, is not perceived as neutral and is highly adversarial. In turn, this has created an added stress and burden on individuals with an occupational injury or illness. It is hoped that the information provided by the women in this study illuminates and makes apparent the barriers to claim workers' compensation.

What follows are nine women's further discussions about why they, or other women, may not claim workers' compensation. The experiences of Michelle and Joanne, are not in this particular chapter, because they did not mention this issue.

### Using Sick Days and Holidays Instead of Going on Workers' Compensation

*I mean there are times when incidences happen and it didn't go through WorkCover. For example: I tripped over a child with a cane (because she had a visual impairment) and she was just learning to use it. She tripped me up and she fell on me, and I remember that day I didn't hurt. But the next day my neck was really sore and it was really painful and I documented it. But I took a sick day because it was easier to deal with rather than all the red tape, the paperwork, and also because you don't know what the affects are going to be. As I said, it didn't hurt that day –*

*you don't know if it's going to be long-term. So it just seems easier to take a 'sicky' and not worry about it.*

*One issue I was concerned about was the payment, because I kept thinking 'should I go on sick leave?' Because if WorkCover rejected it would I have to pay the specialist's bills? Whereas had I put it on Medicare they would have paid for it almost straight away. But it all worked out fine – they never sent me a bill and I never heard from them so I assumed it was okay. I think it was later on that I found out that if WorkCover reject it then it goes on Medicare – that's why they take an imprint of your Medicare card. But I remember being really worried about it at the time. (Louise)*

The Industry Commission (1994) found that injured workers reported out of pocket expenses – such as medical services, travel, and the cost of special equipment.

*And you don't know whether it's going to be approved so you're worrying whether you should take sick leave, you know what I mean?' People become apprehensive about claiming WorkCover, I suppose. I say to them "You know you should document that" and they say "Oh, it's alright" or "I can't be bothered". We sort of think 'Oh claim it as sick leave'. But then sick leave, you're not covered if that injury was a work related long-term injury. (Donna)*

*Another thing from the organisation point of view is I actually had enough sick days to cover the whole time I've been off on WorkCover – and I believe that's another issue. And I don't know whether that comes from a WorkCover point of view or whether it's from an organisation point of view.*

*So, I have used all my sick time and all my holiday time. (Lyn)*

*But the whole problem with the situation this time is that you can't get WorkCover until two weeks after your last sick day hour's pay is used up. So there's a two-week interim where you don't get a cent. In the middle of all that I got pregnant, so I was having bad morning sickness, and I've got no sick pay left. So the whole thing is very difficult to work out. (Emily)*

Blacket-Smith and Rubinstein (1985) indicate that if a woman is pregnant then her compensation payment is low because symptoms maybe attributed to the pregnancy, and insurance companies may argue that the woman would have left the workplace due to her pregnancy anyway (rather than due to a workplace injury or illness).

*The only thing that didn't bother me that much is that most of the leave I took was sick leave anyway because I had so much of it. But other people here wouldn't have been in circumstances as good as mine, would suffer greatly with something like a WorkCover investigation for stress.*  
(Suzie)

The Queensland Workplace Bullying Taskforce (2001) acknowledge that if a claim is not endorsed or is disputed then a more 'thorough' investigation will occur to establish the facts and this may result in delays in processing the claim. The result of which is that individuals may have to use further entitlements (such as sick days or holidays) and once these are used up then individuals may be forced to return to work due to financial reasons (as Emily had to). If a claim is upheld then the entitlements, which were used during the investigation period, are reimbursed to the claimant. Stewart (1994) found that people preferred to use up sick days or leave entitlement due to delays in payments.

Julia indicated that she used her holidays to recover:

*I went to the doctor and I had three days off and after that I had to be reviewed again and it was coming up to school holidays so I had that time off.*



## Summary

The women in the present study have indicated that they tend to use their sick days and entitlements rather than apply for compensation. The predominant reasons for this include: The complexity of WorkCover, the delays in processing claims, the amount of paperwork to be dealt with, and disputes about investigator findings created further delays in the process. Lyn brought up an important issue with regard to the apparent expectation by organisations and/or WorkCover that injured workers should use up their entitlements first. This perception requires further investigation along with the question – What happens to individuals who do not have access to, or much entitlement available to them? The Commonwealth Department of Health, Housing, Local Government and Community Services (1993) indicate that women are less likely to make compensation claims and are more likely to simply withdraw from the paid workforce. The National Occupational Health and Safety Commission (1994) found that the longer duration of absences by injured women may be due to women carrying an injury (rather than reporting it) and the double responsibility of work and family (thereby requiring a longer recovery period).

### WorkCover is too Much Hassle and Effort + Workplaces Fail to Facilitate the Process

Emily and Donna talk about the compensation process requiring a great deal of effort on their behalf.

*Next thing, they're going to send me another of these four pages to fill out. Then I'll have to see the doctor and get it filled out. I partly wonder whether it's worth the effort, especially now I'm back at work. I nearly didn't bother, I nearly rang them up and said "Look stuff ya, I can't be bothered filling out the forms because it's just not worth it". But every little bit helps – if they say 'yes' to my claim that would be very helpful. If they don't, well at least I've tried. (Emily)*

*Only because you feel it's such a big effort. You've got to put the forms in and there have been (over the few years) other incidences that I've had that I should have probably claimed. Because, I don't know, it's such an effort I suppose. And I know when you go to the doctor and they say to you "Well that's very, very silly to do that because long term there might be repercussions, because that might come back, and you've got no comeback if you haven't claimed WorkCover". (Donna)*

Furthermore, Donna indicated that she felt a little more reluctant to apply for a claim because of her first incident with WorkCover:

*The first incident I had, that was probably more off putting because I had to go and have interviews (due to the failure of her workplace to fill in the forms in the required time frame).*

### WorkCover Deliberately Attempt to Prevent Individuals from Claiming Workers'

#### Compensation

*They would leave it hoping that you'd disappear and go away! They would make it so stressful as if to put you off. (Rebecca)*

*I went to WorkCover and it got worse. Four months was all my nerves could take on WorkCover – their bullying and assaultive behaviour was the catalyst to rid them from my life.*

*The system is tokenism.*

*I felt that if they made it hard enough I would go away. It was a 'systems' effort to make it hard enough so that they'll get out. I constantly wondered that someone there must have felt that if they made it hard enough for me that I would eventually leave it alone and forgo any further claims on WorkCover. Numerous survivors of WorkCover and even some who were not so much survivors, just consumers or victims of WorkCover, have expressed this very same ideation to me.*

*The male in charge of my case was obstructive and rude. He made my life so stressful; I ended up resigning from my job! If WorkCover hadn't been so obstructive and destructive I would have stayed and battled on.*

*I would not advise anyone to go WorkCover if it is an emotional problem. If you think it is bad now, it will only get worse. (Colleen)*

*I just found WorkCover was an added stress that was almost unbearable at times.*

*But certainly, to put a stress claim in when you're not thinking straight, when you're not well in your mind, and you've been traumatised and going through what WorkCover puts you through, and then to have all these things said about you; well it's not healthy, it's not good for your psychological health.*

*I've spoken to quite a few nurses who did put in WorkCover claims in, and because of the way they were being treated and what they had to go through, they just dropped it. (Suzie)*

*They just want to get you off the system. I can understand that, but is it not better to get somebody to recovered when they come off the system so they're not hurt again? (Sharon)*

### The Stigma of Having a WorkCover Claim

Lyn was the only woman to talk about the stigma attached to a person who takes out a workers' compensation claim:

*In the past two years I've been involved in work harassment and bullying here in Queensland I attempted not to use WorkCover because of the stigma that was attached with my previous claim. The fact that it was a back injury previously – there's always a stigma attached to that. This time it was actually a stress related claim, so I try to steer clear because I have always lived in fear of taking out a WorkCover claim. For the stigma that's attached to any WorkCover claim, but especially back injury and stress. People such as the psychologist I was seeing (who used to work for WorkCover) have stated very similar statements. But*

*everyone basically said that once you've taken out a WorkCover claim 'you've made your bed and have to lay in it', so to speak.*

*Not just for me, like even before I was a claimant, there were stigmas out there attached to anyone that took WorkCover – 'You're opting out'.*

*Because when I first went off with my back, I didn't want to be off on WorkCover. But the same with the stress – I've tried to go back to work at the end of each sick-certificate, I've wanted to go back to work so I'm not seen as abusing the system. And for the first three months I was in no condition to go back. But I kept arguing with the doctor and psychologist that I could go back, as long as I wasn't with that person.*

Stewart (1994) states that “workers frequently have to confront divergent opinion on the validity or otherwise of their injuries and negotiate the stigma which accompanies this scepticism” (p. 17).

### Summary

As stated earlier in the chapter, there is a lack of existing research, which explains how women workers are discouraged from making claims. The participants in the present study indicated that their reasons for not claiming compensation included:

- ◆ Too much paper work
- ◆ Failure of the workplace to fill out forms and secure incidence reports
- ◆ Concern about WorkCover rejecting a claim
- ◆ Unable to predict that an injury will have long-term consequences
- ◆ The systems adversarial nature provides a disincentive to claim for compensation

- ◆ The consequent increase in stress experienced by women due to WorkCover
- ◆ The stigma attached (particularly from co-workers) of taking out a claim. For example, the attitude that ‘you are opting out’; and
- ◆ Applying for a new job.

O’Donnell and Hall (1988) indicate that women may be underrepresented in the workers’ compensation statistics because they may be less likely to claim or be granted compensation. Suggested reasons included language difficulties, difficulties in understanding the processes for claiming compensation, lack of credibility to (mainly male) doctors and insurance personnel, and a failure to recognise and/or gain acknowledgement of the work relatedness of injuries.

Some women indicated that it was easier to take a sick day or use holidays to recover from an occupational injury or illness. Furthermore, Lyn and Emily asserted that WorkCover and their workplace expected them to use their leave entitlements and sick days first. Suggested reasons why this may occur include, the removal of costs from employers with respect to payments into the compensation fund (whereby the greater the claims from a particular workplace or industry, then the greater the penalty in terms of required financial input into the scheme), and the complexity of claiming workers’ compensation. It also appears that if individuals do not have many entitlements owing or in lieu, then they may find it financially difficult because of delays in disputed claims or investigations.

Colleen sums it up best when she stated that she is a “*survivor of WorkCover*”.

## Chapter Nine: Was The Women's Experiences Affected By Them Being A Female?

In this chapter, the focus is on whether women perceived that they had been treated differently because they are women. The reason this chapter looks at the women's perceptions of discrimination is because feminist theorists, such as Smith (1987) propose that women are not always able to consciously see the hidden social processes that create and maintain gendered power imbalances because they are situated and act within these social processes. During the interviews, Colleen, Lyn and Rebecca talked directly about differing treatment from either WorkCover, their workplace, or from specialists and doctors based on their being a female. For the remaining eight women it was decided that their perceptions should be explored directly by asking them "At any time, do you think you being a woman affected your experience?" Their answers have been placed into the following three sub-themes: Affirmative, negative, or undecided.

The final section in this chapter attempts to review Joan Acker's theory of 'gendered institutions' (see chapter one, pp.20-21) and establish its relevance to the experiences of the women in the present study. To facilitate this process, existing research will also be utilised to support the women's experiences.

### For the Negative

Three women indicated that they did not feel that being a woman affected their experience.

*No! I honestly don't think so – not my situation. I didn't feel that way at all. Then again, I had a female caseworker, which might have helped.*  
(Joanne)

*No! Because I've heard men had the same... My husband is at a big workplace and males had to go to interviews (like I did). No I don't think male and female discrimination happened at all.* (Donna)

Julia also stated:

*No I didn't feel that was the case.*

However, she explained that as a woman she takes risks due to the tasks she performs at work:

*Mentally I could do it (lifting); physically I could do it... But due to the equipment it should have been a two-person lift. Women are only supposed to lift thirty kilograms.*

Blackmur, Fingleton, and Akers (1992) indicate that repetitive strain injuries, for instance, are much greater amongst women workers but this does not reflect the susceptibility of women in biological terms, instead it reflects the concentration of women in susceptible types of work.

### For the Affirmative

Five women indicated that their experience was affected by the fact that they are women.

*But I suppose if I'd been a guy, things would have probably moved through a lot quicker and I probably would have got more of a payout because than I would have been classed as the breadwinner!*  
(Rebecca)

*I had no family support and I was a female on my own. Being in a remote area everyone knew everyone else's business. There were no resources, such as legal aid. I feel that being a female I wasn't supported by management. If I was a male, it would have been different with the male management in the organisation.*

Lyn went on to say:

*When I was still at the organisation, people were coming to me at least on a weekly basis, asking how I'd gone about resolving issues that were related to the workplace too putting in a WorkCover claim for stress. I just remember that reading through your letter [Lyn refers to the research consent form] to me that you were talking about women's issues. Can I just say that they were all women! That they are all women that would have been to see me! I'm sorry to say it that way, but it's just come to my attention that every single person has been a woman.*

*The orthopaedic specialist was extremely rude and arrogant and 'male dominant'. At approximately six weeks post injury he told me to 'get off my fat bum and go back to my old exercise routine and there was nothing wrong with me!' Six weeks later I was flown down to revisit him. He told me I was wasting both our time. On review of the MRI [Magnetic Resonance Imaging], however, he admitted there was damage to vertebra L3, L4 and L5. However, he told me there was nothing he could do about it. On return to the hospital his brother-in-law (a doctor) told me he dislikes/distrusts women.*

*I remember one harassment comment "She can't do the housework so she shouldn't be at work."*



Louise also indicated that she felt she was treated differently by doctors because she was a woman:

*I felt that they didn't believe you, you were just a hysterical female that was trying to make up a problem. I didn't feel that they believed me or took me seriously.*

Colleen stated that:

*I felt exploited as a female! Because I was intellectually based and requested resolutions they couldn't handle that. For example, the workplace expected me to say that I wouldn't sit next to certain people.*

*I often wondered if I had of been a man if it would have been different. If I had of been a big woman or a male if I would have been treated differently? Someone would phone me from WorkCover and I would end up in tears. I wonder if I had of appeared physically stronger if it would have made a difference?*

*I wonder if standing up to them intellectually, if that was a good move too? Maybe that's the strategy – know your place or play a role.*

Emily stated:

*Yes definitely! These are gross generalisations I'm about to speak. Their attitude was 'women are mentally inferior, they are idiots anyway so there's no need to support them, she's weak and she's stupid because she's female'.*

*I think with return to work it has a part to play. When it is a man it is forgotten 'that was then this is now' but when you're a female you're left with it forever, you never live it down. That's one of the reasons I left the State, I didn't want to carry it anymore.*

Suzie's reply to the question was:

*Oh shit yeah. Yeah with lower levels, when staff gang up against other staff and the gossip and all that. This is right throughout, this is all women, you know? And I think with nursing and the caring professions there's a lot of horizontal violence that goes on. And I would say because we are women, with a lot of insecurities, and being oppressed for years anyway, it's probably something to do with that. Instead of recognising how good somebody is and using it and thinking it's wonderful and*

*learning from it; it's more important to get better than them, or get them back, or find something that they've done wrong. But I see that everywhere, but mainly with the untrained.*

Suzie talked about management:

*I don't think it would make any difference if you're a woman or a man. But anybody it seems, who is totally committed to their job, who's prepared to put in extra hours, because they love it and because they've got vision and initiative, is going to be a threat to any manager. Unless that manager or director is really good and has got a big ego and who knows how to get brownie points out of it for himself.*

Suzie noted that it is "mostly men in management still" and went on to say:

*I don't feel it was bad management but that the director had personal and psychological problems. He can't handle successful women and perceives them as a threat to his power and control.*

*At the hearing I was spoken down to by the Commissioner and he seemed disinterested. And I think he had no understanding of trauma, of stress of women, of anything that might have been a hangover from domestic violence from their past, psychological abuse from the past. Which doesn't at all justify at all what they did. But it can help explain my reaction to it all. But I think you would only know that if you were a woman and had some understanding or experienced something similar yourself.*

*I think the investigations and the hearings and all that made a big difference I was female. Especially doctors. Oh, they are so sexist. You know you can just pick it up, you can just feel it. They think they're wonderful because they are males! And how dare you be emotional, how dare you wear your heart on your sleeve about anything, that's a girlie thing. And I think that's pathetic. That's the impression I got anyway.*

*I remember some doctor asking me "Why do you think they did this to you?" And I said "Oh probably because I'm a woman". Yeah and the look on his face and the way he made the gestures was as if to say 'Oh don't be ridiculous!' It was discounted straight away.*

*And I felt the same in the Commissioner's Hearing – they lacked empathy, insight and stuff.*

### Undecided

Three women could not say 'yes' or 'no' to the question of whether being a woman affected their experience.

*I couldn't really say yes or no. People I've talked to have been treated the same, even my brother didn't get any money till he was back at work.*  
(Michelle)

*I don't know. Maybe, because emotionally it was too much for me. I don't know. The stress from the whole thing was too much. Maybe being a woman and taking it to heart. I couldn't say.*

*Being weaker emotionally at that time. I think women's emotions are... you seem to take it on, and not understanding the system. The almighty dollar and they don't care about the person. It doesn't matter what you feel inside.* (Sharon)

*Yes and No. With WorkCover I don't really know because my experience was limited with them. But at my work I think it does. Because if you look at who are the principals and stuff they are mainly males – even though education is mainly female dominated. I think because it is mainly female dominated we are not taken seriously and our injuries are not taken seriously. And I work as a teacher's aide therefore I have very little control and say in my work environment. It is a constant battle to be recognised and taken seriously by everyone. There is a real hierarchy in the education department.* (Louise)

According to Quinlan (1996) women are often in workplaces that are “dominated by a patriarchal structure or culture which renders them especially subordinate and powerless” (p.414). This is reflected in the types of jobs they are allocated, their prospects for advancement, and their capacity to raise occupational health and safety issues. Furthermore, Skues and Kirkby (1995) found that women suffered from sexual

discrimination and harassment more so than men did. This can be demonstrated when women have less encouragement and support on the job, women are more likely to be stereotyped with job roles, and females have more sedentary jobs and less control over the work process.

### A Discussion of Acker's Theory of 'Gendered Institutions'

In this section the aim will be to look at how Joan Acker's theory of gendered institutions highlights and supports the women's experiences of the workers' compensation system. To facilitate this process relevant research and findings will be applied to Acker's theory.

In chapter one it was established that gender is used a resource for organisational control and transformation. Furthermore, it is reproduced within the wider society. Acker (1992b) notes that there are four interacting processes that occur with regard to gendered organisations.

The first set of processes is the production of gender divisions. This is where organisational practices produce the gender patterning of jobs, power, hierarchies, and subordination. Acker (1990) acknowledges that men are almost always in the highest positions of organisational power, and Louise also noted this. Louise indicates that women predominantly carry out work in the education field yet men predominantly hold the highest positions of organisational power.

With regard to segregation, not only do women perform different jobs from men, but also they receive limited autonomy and low pay. Heaney (1993) states that "Within the same occupation, women and men have differential access to control because of gender-differentiated treatment" (p.197). Nelson and Hitt (1992) found that women are often

relegated to lower ranks of male dominated occupations, they have less opportunities to develop and access managerial jobs, and women possess less authority in organisational decision making.

The women in this study were in traditional female areas of employment (such as nursing and education); however, they still talked about a lack of autonomy and job prospects because managerial/power positions tended to be male dominated. Furthermore, these women tended to have jobs that were task orientated and once they were unable to perform these duties, they were of no use to their employer. The question we need to ask is why does this occur? Is this because employers view women as primarily looking after the home and family – thus the assumption is that work is not of primary importance to women? Acker's theory would concede that the process of 'gendering' views women as being primarily responsible for the home and family – the private sphere. The women in the present study support Acker's idea of gendering whereby they contradict the artificiality of the private and public sphere. For the women in this study, work was not only important to them in a financial sense but in relation to self-image, values, and life structure as well.

Sprout and Yassi (1995) found that for women, stress was associated with having two jobs – one at work and one in the home. Stress resulted from two major factors: role conflict and work overload. In-turn this was associated with causing tension, fatigue, stress, exhaustion, poor mental health, respiratory illness, and higher levels of illness. In contrast to this finding, the women in the present study did not talk about any conflict between the demands of home and work. They indicated that having a work injury/illness did make carrying out tasks in the home difficult but they did not dwell on this issue. Although Nelson and Hitt (1992) and Long and Kahn (1993) found that home

demands created an added burden on women workers the women in the present study not see it this way. Using and applying Acker's theory of gendered organisations leads to the fourth process which helps to produce gendered components of individual identity.

Acker (1992b) states that "the internal mental work of individuals as they consciously construct their understandings of the organisations gendered structure of work and opportunity and the demands for gender appropriate behaviours and attitudes" (p.253). Within organisations this may include such conscious aspects as choice of 'appropriate' work, language use, clothing, and presentation of self as a gendered member of an organisation (Acker, 1990). In relation to the women in the present study, their lack of conflict could be due to implicit expectations from society, family, and the women themselves and the fact that they have to balance the demands of the private and public sphere? It could also be that there are no perceived demands because the private sphere is integral to their identity? Only through the final analysis have these themes come to the forefront, thus the researcher did not have an opportunity to discuss these issues further with the women. Consequently there is a need for further research to look at this idea.

Acker (1990) states:

To say an organisation, or any other analytic unit, is gendered means that advantage and disadvantage, exploitation and control, action and emotion, meaning and identity, are patterned through and in terms of distinction between male and female, masculine and feminine (p.146).

The women's experiences of the workers' compensation system supports this idea and it included the whole process – from the workplace to WorkCover itself. Colleen and

Rebecca noted that delays in payments and lack of access to benefits was due to the failure to acknowledge and recognise women as breadwinners (see chapter five). As previously stated Blackett-Smith and Rubinstein (1985) noted that the predominant stereotype of assessment and application for workers' compensation was based on gender. In chapter six Lyn, Colleen and Suzie talked about organisations creating and perpetuating workplace harassment and bullying to the detriment of individuals. Furthermore, Lyn noted that due to her experience, women (and they were only women), went to her for advice on what to do about their own experiences of workplace harassment and bullying. Lyn talked about the organisational culture, which not only protected and endorsed the behaviours and attitudes of harassment and bullying but also used the workers' compensation claim as a means to discredit the individual. Furthermore, Colleen and Suzie concluded that WorkCover and the employer colluded to protect one another. Acker (1990) indicates that organisations are not gender-neutral social phenomena.

The second set of processes that reproduce gendered organisations involves the "creation of symbols, images, and forms of consciousness that explicate, justify, and, more rarely, oppose gender divisions" (Acker, 1992b, p. 253). An example of this is the view that organisations are based on the ideals of masculine metaphors. Hence, they are 'lean, goal oriented, and efficient' as opposed to 'empathetic, supportive, kind, and caring'. The women in this study indicated that they found this to be true. They indicated that workers' compensation did not display 'feminine metaphors' of service delivery. Thus service delivery conflicted with the women's desires to be treated as an individual, with understanding, empathy and care. In chapter five Joanne, Colleen and Michelle expressed the idea that female WorkCover employees were more likely to display

desired characteristics of politeness, empathy, sympathy and support than their male counterparts. Using Acker's theory, the women's experiences may be linked to the third process of gendering – the interactions between individuals. This includes women and men, women and women, and men and men. These interactions “enact dominance and subordination and create alliances and exclusions” (Acker, 1992b, p. 253). Throughout the study the women have indicated that their experiences were associated with a lack of power and control. They found themselves in a subordinate position with regard to their employer, supervisor, WorkCover, and doctors. In this chapter (chapter nine), Suzie noted that horizontal violence occurred within the organisation she was employed and it occurred between women workers.

In chapter one it was noted that organisations use the abstract gender-neutral worker to obscure and help reproduce the underlying gender relations. Women's bodies, emotions and sexuality exclude them from being the ideal neutral worker. In the present study, women's interactions with WorkCover doctors and specialists demonstrated a failure of medical professions to interpret women's illness or injury in relation to the private sphere and family, while interpreting men's in relation to the public sphere of work (Cameron, 1994).

### Summary

In the present study, five women directly indicated that their experience was affected by their being a female. They expressed concerns with regard to being powerless at the workplace and during the WorkCover process. Overall, women indicated that the 'system' lacked empathy and understanding with regard to their experiences, feelings and thoughts. However, Donna and Michelle indicated that they felt that the workers'



compensation process did not treat males any better than females. This is a valuable idea that requires further investigation. It would be advantageous and revealing to look at men's experiences of workers' compensation using their stories. This would also allow for a comparison and contrast to be made between female and male experiences and to answer the questions: What are men's experiences of the workers' compensation process? Are women's experiences of the workers' compensation system different to men's? How are they different or the same? Although it sounds obvious, Gutek (1993) states that "men and women experience the world differently because they have very different experiences" (p.11).

In the next chapter the focus will be on how the workers' compensation process affected the women and their families.

## Chapter Ten: The Impact of the Injury/Illness and The Workers' Compensation System on Eleven Women and Their Families

The aim of this section was to provide each participant's experience of the impact that their injury/illness and workers' compensation had on them, their families, and/or significant others. Sometimes women discussed the impact of the process in the past tense, whilst at other times, it was discussed in the present tense - because the impact is still being felt by some women.

The basis for the data in this section was the initial interview with each participant and the subsequent transcript from the interview. Participants checked each summary and changes were made in the second interview, until each participant was satisfied with the accuracy of the data. Draft copies of the stories were then taken back to each woman to verify their accuracy and for any changes to be made (for a discussion on the analysis of the participants stories see chapter three, p. 39-45). Each participant's story will be presented separately and are in their words.

### The Impact on Sharon

I lost confidence and respect in people, especially those who worked in higher positions in the education department (such as principals) who were supposed to be helping me. I also lost respect and confidence in the people I dealt with at WorkCover, and that is the way I am – because they did not treat me right.

Emotionally the whole experience changed me. Just my disrespect for a lot of people. Within the education department all I see is the politics and I look at them in a different

light now. My bitterness to the 'system' is something I don't enjoy. My loss of faith and the change in my personality.

I had physical and mental outcomes due to the stress of it all. I have a problem with my memory now and they say it is due to the stress I went through. The whole point is – I can not go back and feel the emotions and the pain of what they put me through. It was just too stressing and too emotionally draining. It is really hard for me to go back... There are so many little things that you forget happened, things like the way people spoke to you. Maybe I am just too over-sensitive. I just could not understand anything that was going on or the way they think and the way they treat you.

The types of symptoms I had at the time were headaches, they were all the time and they were eating at me. I wanted to be on my own – in misery. It was a constant low-grade pain. I wanted to pick up a knife and cut it away from my neck and wrist (of course I would never do that) Although the pain in my neck and head ate away at me, it hit home and I had to think about how I was acting as a person.

I did change a lot and lost a lot of people because I could not be bothered with garbage; I could only handle 'true' people. I became very reclusive. The friends I had, they did not matter to me any more.

It affected my family. I had no patience at home and I was a lot calmer before all this happened. My husband said to me "You are just not the same as you were". And my daughter actually said that to me too. She said, "Mum, you are not like you use to be. You used to be so relaxed and happy". So that really hit home and made me want to forget about it and go back to who I was.

You do get frustrated. Every negative thing has taken years to get out and it took me a long time to get the anger out. I have just about got over the feelings of anger and hate,

where I hated particular persons. Like I said, I was so angry with that neurosurgeon and the way he treated me that I could have picked up a gun and shot him, I was so angry (it sounds terrible and I would never do it). But how dare he not treat me like a human.

The scan I had left me scarred for life. I am now claustrophobic. I know it is not important, it is just another trauma I suppose.

I felt all these horrible things but I never wanted to be injured and that is the whole point. I wanted it to just go away so I could get back to work and do my usual thing and not have it. I think that the stress always makes it feel worse than what it is. You really have to get over it to heal properly.

I had to go through a great transformation. I had to rethink my values, to work at it without affecting anyone. It is amazing how it affects you. All these things go on in your mind. You have to rethink what you really value in life.

I will improve with the therapy I am having. I will always have certain problems related with the injury and it will be aggravated with certain things I do (such as lifting anything heavy, any strain on my hands or arms, holding things in my arms or with my hands, repetitive work).

### The Impact on Donna

With my back injury I was worrying all the time and thinking 'I hope if I do this it is not going to happen again'. It gets on your nerves because it is such a frightening thing to have your back go like that. It does affect you mentally and the pain was a very stressful thing. It interrupted my sleep pattern, my stress levels increased, and it affected my physical and mental health – everything! Because at the time you are always worrying – you think 'Will I ever be able to walk again? Is this going to get better?'

It definitely affected my family life... For example – I could not drive and I had to rely on my mother or my husband to drive my children or me around, and my husband is a shift-worker.

### The Impact on Colleen

Well, I survived WorkCover – that is how I think of myself.

I was left feeling my situation was considered by WorkCover to be inconsequential and my stress was unwarranted and of very little significance and that some how I had a problem that related to my own mental instability and nothing to do with workplace stress. I felt that I was a thorn in their side and the sooner they were rid of me the better things would be for them. WorkCover left me feeling like I had been EMOTIONALLY RAPED and left for the wolves to devour.

You eventually start to believe there must be something very wrong with yourself when an authority like this is so abusive and appear to believe they have every right to treat you in the manner in which they did. The power that WorkCover has over a person at such a vulnerable time makes way for a very disempowering and destructive experience. I really did believe I had lost the plot from the experience with WorkCover. That took me years to try to come to terms with.

I lost my confidence to do basic nursing procedures and I doubted my ability to continue in general nursing or meet even day to day challenges. I was left feeling a shell of myself and of no worth to anyone.

The experience of my phone number being given to a mental health client took me years and years to overcome. Everytime the phone rang in my home, I would become anxious and start to sweat and my pulse rate would elevate. Even my response on the

phone when I did answer, it was quite indicative of my feelings because one male friend laughed at me one day after answering his call and said, "You sound like a frightened little girl when you answer the phone now". He had no idea how really frightened I was.

I had lost that much weight I was skeletal and anorexic, and had insomnia.

As the major breadwinner I was forced to leave my family, my home, my friends, and pursue work in another city because I was too traumatised by my experience in the town and there was no employment for me in my area that was local. Not even a nursing home because they knew my name via the nurses from the hospital. I was unemployable in my town.

My life literally fell apart for four years. My marriage was going all right until then, but my husband developed his own life style while I was away. Things at home changed dramatically because I was not there. I lost four years of my children's lives.

A friend of mine went through an ordeal with workplace stress then she 'hit' the WorkCover experience. She is totally traumatised by her experience (she even claims she may have had a psychotic experience as a result of it) and she is still reeling with the ongoing consequences from WorkCover. You ask her what she thinks of WorkCover and her facial expressions and other nonverbal responses give it away in mammoth proportions.

I did learn something from WorkCover, overall they taught me not to consider others needs above my own, they taught me survival. In fact some of us are seriously considering developing a support service for survivors of WorkCover in this area, and we plan on calling ourselves SOWS – Survivors Of WorkCover and Stress – great thought!!!!

### The Impact on Louise

My condition was painful. I could not do some things around the house – like lift furniture, use garden shears. My family had to help me a lot and even though I still strap my hand there are some things I still will not do (such as use kitchen tongs or do repetitive tasks at work).

At work I actually ended up leaving the place I was working at. There were two positions that became available at the same time. I went for the one that had less lifting and unfortunately for me fewer hours and so less money for me to earn. I knew I could not handle the other job, I knew it would ruin my wrists and back what with all the intense heavy lifting. So I actually lost better money, a familiar place, and children that I liked and knew. But I could not do it and I had to sacrifice that – not that anyone cares.

### The Impact on Michelle

I had to have complete bed rest for two weeks and for someone who is always on the move that was a bit hard. I was in that much pain that I really did not care any way. But I did not sleep because I couldn't move without pain shooting up my leg and my back.

I kept saying “I want to go back to work” because by then I was just bored and I was getting stir crazy at home and I was going to start doing things I should not be doing. But at work it was also hard because I was so used to getting in and doing it – then having to ask someone to move something for you and then everyday filling out what you have done and sending it to head office, that was hard.

My boys had moved away from home by then but they would come and visit me and see me with a hot pack on my back. They would crack up and say, “Chuck it in”. But

who is going to support me? In the end they would support me but they are not earning big money.

Because of delays in payments I had no money and ran out of food. A friend brought me some food and she made me cry. My sister-in-law came and did the housework for me.

I will have twenty to thirty years of back pain and there is a possibility that I could end up in a wheel chair.

### The Impact on Lyn

The experience has been distressing and destroying. I was so distraught and upset by what was happening at the organisation that I worked. In September I was actually off on stress leave. I actually had chest pains so bad the doctors thought I had a heart attack and I was put in hospital. After medical investigations it was put down to stress.

The workplace bullying and harassment became so severe in October/November that I knew I would not be able to continue working with the amount of stress, anxiety and depression that I was suffering in the workplace. I developed another condition whereby I had been put onto morphine and the dose had gone up to ninety milligrams a day – which is an extremely high dose for someone to be put on to, it is usually only given to people who have a terminal illness. And my whole back injury was exacerbated from the stress that I had been through.

I reached an all time low in March and the doctors and psychologist wanted to admit me to hospital with depression. My supervisor phoned my husband and harassed him on the telephone and that was the straw that broke the camel's back. I went and saw the doctor and I just lost my bundle and it must have been all that accumulating. I just could



not go on and I was crying, I was locking myself in my bedroom, the curtains were drawn. I was just so depressed and upset by the fact that not only does my supervisor continually humiliate me but she did it to my husband as well.

If it was not for the union and my husband's support I mostly would not be here today. The process has just been so demoralising. And there was a time in March where I wanted to just physically end it all – so I do not think it can get much worse than that. My husband was seeking counselling himself for the situation.

Can I just say that my family, my own children and my parents do not even live in this State and they were all affected as well. Obviously my husband who is with me and supports me very closely, but it goes way beyond just here as well – it goes all the way to Western Australia to Sydney. So basically they have all been affected by the way I have been treated here.

It also affects your friends and colleagues. Especially the colleagues who have seen and witnessed it, or been part of it. And that affects workplace morale. Some of those people have been my friends, but because they work within the organisation and have been told how to write their reports, then they are going to be embarrassed to talk to me. I did meet one of the employees who I had a very good relationship with. When we met in the supermarket she put her head down and took off. So that makes it very difficult.

I have not worked for seven months and I have never not worked. And to not work, it is amazing that I am not in a mental institution somewhere in a straight jacket.

With the assistance of my counsellor and I guess the anti-depressants had started to kick in, I gradually pulled myself out to the point where I now feel I can go back to work. I have always been a survivor and fighter.

### The Impact on Julia

When I tore the tendons in my shoulder and injured my neck, initially it was difficult not being able to do everything that I would have liked to do. You get a bit frustrated because you can only watch so much TV and read so many books. I could not do anything. I could not go anywhere and I could not take the risk off jarring it again. The pain was quite intense.

With doing the exercises and the physiotherapy and that you have always got pain, which is something I can live without. With the physiotherapy I had to be strapped and I was in quite a lot of pain actually. And you can't sleep too. That is one thing, if you can't get in a real comfortable position (and I like to lie on my side) because you can't put any pressure on it, then sleep patterns fail.

Well I was limited in what I could do and it sort of increased the workload on my husband. My husband is supportive and that helps a lot.

### The Impact on Rebecca

Financially it affected me and it meant I could not work. And I even started to loose my hair because I was under that much stress. We had repossession notices on our car – which put a dent in our credit listing. Because we just did not have enough money coming through, which is what my job was supposed to do and WorkCover was sort of stuffing us around.

## The Impact on Emily

Any time you are in financial hell it is bound to wreck your home life, and your stress levels are definitely affected. It also affected my morale because I found it difficult to not work and still be paid. I am not one for being able to be on the 'dole' or something like that because it is not good for my self-esteem. Also, being at home for all that time can make you even more introspective, which makes the depression worse, which is really negative.

I am a highly intelligent person but I can not spell. So for me to fill out forms can be an embarrassment. The WorkCover people do not know me from a bar of soap, all they know is what is on the form and if they judge that as being incompetent, well that is not the way I want to be seen. And when you couple that with the mental illness then you may as well go and sit in the bell tower and ring the bells. It is true; well you feel like that anyway – you fell like a total outcast. I call the stigma 'contact madness' – where people think they can catch what you have and become 'loopy'. They believe that mental illness equals incompetence.

So now I have cut back to only three days work a week and financially it is a real struggle. But it has turned out to be the best thing because I am coping well and I have not missed a days work.

Well it is interesting that you have got a section there about family [Emily refers to the researcher's emergent themes] and I have not mentioned family at all and that is because when I was going through this experience I felt like I was going through it all on my own. My partner at that time was leaving me to go and sail the seven seas and my family at home never got to know anything about my mental illness. And so there was

absolutely no family support. I suppose there was an impact on them, but they did not let me know about it. It was one of my best mates that got me through it, more than family.

### The Impact on Joanne

It affected me a lot actually. I went from basically doing every general thing to even housework being difficult. There were a few years there, after my surgery, where it was not a chore and it was fine. But again it is really difficult to do – the vacuuming and the mopping are really difficult to do and even to do the dishes. Because I am so tall I wish that the sinks were higher because I am bending to do the dishes and it is difficult. Everyday housework, like cleaning the bathroom, everything requires a lot of bending.

### The Impact on Suzie

I went gah-gah. It was the scariest experience I have ever had. Because I used to think I was tough and I think other people did too. And over the years I would get physical sicknesses from stress, I do not know if it is stress, I have never used that word until recently. From working hard and studying hard and doing probably more than what I could cope with - I would get physically ill. But I felt shocking the day I was bullied by the director and his consultant. I was traumatised and in shock. I felt like I was in a daze. But then things went down hill from there.

Of course this was only the beginning, my responses to what happened afterwards really was what brought me undone a couple of weeks later.

I was traumatised and not coping very well with living and life. I just broke down. I was just crying and the whole time I could not even work. I could not keep an appointment. That was scary because I have never backed down. Even in the worst

circumstances, with the kids being sick and me being sick, I could always fight it, I could always do it. Because this mental health thing was all very new to me. I never saw myself as having any vulnerability there or any problem there at all – except for maybe being a bit intense. I had a nervous breakdown and saw the psychologist.

I went to a solicitor to put in a grievance. It felt weird, I went through all these weird feelings and craziness. I felt crazy. I mean I would be euphoric some days and other days I was down in the dumps, so depressed. I can not remember months of my life of that year – I remember my daughter broke her ankle and I remember trying to take her to the hospital and I was just sick inside and I had to make myself look after her and respond to her. The kids would talk to me and I would not even hear them (they told me this later). The kids were very supportive. My husband and I ended up getting marriage guidance as well. I think I was really badly depressed.

I was like a rabbit, I was just doing whatever the psychologist and doctor said. Because I could not think for myself anymore, it was just yuck.

I would sit on this chair [Suzie points to the chair on the verandah] here, in a cradle position all day and half the night – just thinking, thinking and thinking of all the worst possible things of this investigation. When the WorkCover's investigator's report came out I almost went back into that state again.

For a really long time I was not in touch with reality and I have never had a history of anything like that before. I know I had panic attacks – I could not breathe and I thought I was going to die. I had this amazing thing happen one day – This physical sensation started at my feet and worked all the way up on the outside of my body and I thought that all of my skin was going to break apart. Right up to my head, like a volcano going to go off. It was almost like what a panic attack is, it only happened recently. But I

thought I was going to die and everything was going to break up and spill out everywhere. That was all part of the trauma (people have different things). And I was suicidal too – I thought about it. I had never thought about it in all my life. I did and I still do sometimes. Not really about killing myself, but I think ‘What is there to live for?’ So I have not sorted that bit out yet, I am still getting there with that.

I think I am a workaholic to be honest. But I do believe now that I probably did breakdown and went crazy the way that I did because I could actually afford to. I did not have to worry about my husband smashing the walls in around me, so I knew that I was safe; plus I had four to five months sick leave owing, several months holidays and several months of RDOs that I had accumulated over the years because I had just never bothered to take them because work was more important. In hindsight, I would say that over at least two to three years before this happened, I was really quite stressed. And it was stress that never went away. There were always more projects to do, more money to raise, more staff, more deadlines to meet, and it always had to be done well. I always had that pressure and then this incident happened with the director and his consultant as well as a few other things happening around that time – with the flu and I was trying to get better, and I had a couple of staff members that I did not think were pulling their weight at the time who were excellent before. So I unconsciously allowed myself to have a nervous breakdown.

I also think that the stress of WorkCover added to my on-going psychological problems. I thought all along ‘Am I doing more damage to myself by fighting?’ But I can not stand injustice. I feel better since I did it (dispute WorkCover’s findings and put in a grievance against my employer). But I feel good that they are out of my life.

I used to be absolutely confident, I used to do things in absolute confidence. Now I am not so sure and I am just being very very careful. Probably over careful with my money and with that sort of stuff – I never used to be. And that is interesting, ever since this happened I have started thinking about that sort of stuff. It never crossed my mind before. All of a sudden I start to feel old and that retirement is not that far off. It never ever crossed my mind before and I never ever thought about the future. I was still wondering what I was going to do when I grew up. So it has given me time to start planning that sort of stuff.

So I have tried to have a bit of a social life with the people at my new work and with friends. I am making myself put time aside now. Because they are friends and when I need them they are there and that came out when I went through all this stuff. My friends were so supportive that I thought ‘never again will I ever be like that – thinking I do not have time for these people’. Because they really had time for me when I was bad. So I have to get that organised right.

I have not found the stigma bad yet but who knows when I go to get another job. I have had a couple of things though:

- The union did not seem to be committed in their support and asked me several times “Have you seen a psychiatrist yet?”
- I tried to get a breast-screening job, it was offered I accepted, and then the position was withdrawn.

There is no doubt that this was trauma. I still do not feel right – I still have ‘hangover depression’. I am looking at something to put my heart and soul into that will not damage me. I have to do something for myself and I will probably go and see the psychologist about it.

## Summary

The women in the present study indicated the following impact on their families (or significant others):

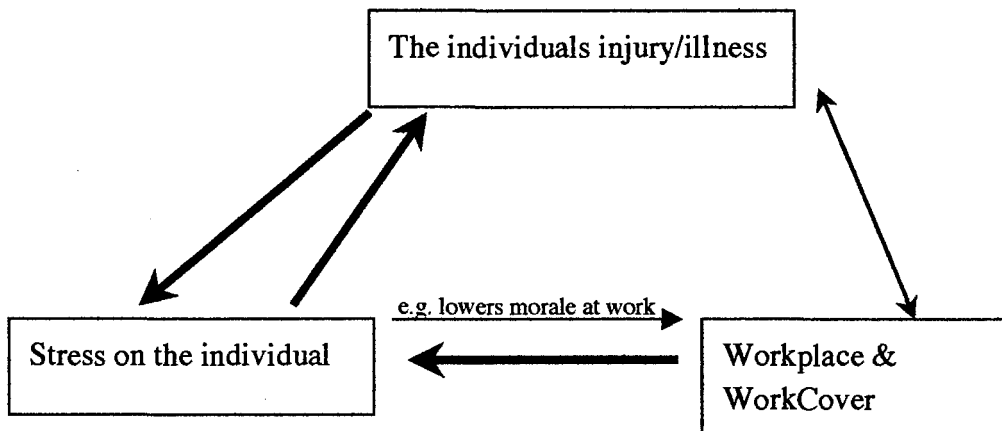
- ◆ Financial hardship
- ◆ Boredom
- ◆ Depression
- ◆ Anger/hate
- ◆ Anxiety
- ◆ Demoralisation
- ◆ Stigma
- ◆ Loss of employment and/or career
- ◆ Marital breakdown and/or family dissolution
- ◆ Difficulty sleeping
- ◆ Pain
- ◆ Difficulty performing tasks at home and at work
- ◆ Social isolation
- ◆ Assaults on basic human dignity
- ◆ Disillusionment
- ◆ Sense of disempowerment
- ◆ Suicidal thoughts; and
- ◆ Emotional stress

Stewart (1994) looked at the personal costs of occupational injury. Stewart found that injured or ill workers frequently nominated economic hardship, social isolation and



emotional stress as consequences of their injuries. Furthermore, injured workers reported depression due to financial strain, fatigue from pain, interrupted sleep, constant discomfort, social isolation and reduced self-esteem.

Seven of the women (Sharon, Colleen, Lyn, Donna, Rebecca, Emily and Suzie) acknowledged the link that stress played on their physical well-being. Here is a simplified diagram that displays the three factors that were described by the women as impacting on their wellbeing:



**Figure 10:** The affects and effects of a workplace injury/illness from seven participants perspectives.

The women indicated that there was a vicious continual cycle, whereby there was an interplay between their injury and/or illness, stress and other factors (in this case WorkCover and the workplace). It should be noted that the thicker arrows represent the emphasis placed on the direction of the factor. In figure ten, the arrow that indicates that stress impacts on the individual's injury/illness demonstrates the idea that the women's physical manifestations may have increased due to stress.

The impact on the family and significant others included increased financial concerns, having to cope with changes in their partner/wife/mother due to the trauma or stressful event, and increased workload and pressure on families (such as daily chores). Keaney (1998) investigated injured or ill workers and how they cope with the compensation system. Keaney found that injured workers experienced a loss of personal identity and status, and their social and family life may be disrupted.

Emily acknowledged that she did not really use her family for support but used a friend instead. However, Emily indicated that she did not really know if or how her experience may have affected them. This raises an important issue – the need for further research to look at the impact on the family and significant others from their perspective. In hindsight, it would have been very interesting and revealing if the researcher could have included (and found time for) these women's families – to explore their experiences.

Finally, some of the women in this study expressed the whole process in terms of a traumatic event. It is interesting to note that Einarsen (2000) reported that seventy-five percent of the 'victims' of long term bullying displayed symptoms that were indicative of 'post traumatic stress disorder'. This included sixty-five percent for whom bullying had ceased five years previously.

## Chapter Eleven: Summation of the Present Study

In this chapter the aim is to summarise the preceding sections. To achieve this a summation of each chapter will be provided along with diagrams to clearly illustrate the emergent themes and sub-themes, this will also facilitate the final chapter (chapter twelve) which will look at recommendations based on the women's experiences of the workers' compensation process.

This phenomenological study of the lived experience of women and the workers' compensation system has highlighted many of the issues these women face with regard to the WorkCover process and extrapolated their shared meanings. The significance of this study lies in the documentation of women's experiences – rendering the invisible visible.

The strength of this study is that it highlights previously unknown information – it looks at the workers' compensation 'process'. Existing studies tend to focus on the outcomes of the workers' compensation process. For example, Blackmur and Fingleton (1992) are aware that women are discouraged from making compensation claims yet there is no reason given for why this occurs. This illustrates the failure to describe the 'process' of how a product or descriptor came about according to users of the system. This study takes a systems approach to workers' compensation and acknowledges that there are many factors that interact to effect and affect one another – they include WorkCover, the individual, the workplace/organisation, and the community. Each woman's story highlighted the way they experienced the process. The use of extensive

quotes from the women facilitated the understanding of the women's values and attitudes and enabled the reader to differentiate between institutional rhetoric versus individual experience and thus laying bare the political reality of workers' compensation.

In **chapter one** the scene was set – Existing research and literature indicated that women's experiences of occupational injury and illness differed to that of men and consequently so did their use of the compensation system (see Box A). What did become evident was that there was a lack of women's voices with regard to the workers' compensation system. To this end, the aim of this study was to explore women's experiences of the workers' compensation system.

**Box A:** A summary of existing research findings with regard to women and occupational health and safety

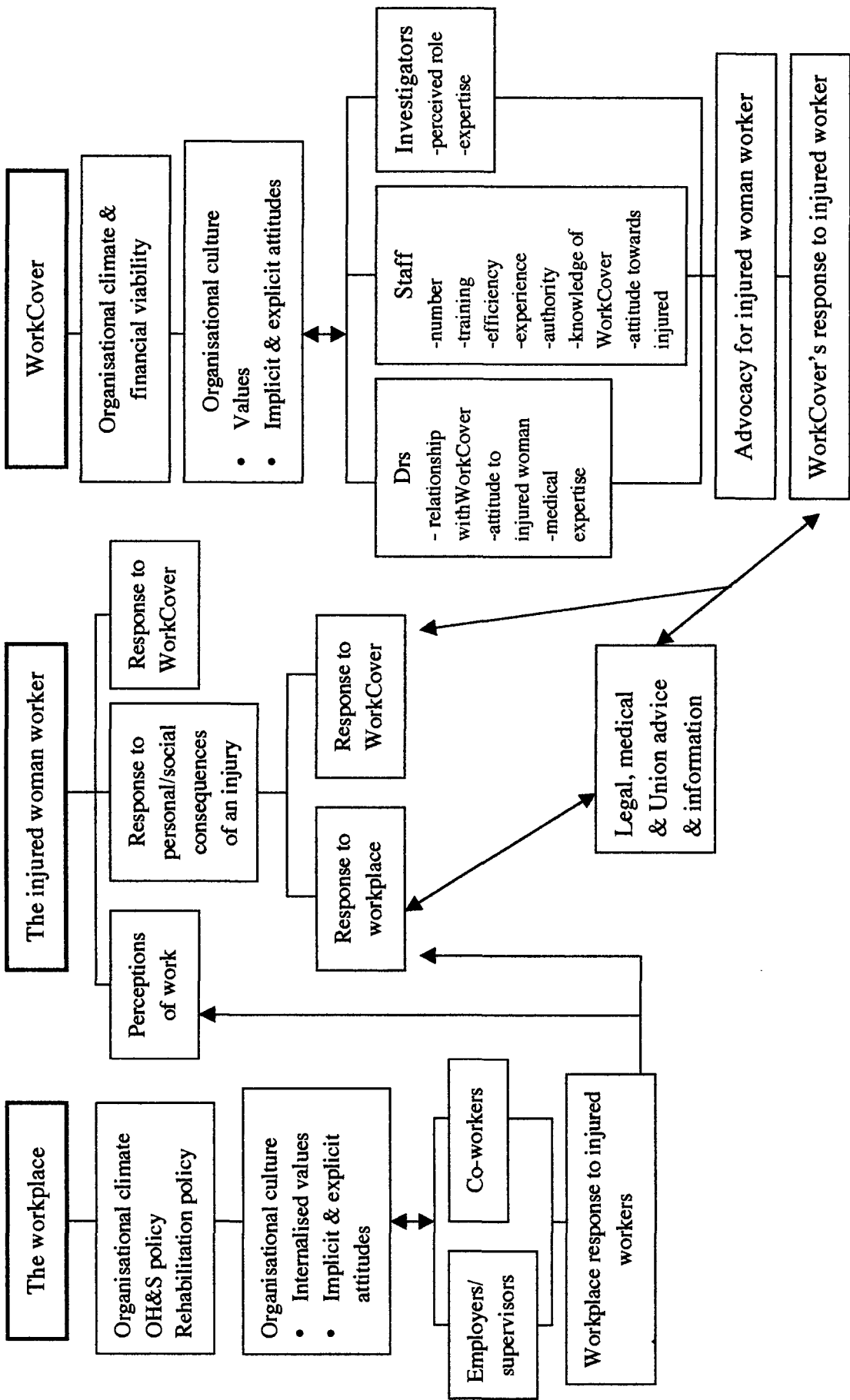
1. Women are more likely to suffer a chronic injury/disease. Men are more likely to suffer an acute traumatic event.
2. Women have a greater likelihood of receiving an injury/illness during their life-work cycle.
3. Females experience more severe occurrences of occupational injury/illness in terms of time lost from work.
4. Women are less likely to return to work than men are.
5. Females are less likely to use and receive workers' compensation.
6. The duration of receiving workers' compensation for women is shorter than that for men.

**Chapter two** focused on the theoretical and methodological framework that would best suit an exploratory study that aimed to look at women's experiences. In this case a phenomenological approach was chosen to explore and describe women's experiences.

In **chapter three** the methodological issues were detailed to enhance and provide a clear audit trail for the reader.

**Chapters four to nine** looked at five main theme clusters. The theme cluster included: negative versus positive experiences of the workers' compensation system, the workplaces response and role in the workers' compensation process, experiences of payouts and tribunals, reasons for not claiming workers' compensation, and the perception of whether being a woman affected the process. What became evident was despite individual differences, there were many common themes that emerged from the workers' compensation experience. The strongest themes to emerge addressed the overriding type of experience that each woman had – these were expressed as either a positive/neutral or negative experience of the workers' compensation system.

The following figure demonstrates the complexity of factors that interact to form the workers' compensation process from the participant's perspectives. The three identified factors which were predominantly discussed were the women themselves, the workplace, and WorkCover.



**Figure 11:** A model of variables that may affect the workers' compensation process as identified by eleven women (adapted from Kenny, 1995).

In **chapters four and five** the aim was to address the key findings of these two types of experiences (positive versus negative) and to compare and contrast each factor. The following table attempts to provide a graphic representation of the common elements of each experience as well as allowing the reader to see what elements made the positive and negative experience differ according to the eleven women in this study.

**Table 7:** A summary of how the themes were comprised for positive/neutral and negative experiences of the worker’s compensation experience and the component subthemes and categories.

Theme Cluster	Subthemes	Categories
<u>Negative Experience Of Workers' Compensation</u>	The adversarial nature of workers' compensation	-Lack of neutrality -Individuals treated as dishonest -Individuals not treated as a person
	Bureaucratic nature of workers' compensation	-Delays in the process due to red tape -Delays in payments -Lack of information sharing -Lack of co-ordination of services
	Workers' compensation personnel	-Lack of neutrality -Lack of training -Lack of staff numbers -Female staff more empathetic compared to male staff
	Doctors & specialists	-Lack of competent & 'fair' treatment -Excessive charges for services -Dissatisfaction with investigations -Conflicting findings -Failure to look at work environment & job tasks



Theme cluster	Subthemes	Categories
<u>Positive/</u> <u>Neutral</u> <u>Experience</u> <u>Of Workers'</u> <u>Compensation</u>	Delays in the comp process	Provided women time to heal
	Availability of comp	
	Due to an uncomplicated claim or injury	(nil)
	Doctors & specialists	<ul style="list-style-type: none"> <li>-Prompt payments</li> <li>-Prompt arrangement of services</li> <li>-One case-manager throughout the process</li> <li>-Good communication</li> <li>-Able to choose own medical personnel</li> </ul>
	Workplace support	<ul style="list-style-type: none"> <li>-Organised services e.g. Psychologist</li> <li>-Organised compensation process e.g. Did paperwork</li> <li>-Maintained contact with injured women</li> <li>-Provided information</li> <li>-Support from supervisors/management</li> </ul>
WorkCover personnel	<ul style="list-style-type: none"> <li>-Polite</li> <li>-Empathetic</li> <li>-Supportive</li> <li>-Sympathetic</li> </ul> <p>(Note: female staff tended to display these characteristics while male staff generally did not)</p>	

The overriding differences between a positive/neutral experience and a negative experience was attributed to two factors: The first was the perception by women of

having someone (it did not matter whether they were from the workplace, WorkCover, or a medical practitioner/specialist) who cared and was on their side (having an advocate). The second variable was related to the type of workplace injury or illness, whereby, 'invisible' disabilities (such as 'mental illness', back pain), stress related illnesses due to workplace harassment and bullying, injuries/illness which were difficult to quantify or evaluate (such as carpal tunnel syndrome, nerve damage), and long-term injuries/illness appeared to have greater complications with regard to WorkCover.

In **chapter six** the women participants acknowledged that the workplace had an integral role in the workers' compensation process. They indicated that their workplaces were able to help or hinder the process of compensation and rehabilitation. It was also acknowledged that delays in paperwork for compensation was not due solely to WorkCover but may be due to the workplace delaying and obstructing quick and responsive actions to the required forms for the compensation procedures. The following table summarises the themes and subthemes that emerged from the women's transcripts.

**Table 8:** A summary of the role and response of the workplace in the workers' compensation system as well as a depiction of the themes, subthemes and categories which were derived from the data.

<b>Theme cluster</b>	<b>Subthemes</b>	<b>Categories</b>
<u>The Response &amp; Role of the Workplace</u>	Women's work is not safe	-Task orientated -Risky activities
	Failure to provide preventative measures	-Women blamed for injury/illness -Lack of control -Disposable mentality -Lack of adaptation to environment
	Lack of rehabilitation	
	Re-entry to workplace	
	positive	-Light duties -Communication -Securing of job
	negative	-Light duties were unavailable -Need more time to heal -Lack of understanding from co-workers
	Workplace management/ supervisors	
	positive	-Supportive
	negative	-Attitudes & values e.g. unsupportive, uncompassionate, restrictive, bad behaviour -Poor management skills -Undervalue staff -Low trust
	Failure to adhere to appropriate processes	-Did not treat case seriously - Failing to secure incident forms -Lack of information about compensation
Created delays in workers' comp process	-Failure to fill out forms -Incorrect payments	

It should be noted that the net effect of negative attitudes, beliefs and values of the workplace combined with barriers to the re-entry to the workplace for injured of ill-workers led to the failure of injured/ill workers returning to the workplace. In addition, this meant that women lost financial security, careers, and work environments where they had built up relationships, familiarity and attachments. Two women indicated that workplaces also loose valuable trained staff members with skills, experience and knowledge – which in turn, is an added cost to the employer (Mathews, 1993).

The women in this study revealed that when and if rehabilitation was provided, it was inadequate. This was demonstrated by the women's experiences of the failure of workplaces to adapt environments and work practices to prevent injuries, the lack of accommodation made for injured workers (such as equipment and adjusted work hours and tasks), the apparent focus on physiotherapy with the intent on reducing the physical effects of the injury (rather than looking at adaptation of workplaces), and the failure to acknowledge the social and emotional impact that an occupational injury/illness had on the individual.

In **chapter seven** there were two main themes that were discussed. The first looked at women's experiences of workers' compensation payouts, and the second looked at one women's experience of an Orthopaedic Medical Assessment Tribunal. The following table represents and summarises the findings from the theme on women's experiences of payouts:

**Table 9:** A summary of how the themes were comprised for WorkCover payouts and the component subthemes and categories

Theme cluster	Subthemes	Categories
<u>Workers' Compensation Payout</u>	Desired outcome/ resolution	<ul style="list-style-type: none"> <li>-Get WorkCover out of their life</li> <li>-Clearing their name</li> <li>-Receiving entitlements</li> <li>-Workplace to be aware that these are real issues that need to be addressed</li> <li>-Prevention &amp; to be well and safe at work</li> </ul>
	Fight to get payout	<ul style="list-style-type: none"> <li>-Required union intervention</li> <li>-Delays in resolution e.g. up to 6 years</li> <li>-Required lawyers &amp; solicitors</li> </ul>
	Failure to look at the long-term injury/ illness	<ul style="list-style-type: none"> <li>-Inadequate payout</li> <li>-No compensation for suffering, loss, or long term disability</li> <li>-Cost transference on to the community e.g. disability pension</li> </ul>
	Inability to sue	<ul style="list-style-type: none"> <li>-Unable to sue if injury assessed &lt; 20%</li> <li>-WorkCover stipulate individuals are unable to sue them</li> <li>-Costs</li> </ul>
	Inadequate compensation	<ul style="list-style-type: none"> <li>-Failure to acknowledge women as breadwinner</li> <li>-Conflicting doctors opinions</li> <li>-Exacerbated by another injury</li> <li>-If injury is assessed &lt; 20%, then individual must choose to either accept the offer or sue</li> </ul>

In this chapter women indicated that payouts were inadequate particularly where there was long-term consequences from the occupational injury/illness. Women indicated that they had no recourse but to accept the one and only final offer from WorkCover. The reasons for the lack of choices in their decision making was due to WorkCover's stipulations (such as an injury assessed at twenty percent or below meant that individuals can only accept the offer or sue the employer); the cost and risk of failure of suing an employer; and the desire to end the stressful and long process. In the case of women who were on compensation for 'stress' due workplace harassment and bullying, WorkCover added to the burden these women were experiencing and they expressed WorkCover in terms of a 'destructive' experience.

Although WorkCover provide financial compensation for an occupational injury/illness, the women in this study indicated that they not only wished to receive monetary compensation but they were seeking to get well, be safe at work, prevent further injuries/illnesses, and receive recognition from their workplaces regarding their roles and responsibilities in creating, maintaining, and being able to prevent workers injuries/illnesses.

Due to the women's negative experience of WorkCover, they indicated that compensation was inadequate for the amount of time and energy that was 'wasted' on a process that was at times frustrating, demoralising, and stress inducing. In addition to this, compensation does not provide restitution for emotional and social consequences of an injury or illness, loss of income, pain and suffering, loss of

future employment opportunities and/or career path, and affects on family and significant others. In fact, not only does WorkCover stipulate that injured/ill workers cannot be compensated for the above factors but they cannot receive compensation for the effects that may occur due to the workers' compensation process. The question we need to ask ourselves is, does this mean that WorkCover are aware of how stressful and detrimental the process is to the injured/ill worker?

One woman in the study experienced a medical assessment tribunal. These are primarily used to make determinations on 'complex' cases. The following table summarises Sharon's experience and compares and contrasts it with espoused theories:

**Table 10:** One woman's experience of an Orthopaedic Medical Assessment Tribunal versus espoused theories of WorkCover

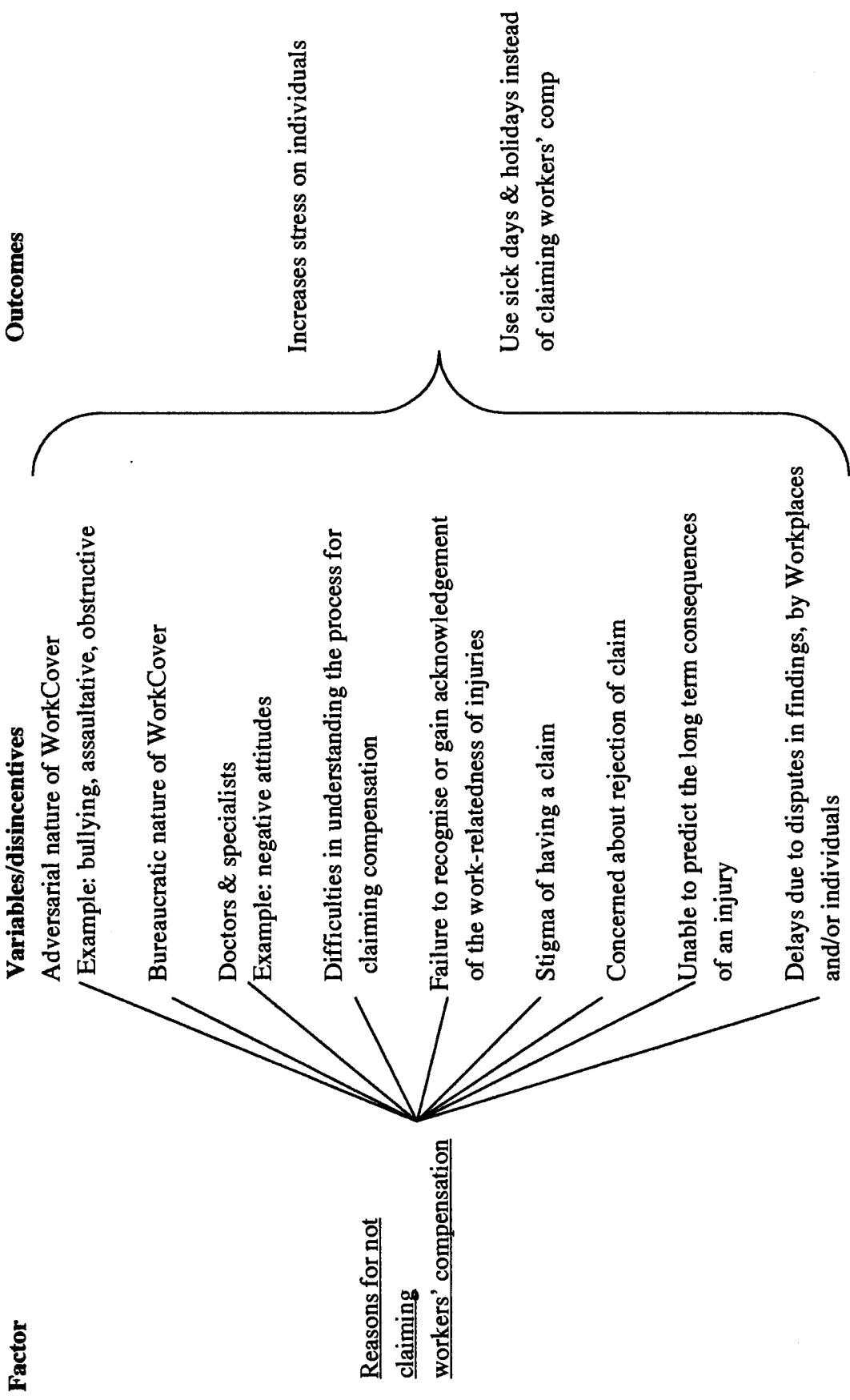
Theories-in-use	Versus	Espoused theories/practices
<ul style="list-style-type: none"> <li>* Waste of time and money</li> <li>* Aimed at getting rid of person from workers' compensation system</li> <li style="text-align: center;"><u>Re process</u></li> <li>* Incompetent doctors</li> <li>* Was not introduced to the doctors</li> <li>* Failure to look at workplace &amp; tasks carried out by the individual</li> <li>* Medical examination: expectation that the individual can switch pain on and off on demand</li> <li>* Alienating and frightening experience</li> <li>* Union representative was present but he did not take time to find out about the case</li> <li>* Advised in writing of the outcome but it was difficult to understand as it was couched in jargon</li> </ul>		<ul style="list-style-type: none"> <li>* Fair and reasonable</li> <li>* Completely independent of WorkCover</li> <li style="text-align: center;"><u>Re process</u></li> <li>* Highly experienced medical specialists</li> <li>* Individual will be introduced to the doctors</li> <li>* Queries, complaints, and questions should be addressed to reception staff</li> <li>* May be required to undergo a medical examination</li> <li>* Advised in writing of outcome</li> </ul>



Overall the tribunal was confusing, frightening and alienating (for example: not being treated as a person) for Sharon.

The information from women so far, has indicated that the negative experiences prevented women from feeling confident, secure and in-control of any aspect of the workers' compensation process. Moreover, it was a variable that could be attributed to preventing women from claiming compensation.

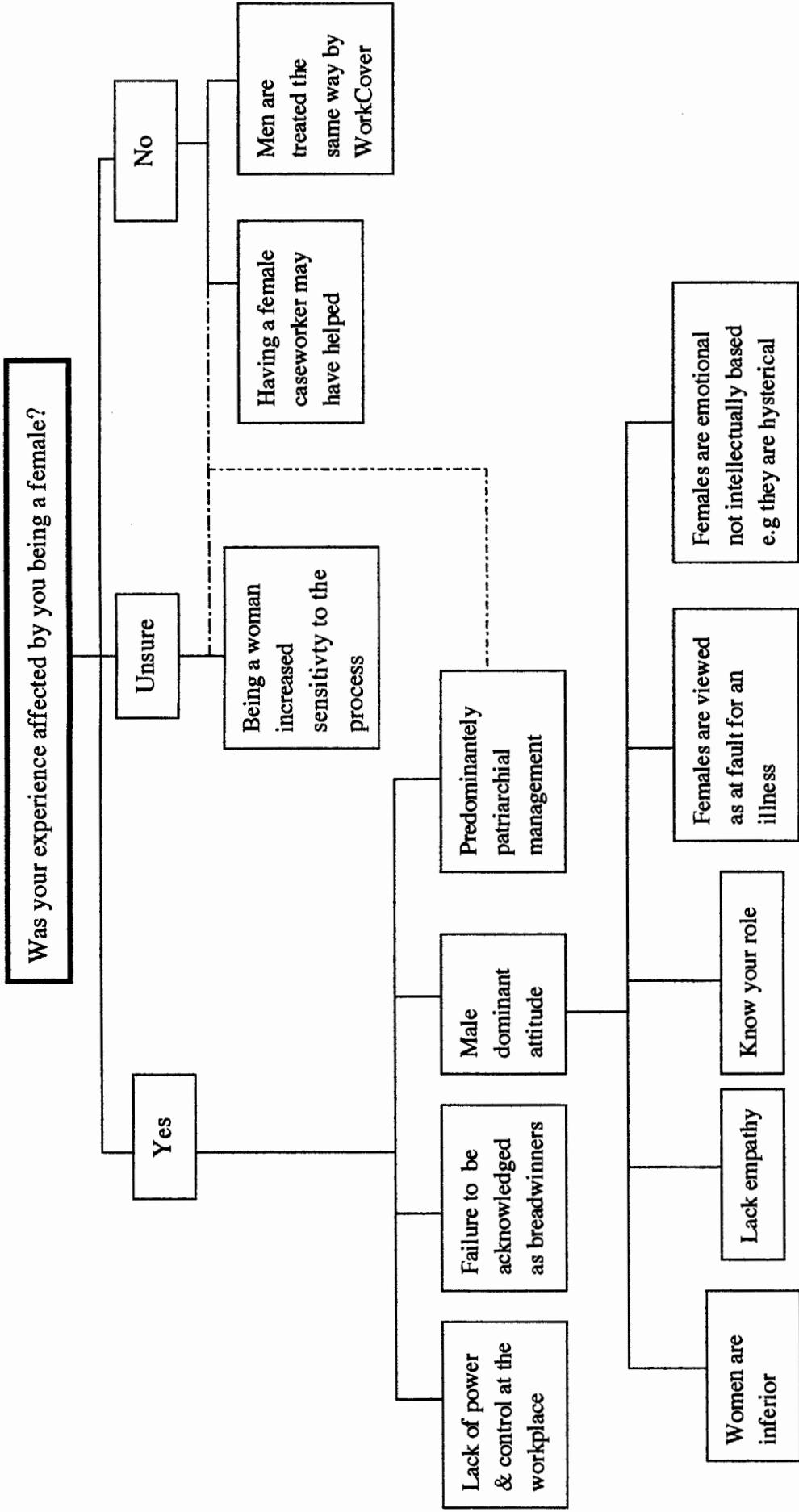
**Chapter eight** looked at different variables which women identified as preventing them (or others) from claiming workers' compensation. The following diagram shows the variables/causes as well as the identified outcome of these factors on the women themselves:



**Figure 12:** Reasons why women may not claim for workers' compensation and the consequences of the disincentives as perceived by the participants'.

Colleen summarises the net effect of the disincentives of going through the workers' compensation system when she (previously) stated that she was a "*survivor of WorkCover*".

The theme in **chapter nine** looked at whether women perceived their experience as being affected by them being a female. Their answers and reasoning can be demonstrated in the following diagram:



**Figure 13:** Eleven women's answers to the question about whether they perceived their experience of workers' compensation as being affected by the fact that they are female.

It should be noted that in figure thirteen the dotted line indicates that although Joanne stated that she did not think that her experience was affected by her being a woman, she did acknowledge that it might have been affected by her having a female caseworker. Therefore, it has been connected to the 'unsure' field.

Long and Kahn (1993) indicated that compared to males, females are confronted with more and different work related stressors arising from a multitude of sources. The three major identified unique stressors include; sex discrimination, segregation and work/home conflicts. Sex discrimination also looks at sex-role stereotypes. The women in this study indicated that they faced stereotypes that did not acknowledge them as primary breadwinners. They were treated as though they were inferior, hysterical (particularly by doctors), and viewed as overly emotional without a capacity to think in a logical way.

Acker's theory of 'gendered institutions' indicated that there is a specificity of women's experiences due to the connection between masculinity and power. Women's experiences are different from men's due to the gendered structure of the organisations/institutions experienced within the workers' compensation process. Figure thirteen supports Acker's theory and demonstrates the gendered nature of the workers' compensation process.

In **chapter ten** the focus was on how the women described and expressed the impact that the workers' compensation process had on themselves and their family and/or significant others. The following box summarises the descriptors used by the women in this study:

**Box B: Summary of the impact of the workers' compensation process on eleven women**

- A. Loss of employment
- B. Loss of career
- C. Financial hardship
- D. Boredom
- E. Depression
- F. Feelings of frustration, anger, hate
- G. Anxiety
- H. Demoralisation
- I. Marital breakdown and/or family dissolution
- J. Suicidal thoughts
- K. Stigma
- L. Pain
- M. Social isolation
- N. Sense of disempowerment
- O. Long-term consequences of injury: such as fear of re-injury, fear of deterioration of condition
- P. Assaults on basic human dignity
- Q. Disillusionment
- R. Inability to carry out tasks both in the home and at work

All of these factors created additional stress on the women. There was acknowledgement by some women in the study that there was a direct link between stress and subsequent physical manifestations leading to a worsening state of social mental and ill health; thus, creating a vicious cycle. Although the women in this study did acknowledge that the process affected their families and/or significant others, there is a need to look at this area further and it would be valuable to look at their stories as well.

The next chapter will look at the implications of the present findings as well as providing recommendations based on the women's experiences.

## Chapter Twelve: Implications and Recommendations

The implications and recommendations presented in this chapter focus on the issues raised by the women throughout the themes, as well as statements the women made about desired changes to the workers' compensation system. To facilitate this process implications and recommendations have been grouped together according to theme (these are, to be treated like a person, the need for an advocate, increase efficiency of payments, the need for consistency and training of doctors and specialists, and the need for prevention and rehabilitation. However, to conclude this section Colleen and Suzie's ideas have been used, due to their comprehensive nature. The final section in chapter twelve lists the questions that have been generated by the present research and require further examination and study.

Colleen and Lyn both indicated that there is a need to change the way WorkCover operates:

*Workers' compensation still have a problem. Haven't they learnt anything – in their payouts, massive payouts in the last five years? They have to do something a bit better than what they are doing. It seems like they have learnt nothing. And that is sad. And that is my taxpayers dollars for their non-learning curve. It is still pathetic. WorkCover deserve a very poor reputation. If you can't change it, then hide it, but not deviantly.* (Colleen)

*I think it costs more for WorkCover with all those stigmas attached – money wise. Like they mightn't have to pay out the money if they rejected a claim, but in the long run, from a government perspective, they are paying out. Like in my case, if I hadn't been so determined to resolve and heal myself, I would be one of those people that is always at the doctors, off work all the time and things like that. So it breeds costs in fact, in a back handed way.*



*It would be great to have a more friendly system, a more open and honest system. Instead of a win-loose outcome there needs to be a win-win outcome. And by that I mean, a person does not put in a complaint often, where there isn't truth.* (Lyn)

#### To be Treated Like a Person

*Be treated like a human being, an individual. Like a person. I expected to be treated as an individual and my problems to be treated. For them to talk to me and understand what sort of job I did. I was expecting them to know a bit about me. My expectation was for them to believe me.* (Sharon)

*I think the people at WorkCover should have a bit more compassion. You know, treat each case on its merits not lump everyone in the same basket.* (Michelle)

*More compassionate. You always get people who will try to rip them off but they need to give us the time of day. Not this conveyor belt mentality – next, next...* (Rebecca)

Kenny (1995) found that there was a dichotomy between employee and employer attitudes on injury management. Employees primarily have a 'system blaming' perspective that largely focuses on issues related to care, concern, respect, and justice for workers. Whereas employers primarily have a 'victim blaming' perspective which is largely focused on cost containment and productivity. Kenny (1995) indicates that there is a requirement for employer education on the need to fit the workplace to the worker post-injury in conjunction with a good rehabilitation co-ordinator to facilitate this process.

There is also the need for recognition and training of WorkCover staff in dealing with people who are under extraordinary conditions and may be experiencing stress, depression, and trauma.

*The staff are stressed. The people they employ need to be neutral and honest and trained.* (Suzie)

*If the staff they employed were more able to do an effective job I don't think it would cost the government so much in workers' compensation. They need to make sure the people they recruit have above average people skills. People who have a psychological base of understanding about the impact of not working.*

Colleen goes on to talk about the responsibility of management:

*Management are the rudders. They condone or don't condone what happens. They can turn a blind eye and say they didn't see it, but they shouldn't be in their job if they didn't see it. It is their job to see, hear and know. If you can't do your job. Than get out and get someone that can do it.*

Kennedy (1996 Vol I) states that "The focus of workers' compensation in Queensland then becomes very much one of an insurance provider" (p.95). Although the women in this study acknowledged the role of WorkCover as an insurance provider, as consumers they expected WorkCover to have some understanding of their positions and circumstances and to recognise the power they have over the women's lives (even in terms of financial considerations).

WorkCover Qld (1999) acknowledges that one of their goals is to develop a commercial, customer-focused operation not only as an insurer but also as an 'impartial regulator'. Another goal of WorkCover is to create an organisation of professional and committed people who are rewarded for 'living' WorkCover's values. These four

identified values are excellence, integrity, respect, and responsiveness. There appears to be dichotomy between WorkCover's goals and values versus consumer reality.

Colleen stated that:

*There needs to be legislation regarding bullying and harassment. WorkCover can't handle the issue.*

*There is an ongoing culture here that needs to be addressed. I am a victim of the culture in this workplace...But I felt that was beyond workers' compensation's comprehension.*

*I recently witnessed a significant degree of workplace bullying within the organisation and I have seen what WorkCover did to these poor souls. Nothing has changed. These victims were once again treated in a similar manner to how I was. They were traumatised by the experience on top of the trauma from the workplace.*

*WorkCover can't afford to do the right thing by the consumer because if they did they would have to acknowledge the disgusting state of workplace bullying in the workplace, and their own contribution, and the destructive impact it has on productivity, the community, the individual and their loved ones. If we were in America, we the survivors of workers' compensation would be extremely wealthy individuals by now. Unemployable but wealthy all the same!!!*

The women in this study indicated that WorkCover was not a neutral institution and in some cases it failed to fulfill any of the four identified values of WorkCover. On the whole this information highlights the need for WorkCover to look at 'quality of service'. Cameron (1994) states that "The emergence of institutions such as WorkCover, which co-ordinates all these activities, raises questions about who scrutinises and reviews the procedures" (p.44). On the fourteenth of November 2001 the researcher phoned a case-manager at WorkCover Qld and made enquiries with regard to the evaluation of services. The researcher was told that there were three major sources: The first is a complaints and compliments register via the minister's office. The second is an internal evaluation carried out by internal divisions via surveys. The third and final method is an

external survey that is sent to employers and employees once a year. The researcher asked if she would be able to view the external survey and was told that the Human Resource Department would not release an evaluation form but the researcher could view the results in their annual report.

The Annual Report (WorkCover Queensland, 2002) does not provide enough to allow for an extensive evaluation of their research methods and findings. When looking at the measures of customers and WorkCover employees two problems are presented. Firstly, WorkCover Queensland (2002) state that “The index scores are weighted so the most important satisfaction attributes have a higher impact and each attribute is scored from the survey results” (p. 1). The reader is not told what these important attributes are or how they were initially identified and weighted. The second problem is related to the satisfaction index. WorkCover Queensland (2002) report that in 2001 injured worker satisfaction was 71.4%, employer satisfaction was 68.8%, impartiality of Q-Comp was 81% and WorkCover and Q-Comp people reported 66.7% satisfaction. WorkCover Queensland (2002) indicates that any movement in the indices from year to year may be considered statistically significant. The problem is that the reader is unable to determine how much movement has to occur for it to be considered significant (for example, employee satisfaction was 66.4% in 2000 and 66.7% in 2001, is a 0.3% increase statistically significant?). Is an increase in an index an adequate measure of performance? Particularly when the initial baseline of an attribute may be low (for example, is 66.7% satisfaction of employees adequate?). Finally, the Annual Report does not provide any information with regard to who judged the impartiality of Q-Comp. Was it employers, injured workers, or both? Consequently, this area needs further research and study.

### The Need for an Advocate

*There's no one advocating for you. (Suzie)*

*It would be really good to have someone that can lead you through the process of filling out the forms. Like really lead you through it so you can understand what the hell is going on.*

*I was lucky the first time round to have a liaison officer that did help me a great deal. But that stopped after the first lot of forms came through and then I had to do the rest on my own. It would be really nice if you could have someone just to ring up and check with them, or just to see how you are doing, if you need some help with these things. It adds a lot more work for them but it would be nicer. It also means that things would probably get done in the time frame, it would work better. (Emily)*

In the present study one defining factor which created the difference between a negative versus a positive experience was having someone advocating for the injured or ill woman. Each compensation recipient requires a consistent and trained case-manager to explain and provide information with regard to the process, throughout the process. The question is should it be someone from WorkCover or should it be from an independent organisation? Unless the lack of neutrality issue is addressed then a neutral body could provide this service because the women in this study indicated that there is no one protecting their interests.

### Increase Efficiency of Payments

*While they are doing all the forms and that garbage, they can pay you. It takes so long for them to process it all. Why should you have to wait six weeks rather than your normal weekly pay? Then bulk tax hits you. (Michelle)*

*The payments should be sent automatically, they (WorkCover) say they should. (Rebecca)*

A delay in payments means financial hardship for women and their families. There needs to be recognition that women are essential breadwinners and sole providers for themselves and/or their families.

#### The Need for Consistency and Training of Doctors and Specialists

*I want to go through the procedure without having to keep going from this doctor to that doctor. It's just a waste. Stick to the same doctors – they know you. (Sharon)*

The present study has revealed that WorkCover place a great emphasis on the role of the treating medical practitioner in the compensation process, yet there is a lack of training of medical personnel in the area of occupational illness and injuries – this needs to be addressed. In conjunction with training, doctors would require a monetary incentive to visit worksites. Furthermore, there is a need for the evaluation of the workplace to be undertaken. Is it possible for doctors to undertake this role with their current obligations? The present study indicates that perhaps not, as no woman in this study had their treating doctor visit their workplace. Thus, it may be necessary to look at other alternatives. For example, the enforcement of workplace assessment by a case-manager who looks at such factors as evaluation of hazards, individual intervention, advocating and liaison on behalf of the individual with the employer and doctor, prevention, and enforcement of obligations. Another alternative could be the provision of doctors who specialise in the area of occupational injuries and illness.

### The Need for Prevention and Rehabilitation

*Well they should be looking at prevention as well.* (Louise)

*Need rehabilitation. They didn't even bother to come into my workplace and see what I did. It didn't have to be so traumatic.* (Sharon)

*So the system needs to be changed where there's a win-win, even if the case still goes against you and you're told 'Ok, we can't pay you for workers' compensation for some reason or another'. There should be counselling, rehabilitation and stuff like that for the person and for the other people involved. I don't see my case as just happening to me. I feel sorry for everyone else at work that has been dragged into the investigation.* (Lyn)

According to the Legal & Accounting Management Seminars (1997) the primary obligation under the WorkCover Queensland Act 1996 is the provision of rehabilitation services by WorkCover. It is also the duty of employers to provide 'reasonable' rehabilitation services. It is interesting to note that they go onto to indicate that WorkCover's obligations are to provide rehabilitation training courses for employers and to ensure rehabilitation programs for workers; whilst employers are obliged to assist and provide rehabilitation – unless they can show that suitable duties are not practicable. Yet the present study reveals that these obligations are unmet. It was previously noted that WorkCover Qld [see chapter six, p.120] only acknowledged that their obligation to provide employers with rehabilitation training courses, there was no mention of their obligation to ensure the provision of rehabilitation to injured/ill workers or how this was to be achieved. Most women in the study indicated that they did not receive any rehabilitation that assisted with providing necessary aids/equipment and there was a

failure to facilitate their return-to-work or maximise their independent functioning. The emphasis on 'rehabilitation' was reserved to providing physiotherapy and gradual return-to-work programs. If individuals were unable to return to their pre-injury/illness state then they were fired or unable to keep working in the same position.

Recommendations to help resolve these issues include:

- Change attitudes of employers  
For example: Recognise women as breadwinners, value a safe workplace, and change the attitude that workers are disposable.
- Adopt occupational health and safety values  
For example: Look at prevention and link increased safety with increased productivity
- Establish legal obligations and enforcement of OH&S and responsibilities to injured or ill workers (such as rehabilitation)

} Via education of employers

This may be achieved by:

*Ensure education is given in the workplace and that workplaces are monitored to ensure this doesn't happen...that it is zero tolerance, having seen that article in the Sunday Mail last weekend [see appendix H, p.387], I just think that it is excellent that the government actually says 'zero tolerance' and yet they've got their organisations out there with a hundred percent tolerance at the moment. (Lyn)*

Kennedy (1996 Vol II) found that if employers had caused extreme or recurring negligence then there was no consequence for that employer. Kennedy indicates that employers should be directly responsible for payments for all damages.

Finally, there needs to be the provision of clear information for those seeking compensation.

- Provide a single case-manager to advocate for the injured or ill worker.



- The need to recognise the physical, mental, and emotional consequences of an injury or illness. Thus, rehabilitation needs to address all of these factors as well as involving families and significant others.
- A greater involvement of the employer and employee in the rehabilitation process (such as being able to choose their provider).

Although the Industry Commission (1994) indicates that the costs of work related injury and/or illness is being borne by affected individuals and taxpayers, there is some debate over an individual's ability to get financial restitution via common law claims. Kennedy (1996) recommended that common law claims be limited due to the rising cost associated with such claims. The women in the present study have indicated that their compensation payouts were not only inadequate but also failed to take into account such factors as pain and suffering and the long-term consequences of their disability. Furthermore, they were unable to claim under common law due to financial constraints and stipulations. The women in this study revealed that the ability to claim common law damages regardless of compensation payment or assessed disability would be favourable. The Industry Commission (1994) also recommends that there should be no dollar limit placed on legitimate medical expenses. Kennedy (1996) states that "The whole purpose of the workers' compensation scheme is to provide monetary, medical, rehabilitation, and other benefits to injured workers in a manner that acts as a safety net until they can resume earning an income" (p.172). The obvious rhetorical question is, what if they can not return to work?

## Research Participants' Recommendations

This section concludes with the recommendations from two of the women who participated in the study. The researcher has not expanded upon these quotes, as they are comprehensive and succinct.

Colleen stated the following:

- *WorkCover need to be accountable. The ombudsman didn't want to know about it. It's too big. People are frightened to challenge them because they control their lives. When you're finally emotionally, physically able to face them, which may be five to ten years down the track, it's too late, the time frame has passed. And WorkCover thinks that the lack of challenges means that they are doing a good job.*
- *It's not user friendly, the way the process and system is at the moment. They need to look at the processes. It's difficult to understand and there were no guidelines for me to follow. Bilateral guidelines: You need to know that B will follow A, and what B means, right down to Z. The staff at WorkCover didn't seem to know what the process was. The left hand didn't know what the right hand was doing. Yet a person who is trying to get money for their next meal is supposed to know what is required three weeks down the track. It's an adhoc process.*

*I had to hand write reports every fortnight to justify my payment. So it is based on written communication. It discriminates against people who can't articulate verbally and written. I remember I had no access to a computer so I had to do it by hand. I remember staying up all night, feeling really tired, and realising it was three in the morning and I had spent all night trying to write out these forms. Disadvantaged groups are further disadvantaged due to the requirements made of its victims.*
- *WorkCover need to be consistent. I know that I was getting conflicting information. WorkCover have a long way to go. Nothings changed really. Nothing seems to have changed much.*
- *WorkCover should employ some of their victims onto their recruitment panel. They should have six of them on each panel, they need to stack it favourably on each local panel, so they know what they do and don't want in that geographical area.*

Suzie stated the following with regard to WorkCover:

- *They need some ethics. They need a code of conduct and protocols. I asked to see them and WorkCover couldn't supply them to me. I wanted guidelines on how investigating psychologist operates; they didn't have that either.*
- *They need to act on something straight away. For example, the waiting list to see the psychologist and psychiatrist is too long.*
- *Need to address the ongoing psychological problems of 'victims'.*
- *WorkCover needs to be a neutral organisation not a government one. That is what is causing victims to be revictimised again. They have no ethics and neither do the people that work for them. For example, psychologist's ethics and parameters, what do they work to?*
- *Need competition for workers' compensation services.*
- *The office is very formidable and alienating – you can't see any workers and have to ring a bell to get someone to come out.*

## Future Research

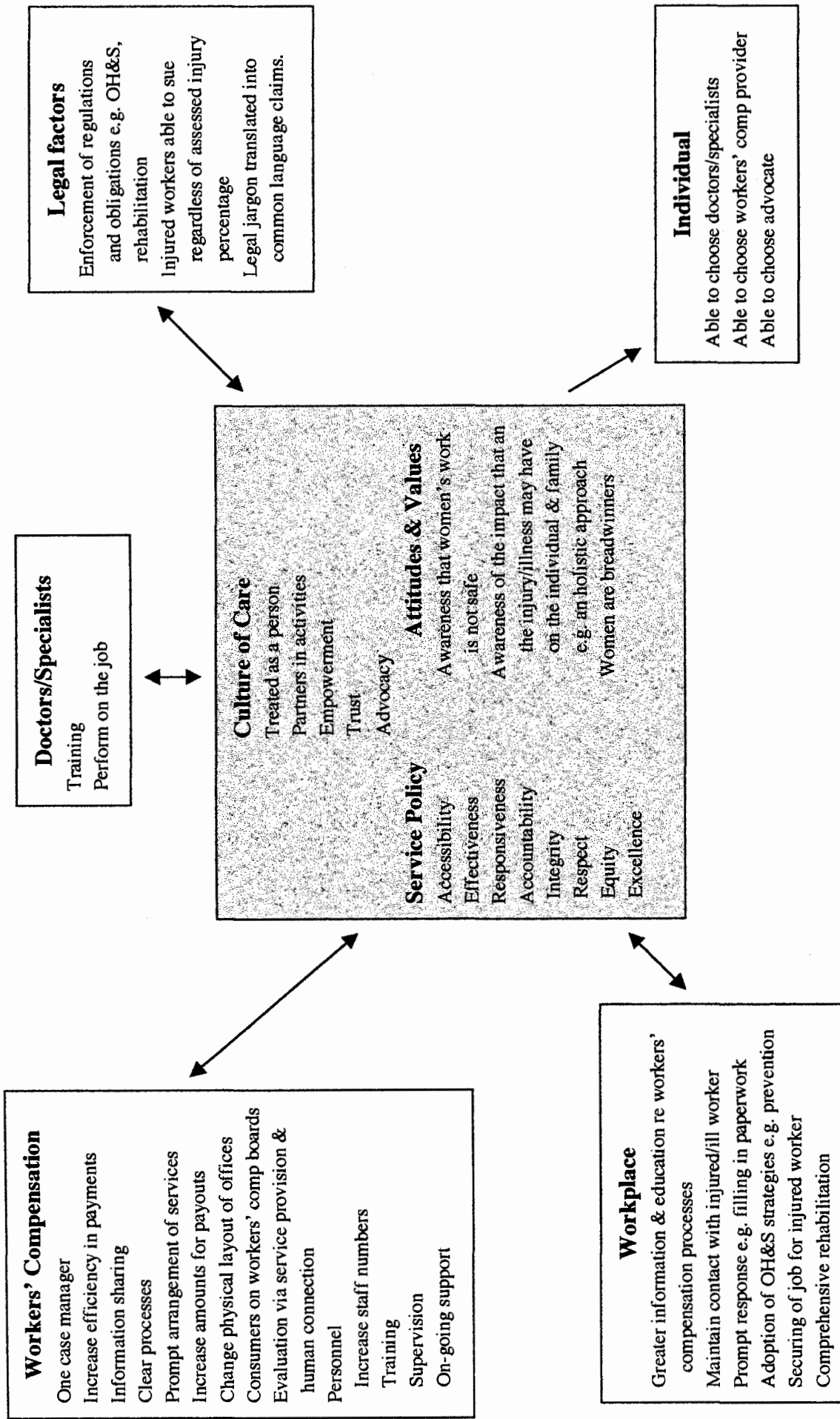
### **Box C:** Questions generated from the present study

1. How do WorkCover evaluate service delivery? Is it adequate?
2. Suzie recommended research to look at why WorkCover personnel have a high turnover rate
3. Evaluate WorkCover employees training and development programs.
4. Existing research acknowledges the link between the added stress of home/family and work demands. Yet the women in this study did not talk about this factor. Why don't women perceive this as an issue?
5. What are men's experiences of the workers' compensation system? How does it compare or contrast to women's experiences?
6. What is the impact of the workers' compensation system on the family or significant others? – From their perspective.
7. Sharon also highlights an interesting idea:  
*Something's wrong with the system when doctors say you are better off on your private health scheme. I have had many a professional say that 'if you were going through your medical fund everything would be fixed up'. I wish that I was two people – One could go through my private medical fund and one that could go through the system... Now I would love to see what happened in the end.*

## Summary

The women's experiences have revealed that the workers' compensation system is an added burden that they have to cope with. Furthermore, the women in this study have indicated that the current state of workers' compensation service delivery creates disincentives to claiming workers' compensation. Hence, there is a need to address this

and look at alternatives and improved modes of service delivery. The following diagram presents a summary of the implications and recommendations from eleven women's experiences in the present study.



**Figure 14:** Consumer focused service delivery model – based on eleven women's experiences of the workers' compensation system.

The predominant focus of figure fourteen is a consumer focus based on women's needs. This form of service delivery is represented in the shaded box and facilitates and is supported by the factors radiating from it. To provide a user friendly system intervention would have to address both micro-level changes (that look at WorkCover) and macro-level changes (which address the system as a whole). The women in this study indicate that the system includes themselves, the workplace, WorkCover, and society as a whole – which affect and effect one another. Changes not only include service provision but also must address attitudes and values associated with women and work. These ideas are compatible with Acker's (1992b) observation that organisations are often defined through metaphors of masculinity (such as lean, mean, aggressive, goal-oriented, competitive and efficient) but rarely are they supportive, empathetic and caring.

Acker (1992b) indicates that systemic changes must occur as well, which look at a fundamental reorganisation of both production and reproduction.

Long-term strategies will have to challenge the privileging of the 'economy' over life and raise questions about the rationality of such things as organisational and work commitment as well as the legitimacy of organisations claims for the priority of their goals over the broader goals (Acker, 1992b, p. 260).

Overall, what do women want? The women in this study expressed the desire and need to work, to be safe at work, to be well and healthy, and to be treated like a person.

## References

- Acker, J. (1990). Hierarchies, jobs, bodies: A theory of gendered organisations. Gender and Society, 4(2), 139-158.
- Acker, J. (1992a). Gendered institutions: From sex roles to gendered institutions. Contemporary Sociology: An International Journal of Reviews, 21(5), 565-569.
- Acker, J. (1992b). Gendering organisational theory. In A.Mills & P. Tancred (Eds.). Gendering Organisational Analysis (pp. 248-264). Newbury Park, California: Sage Publications.
- Argyris, C., & Schon, D.A. (1991). Participatory action research and action science compared. In: W.F. Whyte (Ed.). Participatory action research (pp. 85-96). California: Sage Publications.
- Ashbury, F.D. (1995). Occupational repetitive strain injuries and gender in Ontario, 1986 to 1991. Journal of Occupational and Environmental Medicine, 37(4), 479-485.
- Bale, A. (1989). Hope in another direction: Compensation for work related illness among women—Part I. Women and Health, 15(1), 81-103.



- Balka, E. (1995). Technology as a factor in women's occupational stress. In K. Messing, B. Neis, & L. Dumais (Eds.). Invisible: Issues in women's occupational health (pp. 75-103). Canada: CINBIOSE.
- Beck, C.T. (1992). The lived experience of postpartum depression: A phenomenological study. Nursing Research, 41(3), 166-171.
- Biddle, J., Roberts, K., Rosenman, K.D., & Welch, E.M. (1998). What percentage of workers with work-related illnesses receive workers' compensation benefits? Journal of Occupational and Environmental Medicine, 40(4), 325-331.
- Blackett-Smith, J., & Rubinstein, A. (1985). Unlucky dip: A study of discrimination in the Victorian worker's compensation system. Victoria, Australia: Women's Health Resource Collective.
- Blackmur, D., Fingleton, D., & Akers, D. (1992). Women's occupational health and safety: The unmet needs. Queensland, Australia: Qld Women's Consultative Council & QUT.
- Brown, C. (1984). Repetition strain injury. Community Health Studies, 8(2), 260.
- Burry, H.C. (1990). Accident compensation: Gates and gatekeepers. Medical Journal of Australia, 152(5), 450-451.

Cameron, M.A. (1994). Women and the uneven development of worker's compensation law. Australian and New Zealand Journal of Sociology, 30(1), 36-46.

Campbell, J., & Bunting, S. (1991). Voices and paradigms: Perspectives on critical feminist theory in nursing. Advances in Nursing Science, 13(3), 1-5.

Carlan, N., Keil, M.F. (1995). Developing a proposal for a working women's health survey. In K. Messing, B. Neis, & L. Dumais (Eds.). Invisible: Issues in women's occupational health (pp. 292-305). Canada: CINBIOSE.

Carmona, L., Faucett, J., Blanc, P.D., & Yelin, E. (1998). Predictors of rate of return to work after surgery or carpal tunnel syndrome. Arthritis Care Research, 11(4), 298-305.

Carspecken, P.F. (1996). Critical ethnography in educational research: A theoretical and practical guide. New York, U.S.A: Routledge.

Casey, H., & Charlesworth, S. (1984). Like it or lump it: A study of worker's compensation settlements awarded to Liquor Trades Union members from Jan 1980 to Dec 1983. Victoria, Australia: Liquor Trade Union.

Clapham, K. (1994). Experiencing occupational rehabilitation in NSW: Non-english speaking background women's views. Australian Journal of Social Issues, 29(1), 26-43.

Clarke, A. (1998). Lost in the fog. Occupational Health and Safety Canada, 14(4), 38-43.

Coates, J., Dodds, M., & Jensen, J. (1998). "Isn't just being here political enough?" Feminist action oriented research as a challenge to graduate women's studies. Feminist Studies, 24(2), 33-346.

Colaizzi, P. (1978). Psychological research as the phenomenologist views it. In R. Valle & M. King (Eds.). Existential phenomenological alternatives for psychology. New York: Oxford University Press.

Commonwealth Department of Community Services and Health. (1989). National women's health policy: Advancing women's health in Australia. Canberra, Australia: Australian Government Publishing Service.

Commonwealth Department of Health, Housing, Local Government & Community Services. (1993). National women's health program: Evaluation and future directions. Canberra, Australia: Australian Government Publishing Service.

Cooper, G., & Faulks, I.J. (1999). Managing the injured worker. Available: [www.injuriesaustralia.com.au](http://www.injuriesaustralia.com.au) [Accessed 28/10/99].

Crook, J., Moldofsky, H., & Shannon, H. (1998). Determinants of disability after a work related musculoskeletal injury. Journal of Rheumatology, 25(8), 1570-1577.

- Dembe, A.E. (1998). The medical detection of simulated occupational injuries: A historical and social analysis. International Journal of Health Services, 28(2), 227-239.
- Dionne, G., St-Michel, P. (1991). Workers' compensation and moral hazard. The Review of Economics and Statistics, 73(2), 236-244.
- Einarsen, S. (2000). Harassment and bullying at work: A review of the Scandinavian approach. Aggression and Violent Behaviour, 5(4), 379-401.
- Emmett, E.A. (1997). Occupational health and safety in national development – the case of Australia. Scandinavian Journal of Work and Environmental Health, 23(5), 325-33.
- Feldman, M.S. (1995). Strategies for interpreting qualitative data. California: Sage.
- Fetterman, D.M. (1998). Ethnography. (2<sup>nd</sup> ed). California: Sage Publications.
- Gilligan, C. (1987). Woman's place in man's life cycle. In S. Harding (Ed.). Feminism and Methodology (Chpt V, pp. 57-73). Bloomington, USA: Indiana University Press.
- Giorgi, A. (1975). An application of phenomenological method in psychology. In: A. Giorgi, C. Fischer, & E. Murray (Eds.). Duquesne studies in phenomenological psychology (Vol 2, pp. 82-103). Pittsburgh: Duquesne University Press.

Glaser, W., & Laster, K. (1990). The worker's compensation system in Victoria: Who takes the blame? Australian Journal of Social Issues, 25(2), 137-152.

Gluck, J.V., & Oleinick, A. (1998). Claim rates of compensable back injuries by age, gender, occupation, and industry—Do they relate to return-to-work experience? Spine, 23(14), 1572-1587.

Graycar, R. (1985). Hoovering as a hobby: The common law's approach to work in the house. Refractory Girl, 28, 22-26.

Greenfield, T. (1996). Research methods: Guidance for postgraduates. London, Great Britian: Arnold.

Grellman, R.J.(1997). Inquiry into the Workers' Compensation Sytem in NSW. Sydney, Australia: Govt publication.

Guba, E., & Lincoln, Y.S. (1985). Naturalistic inquiry. California, U.S.A: Sage.

Gutek, B. (1993). Asymmetric changes in men's and women's roles. In B.C. Long & S.E. Kahn (Eds.). Women, Work, and Coping. Canada: McGill-Queens Uni Press, (11-31).

Hammond, M., Howarth, J., & Keat, R. (1991). Understanding phenomenology. Oxford, Britian: Basil-Blockwell Ltd.

Harding,S. (1987). Feminism and methodology. Bloomington, USA: Indiana University Press.

Harvey, L. (1990). Critical social research. London, UK: Unwin Hyman Ltd.

Hays,D. (1998). Most don't cheat on workers' compensation, survey finds. National Underwriter, 102 (19), 55-56.

Heaney, C.A. (1993). Perceived control and employed men and women. In B.C. Long & S.E. Kahn (Eds.). Women, work, and coping (pp.193-218). Canada: McGill-Queens Uni Press.

Hoel,H., & Cooper, C.C.(2000). Destructive conflict and bullying at work. Manchester: Manchester School of Management.

Holland, J., & Romazanoglu, C. (1994). Coming to conclusions: Power and Interpretation in researching young women's sexuality. In M. Maynard & J. Purvis (Eds.). Researching women's lives from a feminist perspective(pp. 125-148). London, UK: Taylor & Francis.

Holter, I.M., & Schwartz-Barcott, D. (1993). Action research: What is it? How has it been used and how can it be used in nursing? Journal of Advanced Nursing, 18, 298-304.

- Humphries, B., & Truman, C. (1994). Developing a feminist participative research framework : Evaluating the process. In M. Martin (Ed.).Rethinking social research (pp. 123-145). Hants, England: Avery-Ashgate.
- Hycner, R.H. (1985). Some guidelines for the phenomenological analysis of interview Data. Human Studies, 8, 279-303.
- Industry Commission. (1994). Worker's compensation in Australia: Report No 36. Canberra, Australia: Australian Government Publishing Service.
- Irish Taskforce on the Prevention of Workplace Bullying. (2001). Dignity at work – The challenge of workplace bullying. Dublin: The Stationery Office.
- Ishmael, A. (1999). Harassment, bullying and violence at work: A practical guide to combating employee abuse. London, UK: The Industrial Society.
- Jackiewicz,S. (1996). The experience of a group of geographically isolated mothers in the establishment of social networks. WA, Australia: Edith Cowan University.
- Jarrett, M.E., & Lethbridge, D.J. (1994). Looking forward looking back: Women's experience with waning fertility during midlife. Qualitative Health Research, 4(4), 370-384.

Katz, J.N., Lew, R.A., Bessette, L., Punnett, L., Fossel, A.H., Nooney, N., & Keller, R.B. (1998). Prevalence and predictors of long-term work disability due to carpal tunnel syndrome. American Journal of Industrial Medicine, 33(6), 543-550.

Keaney, J. (1998). Coping with compensation. Occupational Health and Safety Canada, 14(1), 60-64.

Keen, E. (1975). A primer in phenomenological psychology. New York: Holt, Reinhart & Winston Inc.

Kennedy, J. (1996). Report of the Commission of Inquiry into Worker's Compensation and Related Matters in Queensland: Vol 1 1-4. Qld, Australia: Queensland Govt.

Kennedy, J. (1996). Report of the Commission of Inquiry into Worker's Compensation and Related Matters in Queensland: Vol II 5-14. Qld, Australia: Qld Govt.

Kenny, D. (1994). Determinants of time lost from workplace injuries: The impact of the injury, the injured, the industry, the intervention and the insurer. International Journal of Rehabilitation Research, 17(4), 33-342.

Kenny, D.T. (1995) Common themes, different perspectives: A systemic analysis of employer-employee experiences of occupational rehabilitation. Rehabilitation Counselling, 39(1), 54.



Keys Young Pty Ltd. (1999). An exploration of the information needs of people who are injured at work, on the roads or in other circumstances in NSW: Injuries Australia research note RN 1/1999. Sydney, Australia: Injuries Australia.

Lambert, S.F., Wood, G.A., & Morrison, D. (1992). The determinants of the duration of worker's compensation claims. Australia: Murdoch University.

Langford, E. (1991). Hurt at work? Balancing priorities for healthcare dollars. Australian Nurses Journal, 21(2), 14-16.

Legal & Accounting Management Seminars. (1997). The new Queensland WorkCover legislation in practice: 1997 Seminar papers. NSW, Australia: LAAMS Publications.

Lemon, N., & Taylor, H. (1997). Caring in casualty: The phenomenology of nursing care. In N. Hayes (Ed.). Doing qualitative analysis in psychology (pp.227-244). Hove, UK: Psychology press.

Lippel, K. (1995). Watching the watchers: How expert witnesses and decision makers perceive men's and women's workplace stressors. In K. Messing, B. Neis, & L. Dumais (Eds.). Invisible: Issues in women's occupational health (pp. 266-291). Canada: CINBIOSE.

Long, B.C., & Kahn, S.E. (1993). Women, Work, and Coping. Buffalo, Canada: McGill-Queens University Press (1-10).

Marshall, C., & Rossman, G.B. (1995). Designing qualitative research. (2<sup>nd</sup> ed).  
California, U.S.A: Sage Publications.

Mathews, J. (1993). Health & safety at work: Australian Trade Union Safety  
Representatives Handbook. NSW, Australia: Pluto Press.

Mayhew, C. (2000). Preventing violence within organisations: A practical handbook.  
Canberra, Australia: Australian Institute of Criminology.

McCracken, G. (1988). The long interview. California: Sage Publications.

Mendelson, G. (1985). Compensation neurosis: An invalid diagnosis. Medical  
Journal of Australia, 142, 561-564.

Messing, K. (1995). Chicken or egg: Biological differences and the sexual division of  
labour. In K. Messing, B. Neis, & L. Dumais (Eds.). Issues in women's occupational  
health (pp. 177-201). Canada: CINBIOSE.

Messing, K. (1997). Women's occupational health: A critical review and discussion of  
current issues. Women and Health, 25(4), 39-68.

Messing, K., Neis, B., & Dumais, L. (1995). Introduction. In K. Messing, B. Neis, &  
L. Dumais (Eds.). Issues in women's occupational health (pp. ix-xv). Canada:  
CINBIOSE.

- Meyer, B.D., Viscusi, W.K., & Durbin, D.L. (1995). Workers' compensation and injury duration: Evidence from a natural experiment. American Economic Review, 85(3), 3322-340.
- Meyer, J.E. (1993). New paradigm research in practice: The trials and tribulations of action research. Journal of Advanced Nursing, 18, 1066-1072.
- Molloy, A.R., Blyth, F.M., & Nicholas, M.K. (1990). Disability and work-related injury: time for a change? Medical Journal of Australia, 170(15), 150-151.
- Mont, M.A., Mayerson, J.A., Krackow, K.A., & Hungerford, D.S. (1998). Total knee arthroplasty in patients receiving worker's compensation. Journal of Bone and Joint Surgery—American Volume, 80A(9), 1285-1290.
- Morse, J.M. (1994). Critical issues in qualitative research methods. California, U.S.A: Sage.
- Moyle, J. (1996). Centred voices: A phenomenological study of the lived experience of women's health centre co-ordinators. WA, Australia: Edith Cowan University.
- National Occupational Health & Safety Commission. (1998). Compendium of workers' compensation statistics, Australia, 1996-97. Canberra, Australia: Commonwealth of Australia

National Occupational Health and Safety Commission [NOH&S Commission]. (1994).

Occupational health and safety: The experience of women workers, Australia, 1991-92

Canberra, Australia: Commonwealth of Australia.

Nelson, D.L., Hitt, M.A. (1992). Employed women and stress: Implications for enhancing women's mental health in the workplace. In J.C. Quick, L.R. Murphy & J.J. Hurrell (Eds.). Stress and wellbeing at work: Assessments and interventions for occupational mental health (pp. 164-177). Washington, USA: APA.

O'Donnell, C., & Hall, P. (1988). Getting equal: Labour market regulation and women's work. Sydney, Australia: Allen & Unwin.

Parker, L.M., Murrell, S.E., Boden, S.D., & Horton, W.C. (1996). The outcome of posterolateral fusion in highly selected patients with discogenic low back pain. Spine, Vol 21(6), pp. 1909-1916.

Patton, M.Q. (1980). Qualitative evaluation methods. California: Sage Publications.

Patton, M.Q. (1990). Qualitative evaluation and research methods (2<sup>nd</sup> ed). California, U.S.A: Sage Publications.

Phegan, C. (1985). Accident compensation: From compensation to care – a change in direction for accident victims? Adelaide Law Review, 10, 74-85.

- Queensland Workplace Bullying Taskforce (2001). Workplace bullying issues paper. Australia, Brisbane: The Department of Industrial Relations.
- Quinlan, M. (1996). Women and occupational health & safety: The challenges still waiting to be met. Journal of Occupational Health and Safety, 12(4), 409-422.
- Quinlan, M, & Bohle, P. (1991). Managing occupational health and safety in Australia: A multidisciplinary approach. Melbourne, Australia: MacMillan Education.
- Quintner, J.L. (1995). The Australian RSI debate – Stereotyping and medicine. Disability and Rehabilitation, Vol 17(5), pp. 256-262.
- Robson, C. (1993). Real world research: A resource for social scientists and practitioner-researchers. Oxford, UK: Blackwell Publishers.
- Rose,P., Beeby, J., & Parker, D. (1995). Academic rigour in the lived experience of researchers using phenomenological methods in nursing. Journal of Advanced Nursing, 21, 1123-1129.
- Russell, J., Young, A., & Hart, W. (1995). Predictors of return to work following a work-Related stress injury. In P. Cotton (Ed.). Psychological health in the workplace: Understanding and managing occupational stress. Victoria, Australia: The Australian Psychological association.

- Sandelowski, M. (1986). The problem of rigor in qualitative research. Advances in Nursing Science, 8(3), 27-37.
- Sarantakos, S. (1993). Social research. Melbourne: Macmillan Education Australia.
- Sass, R. (1999). The unwritten story of women's role in the birth of occupational health & safety legislation. International Journal of Health Services, 29(1), 109-145.
- Seale, C. (1999). The quality of qualitative research. London, UK: Sage.
- Shackelford, M., Farley, T., & Vines, C.L. (1998). A comparison of women and men with spinal injury. Spinal Cord, 36, 337-339.
- Shadbolt, B. (1988). The severity of life strains and stresses reported by female RSI sufferers. Journal of Occupational Health and Safety Australia New Zealand, 4(3), 239-249
- Skues, J.S., Kirkby, R.J. (1995). Women in the workforce: Gender differences in occupational stress and coping. In P. Cotton (Ed.). Psychological health in the workplace: Understanding and managing occupational stress (pp. 217-232). Victoria, Australia: The Australian Psychological Society.
- Smith, D.E. (1987). The everyday world as problematic. Boston, U.S.A: NorthEastern University Press.

Spradley, J.P. (1979). The ethnographic interview. FortWorth, U.S.A: Holt, Rinehart, & Winston.

Sprout, J., & Yassi, A. (1995). Occupational health concerns of women who work with thepublic. In K. Messing, B. Neis, & L. Dumais (Eds.). Issues in women's occupational health: Invisible (pp. 104-124). Canada: CINBIOSE.

Stake, R.E. (1995). The art of case study research. California, U.S.A: Sage Publications.

Stern, R.K., Peterson, M., Reville, R., & Vaiana, M.E. (1997). Findings and recommendations of California's permanent partial disability system: Executive summary. Available: [www.rand.org/publications/MR/MR919/index.html](http://www.rand.org/publications/MR/MR919/index.html) [Accessed 20/10/99].

Stewart, D. (1991). Worker's compensation and social security: Personal and social costs SPRC reports and proceedings No 93. NSW, Australia: Social Policy Research Centre University of NSW.

Stewart, D. (1994). Personal costs of occupational injury: A report on research undertaken for the Industry Commission inquiry into worker's compensation in Australia. Canberra, Australia: Productivity Commission Canberra.

Stewart, D., & Doyle, J. (1988). Workers' compensation & social security expenditure in Australia: Antisocial aspects of the social wage? NSW, Australia: Social Welfare Research Centre.

Strasser, S. (1963). Phenomenology and the human sciences. New York, USA: Duquesne University.

Swanson, J.M., & Chapman, L. (1994). Inside the black box. In J.Morse (Ed). Critical issues in qualitative research methods (pp. 66-93). California, U.S.A: Sage Publications.

Swanson-Kauffman, K.M. (1986). A combined qualitative methodology nursing research. Advances in Nursing Science, 8, 58-69.

Van Maanen, J., & Dabbs, J.M. (1982). Varieties of qualitative research. Beverly Hills, U.S.A: Sage.

Van Manen, M. (1990). Researching lived experience: Human science for an action sensitive pedagogy. Canada: The Althouse press.

Victorian WorkCover Authority. (2001). Issues Paper: Code of practice for prevention of workplace bullying. Victoria, Australia: WorkCover.



Wigmore, D. (1995). Taking back the workplace: Workplace violence: A hidden risk in women's work. In K. Messing, B. Neis & L. Dumais (Eds). Invisible: Issues in women's occupational health (pp. 321-352). Canada: CINBIOSE

Wohl, A.R., Morgenstern, H., Fraus, J.F. (1995). Occupational injury in female aerospace workers. Epidemiology, 6(2), 110-114.

WorkCover, Qld. (1997). A guide for injured workers: What are medical assessment tribunals? . [Brochure].

WorkCover, Qld. (1997a). I am a doctor treating injured workers. Available: [www.workcover.qld.gov.au/docTreat.htm](http://www.workcover.qld.gov.au/docTreat.htm) [Accessed 24/4/01].

WorkCover, Qld. (1997b). Completion of medical certificates. Available: [www.workcover.qld.gov.au/docCertif.htm](http://www.workcover.qld.gov.au/docCertif.htm) [Accessed 24/4/01].

WorkCover, Qld. (1997c). Occupational rehabilitation. Available: [www.workcover.qld.gov.au/docOcc.htm](http://www.workcover.qld.gov.au/docOcc.htm) [Accessed 24/4/01].

WorkCover, Qld. (1997d). Medical reports. Available: <http://www.workcover.qld.gov.au/docMedical.htm> [Accessed 24/4/01].

WorkCover, Qld. (1997e). Applying for compensation. Available: [www.workcover.qld.gov.au/injuryApply.htm](http://www.workcover.qld.gov.au/injuryApply.htm) [Accessed 24/4/01].

WorkCover, Qld. (1997f). Protocol for psychiatric and psychological injuries. Available:  
[www.workcover.qld.gov.au/docCertif.htm](http://www.workcover.qld.gov.au/docCertif.htm) [Accessed 24/4/01].

WorkCover, Qld. (1997g). Occupational rehabilitation. Available: [www.workcover.qld.gov.au/docOcc.htm](http://www.workcover.qld.gov.au/docOcc.htm) [Accessed 24/4/01].

WorkCover, Qld. (1997h). Obligations under the WorkCover Qld Act 1996. Available:  
[www.\\_workcover.qld.gov.au/rehabObs.htm](http://www._workcover.qld.gov.au/rehabObs.htm) [Accessed 24/4/01].

WorkCover, Qld. (1997i). Rehabilitation and return to work services. Available:  
[www.workcover.qld.gov.au/docRehab.htm](http://www.workcover.qld.gov.au/docRehab.htm) [Accessed 24/4/01].

WorkCover, Qld. (1997j). Claiming damages. Available: [www.workcover.qld.gov.au/injuryClaims.htm](http://www.workcover.qld.gov.au/injuryClaims.htm) [Accessed 24/4/01].

WorkCover, Qld. (1999). Protocol for psychiatric and psychological injuries.  
Available: [www.workcover.qld.gov.au/WhatisGoals.htm](http://www.workcover.qld.gov.au/WhatisGoals.htm) [Accessed 24/4/01].

WorkCover, Qld. (1999a). Significant events in workers' compensation in Qld.  
Available: [www.workcover.qld.gov.au/history.htm](http://www.workcover.qld.gov.au/history.htm) (Accessed 28/10/99).

WorkCover, Qld. (1999b). Eligibility for compensation. Available: [www.workcover.qld.gov.au/injuryEligible.htm](http://www.workcover.qld.gov.au/injuryEligible.htm) [Accessed 24/4/01].

WorkCover, Qld. (1999c). Statutory claims and entitlements. Available: [www.workcover.qld.gov.au/injuryStat.htm](http://www.workcover.qld.gov.au/injuryStat.htm) [Accessed 24/4/01].

WorkCover, Qld (2000). WorkCover Queensland annual report 2000-2001. Qld, Australia: WorkCover.

Yin, R.K. (1994). Case study research: Design and methods. (2<sup>nd</sup> ed). California, U.S.A: Sage.

Zajdow, G. (1995). Women and work: Current issues and debates. Victoria, Australia: Deakin University.

## **Appendix A: Significant Events in Queensland's Workers' Compensation System**

- 1916 Workers' compensation began.
- 1996 The Kennedy Inquiry. It was the first comprehensive inquiry for Queensland since 1916.
- 1996 In response to the inquiry the WorkCover Qld Act 1996 was introduced.
- 1997 The WorkCover regulations were implemented:
- The definition of 'injury' was changed
  - Working directors and trustees were no longer covered by the WorkCover Insurance Policy for workers
  - The definition of 'worker' changed to exclude non-PAYE employees. An 'eligible persons' insurance was introduced to cover those persons.
- 1998 A service project was established to analyse and recommend improvements.
- 1999 In response to the service project the WorkCover Qld Amendment Act 1999 was introduced:
- The definition of an 'injury' reverted back to a 'significant contributing factor'
  - The self-rating insurance option was removed
  - The surcharge for policy holders was removed
  - Journeys to and from work may be covered
- 2000 The term 'worker' includes persons working under a contract of service, regardless of their tax paying status. This does not include company directors, trustees, partnerships, self-employed people, and contractors.
- (Source: Legal & Accounting Management Seminars, 1997; WorkCover Qld, 1999a; and WorkCover Qld, 1999b)

## **Appendix B: Definitions according to WorkCover for July 2000**

### **Worker**

A person working under contract of service regardless of their tax paying status  
Excludes company directors, trustees, partnerships, self-employed, and contractors.

### **Injury claim**

Employment must be a 'significant contributing factor' causing an injury.

### **Injury**

Cut or fractures

Aggravation of a pre-existing condition

Industrial deafness

Psychiatric/psychological disorder

Death from an injury

Disease

Aggravation of a disease

Other: such as claims for damage to assistive devices (spectacles) or prostheses (artificial limbs)

### **Rehabilitation**

Workers are required to participate in rehab as soon as possible after an injury.

Employers are to take 'reasonable steps' to provide rehab.

### **Entitlements/claims**

Medical and treatment costs

Hospitalisation costs

Travelling expenses

Lump sum compensation for permanent disability

Weekly compensation payments (in Qld it is for the first 26 weeks at 85% of your normal weekly earnings).

### **PAYE**

You are a PAYE taxpayer if your employer deducts PAYE tax from the amount paid to you under the Income Tax Assessment Act 1936 (Commonwealth).

(Source: WorkCover, 1999)

## Appendix C: Statistics

**Table 1:** Distribution of full-time and part-time workers in Queensland based on Sex, 1996

	% of part-time workers	% of full-time workers
Males	46.7	82.2
Females	53.3	17.8
Total	30.5	69.5

(Source: Government Statisticians Office, Qld Govt., 1998).

**Table 2:** Employed persons in Queensland by industry and sex, 1996

Industry	Females ('000)	Males ('000)
Recreation, personal, & other services	83.9	74.7
Community services	167.3	62.0
Public admin & defence	25.3	45.3
Finance, property, & business services	83.5	86.5
Wholesale & retail trade	128.3	146.4
Construction	14.1	85.8
Manufacturing	37.8	108.4
Agriculture, forestry, fishing & hunting	21.9	48.9
Transport & storage	16.3	51.9
Mining	2.3	19.8
Other	21.3	41.9
<b>Total</b>	<b>602.1</b>	<b>771.7</b>

(Source: Government Statisticians Office, Qld Govt., 1998).

## Appendix D : Advertisement

**Edith Cowan University**

**Faculty of Communications, Health & Science (occupational health)**

**Title:** Women's Experiences of the Workers' Compensation System

Would you be interested in participating in interviews, which would look at your thoughts and feelings about the workers' compensation system?

I am currently looking for participants.

For further information contact Jo Calvey on:

ph = \_\_\_\_\_ from 4-8pm Mon Tues & Fri

10-6pm Sat & Sunday

## **Appendix E: Consent Form**

**Edith Cowan University**  
**Faculty of Communications, Health & Science (occupational health)**

Student Name & No: Jo Calvey \_\_\_\_\_  
Supervisor's Name & Ph No: Janis Mussett \_\_\_\_\_

Dear.....,

I would like to look at women's experiences of the workers' compensation system. I became interested in this area due to my own personal experiences and that of other co-workers who were suffering workplace injuries. Thus, I decided to look at this area for my master of health science. When looking into the area I found a great deal of statistics and views from the workers' compensation system, but there is a decided lack of women's voices about the issue. I would like to present a woman's perspective – your perspective. It is hoped that this study will increase community awareness and understanding of the type of experiences women have with the workers' compensation system. Such information will provide much needed knowledge about this area, and may be useful in the assessment of workers' compensation services.

Interviews will be informal in nature; conversational in style and will, hopefully, last between one to two hours. More than one interview may be necessary to allow you to reflect on the first interview and provide me with an opportunity to obtain a full and complete understanding of your experiences. However, a limit of three interviews will be imposed for practical reasons.

All interviews will be conducted in a place of your choosing and will be audiotaped. You have the right to have taping stopped at any time during the interview or request that certain comments be edited from the tape. All tapes will be transcribed and all individual identification will be erased. The tapes and transcripts will be kept in a secure location where I will be the only one who has access to them. When the research has been completed all tapes will be destroyed. The transcripts will be destroyed no later than two years from research submission. In the final report, no participants will be named and any quotations used will be assigned a pseudonym.

You have the right to decline to answer any questions and if at any point throughout the study you should wish to withdraw, please advise me, and the data collected will be destroyed. It will not be necessary to provide any reasons for withdrawal.



In order for the study to commence it is important to receive your consent. This can be achieved by you completing the section below and returning it to me in the stamped self-addressed envelope provided.

Any further queries regarding this study can be directed to myself on:

Home ph = \_\_\_\_\_

Yours Faithfully,

(Jo Calvey)

I..... fully understand my role as a participant in the aforementioned study and give my informed consent for the study to take place.

Signature.....

Date.....

(Please note: I have included a copy of this letter for you to keep as a reference)

(Sources: Jackiewicz [1996] & Moyle [1996]).

## Appendix F: Example of transcript format

Notes:	Interviewer	Interviewee
	<p>Can you tell me a little bit about yourself? Your work history?</p>	<p>I've been a Special Ed., Teacher Aide for approximately seven [7] years and in that time I've done a lot of – I originally started-off doing a lot of relief aiding at various schools from Early Intervention – which is sort of three [3] year olds upto High School age which were 21 [twenty-one] year olds.</p> <p>I have been – and that was as a Relief Aide – I was only casual and I've been a permanent – at a permanent school for approximately – I think it's about five [5] years. I'm 32 [thirty-two] so I started it when I was 25 [twenty-five] when I started Special Ed., Teacher Aiding. And I have – I am single – I have no children – that's about it – I think.</p>
	<p>Can you tell me about your experience with the Workers' Compensation system?</p>	<p>My first experience would have been about five [5] years ago – was having problems with my wrists – I would get pain – I couldn't claps things – I would grab things and just drop them – because I would get this real puling in my wrists – and I remember picking something up – I think I was using scissors or something and just</p>

## Appendix G: Overview of the Workers' Compensation Claims Process

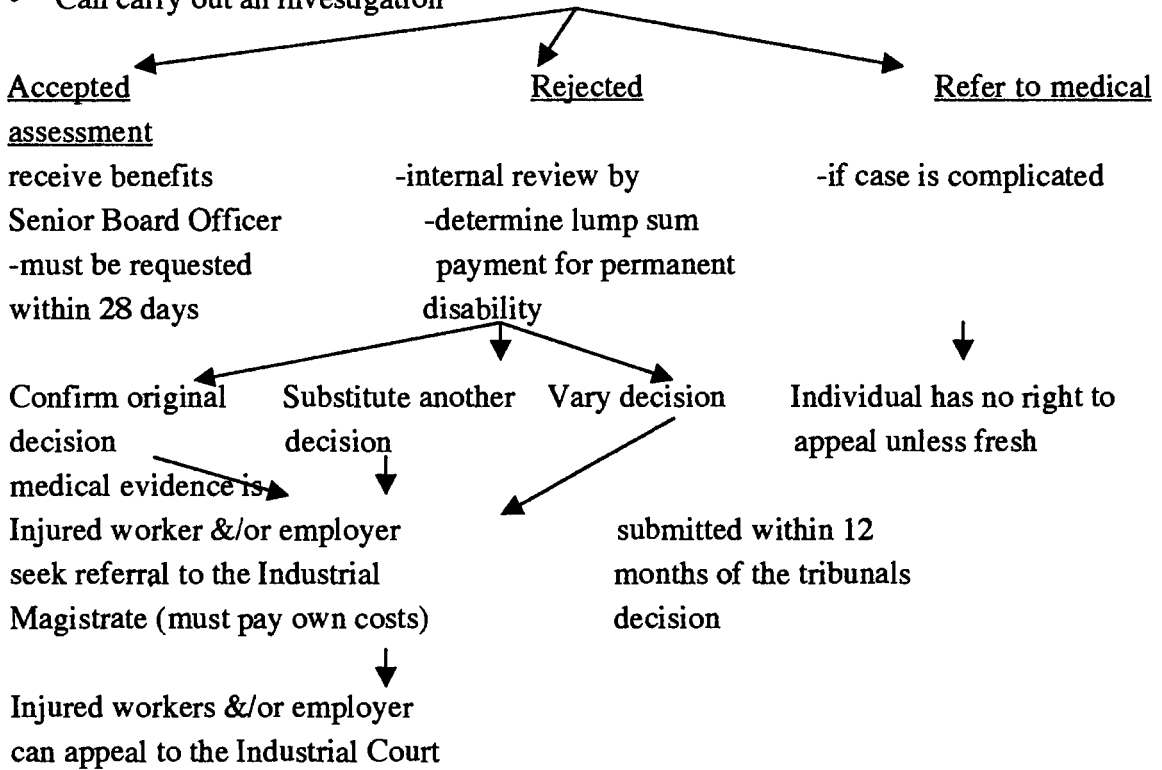
Application form

(Must be supported with a medical certificate)

Lodged with WorkCover & accompanied by a report detailing employers attitude to the claim

WorkCover are required to make a decision:

- Can accept or reject a claim
- Can require a medical examination
- Can carry out an investigation



(Adapted: Legal & Accounting Management Seminars, 1997)

Re Workplace Harassment and Bullying (2001)

# State war on work bullies

By PETER MORLEY

A SPECIAL unit to target workplace bullying will be set up by the Queensland Government, in an Australian first.

State Cabinet tomorrow will endorse Premier Peter Beattie's determination to stamp out a problem affecting one in four workers.

"It can make people's lives an absolute misery," Mr Beattie said last night when he confirmed the establishment of a taskforce as the first step.

The step coincides with rising concern at nurses being assaulted by hospital patients.

Mr Beattie said that being "married to a nurse" he could understand the Queensland Nurses Union determination to have zero tolerance of violence.

"The taskforce will identify groups at risk," he said.

"We will protect nurses."

Mr Beattie said bullying was largely hidden and could affect



**ZERO TOLERANCE:** Premier Peter Beattie with wife Heather

workers of all ages in all industries. It reduced a victim's productivity by more than half.

An estimated \$12 billion was lost nationally each year.

Industrial Relations Minister Gordon Nuttall confirmed Queensland Working Women's

Service manager Cath Rafferty would chair the taskforce.

● Have you been a victim of workplace bullying? Write to BULLY, The Sunday Mail, GPO Box 130, Brisbane 4001; fax: (07) 3666 6692; e mail: smletters@qnp.newsltd.com.au

• Nurses fight back, Page 25

# Kicked, spat on and abused – that's our lot

By KIM SWEETMAN

IN more than 10 years as an accident and emergency nurse "Gabby" has seen colleagues suffer broken bones, bruising and verbal abuse from patients.

She and fellow nurses have been spat on, kicked and had heavy objects hurled at them.

Patients seemed convinced they could assault or abuse a nurse and not have to suffer the consequences, she said.

"Unfortunately, it's a community problem.

"People come into a hospital and act in a way they would never act in any other place.

"It's degradation. Spitting on people, threatening them – that's a form of abuse.

"And there has always been an attitude among some nurses that physical injury is just part of the job."

Gabby estimated up to 30 per cent of nurses had been subjected to physical violence and that almost all would have copied verbal abuse.

She said it depressed and frightened inexperienced



DUTY BOUND: Physical injury 'just part of the job'

nurses and could contribute to burn-out rates in the profession.

Nurses working in emergency wards and those around elderly patients seemed to be most at risk.

"With elderly patients, and those with dementia, it is not intentional but it can have serious consequences for the nurses," Gabby said.

"In emergency wards, viol-

ence tends to come from substance abuse patients."

Gabby said people suddenly revived from drug overdoses could be very aggressive, "spilling blood and trying to rip out drips, jump off the bed"

She said nurses were trained to relieve as much stress as possible on people in hospital, but long waiting times for attention could raise patients' frustration levels.



**Appendix I: Letter of Approval to Undertake the Present Study**

1<sup>st</sup> December 2000

**Human Ethics Research Committee**

Ms Jo Calvey  
[Redacted]  
[Redacted]  
[Redacted]

Dear Ms Calvey

**Code:** 00-201

**Project Title:** *Women's experiences of the Workers' Compensation system in Queensland*

This proposal was reviewed by members the Human Research Ethics Committee and I am pleased to advise that the proposal complies with the provisions contained in the University's policy for the conduct of ethical research, and your application for ethics clearance has been approved.

Please note that your research proposal must be approved by the Research Students and Scholarships Committee before you commence any data collection. The Graduate School will inform you in writing as soon as your research proposal has been accepted.

Period of approval: **From** 1<sup>st</sup> December 2000 **To** 30<sup>th</sup> June 2001

With best wishes for success in your work.

Yours sincerely

**ROD CROTHERS**  
Executive Officer

**Attachment: Conditions of Approval**

cc. Ms Janice Mussett, Supervisor  
Mrs Karen Leckie, Executive Officer, Graduate School  
Mrs A Stevenson, Administrative Officer

## **Appendix J: An Introduction to Eleven Women's Workers' Compensation Stories**

The aim of this section was to provide the reader with an introduction to each woman's unique story so that the reader is able to see the context in which each experience was formed and thus, how the resultant themes emerged. The information contained within this section was not meant to be exhaustive but was based on the initial interview for each of the participants. It should be noted that individuals chose how much information they wished to disclose about themselves. The basis for the data in this section was the researcher's summary for each participant's initial interview (for a discussion of the analysis of the stories see chapter three).

Each story is preceded by a brief introduction to the three interview contexts – from the researcher's perspective. It includes information about the interview settings, and historical documents viewed.

Hammond, Howarth, and Keat (1991) acknowledge that each person's experiences are never a mere collection, but always form a unity. It must be acknowledged that these stories are only a snippet of the participant's life at a particular point in time.

### **Sharon**

The first interview with Sharon was carried out at my home. We both sat under the verandah with some cool water to sip. As Sharon's story unfolded I could see that it had been traumatic for her, and this became obvious towards the end of the interview whereby Sharon began to cry. After three hours, we were both exhausted and decided to go and have a coffee in town to relax and chat.

The second interview was conducted at Sharon's home and took thirty minutes. Sharon showed me some of her house and described the renovations she would like to see – but this may take some time, as her husband is not convinced, as yet. I met

Sharon's mother (Anne) who lives with her. Anne retired to her room so that Sharon and I could talk about the summary and transcript. I also asked Sharon if at anytime she thought that being a woman had affected her experiences.

It should be noted that I did see two historical documents. Sharon showed me a letter from the school principal recommending a transfer for Sharon due to a work-related injury. The second letter was a document from the WorkCover tribunal indicating that Sharon's case had not been upheld. During the interview Sharon indicated that she could support her statements with other documents. I did not persist in following this up as I felt that it would have evoked a stressful situation for Sharon. For example "*I'll look for those papers. But it really does take me ages to go near those papers. It's incredible. I've sealed them away so I don't have to look at it. I've got to get them out and go through it. It does all these emotions; it's really hard. I've put them in a dark corner*".

I collected the draft copy of Sharon's story from her workplace. It took ten minutes and occurred during her lunch break. Sharon requested that I add two sections to her story. The first was concerned with Sharon carrying out exercises as directed by the physiotherapists. The second item was about her commitment to her job. These are now contained within her story.

### Sharon's Story

I am nearly forty-four years of age and have two children, two grown up children. I have worked in Education Queensland for over a decade. Nine and a half of those I have worked in special education and the rest of the time I have worked in the mainstream.

I have had three work injuries. The first time was in the early 1990's and I tore a cartilage in my knee. This happened while I was trying to prevent a child from running away.

The second time occurred three years later and I hurt my arms, wrists and hands while assisting with patterning a child to walk. I went through WorkCover because of



these problems and because it was related to my work. Over the intervening years the problem was still there but I ignored it and hoped it would eventually go away.

In the mid 1990's I hurt my arms, wrists and hands assisting a child get off the ground. The problem had not gone away and I went back to WorkCover. However, they would not attach this injury to the existing one, but treated it as a new claim. I was on and off WorkCover for a long time because my injury never healed.

I went back to the doctors due to the recurring problems with my hands. After seeing the neurologist and orthopedic surgeon I had carpal tunnel decompression surgery on my worst hand and had cortizone on the other one. I went back to work on a part-time basis and was supposed to be restricted in the activities I could do. The whole time I've had the injuries I've been to physiotherapy and I have always done the exercises recommended by the physiotherapists and specialists. I then went back to my doctor for a check-up because I was still having problems with my arms and so on. I was told by the neurologist that there was nerve damage to my elbows which was affecting my hands, neck, and all up and down. He told me that there was a procedure which could be performed, but it probably wouldn't be very successful. Due to the failure of the decompression surgery and my lack of confidence in the doctors, I decided not to go ahead.

Two years after the second injury I was transferred from working in special education to the mainstream due to my injuries [Sharon shows me a letter from the principal confirming this].

The third injury I received occurred a year after my transfer. I hurt my back and neck at work when a student pushed me over, it was accidental. Although the injury was to my back and neck WorkCover wouldn't treat it as one injury. They didn't understand that your neck and back are interconnected, an injury to one can affect the other. WorkCover treated the neck and back as separate claims.

I had to go to a WorkCover tribunal. I think it was held because I had been under WorkCover for too long, and to determine if my injuries were work-related.

In the end the tribunal turned down my claim. They rejected that it was work-related, despite all the evidence and statements from doctors and specialists who said it was due to work. I am a dedicated worker, I love working with children and I feel I make a difference. I definitely did not choose to be injured at work or have the problems I am having now. I was injured at work and nothing will change that in my mind, anybody who bothered to look at the work I did would agree. I am an honest person; I would not have gone on WorkCover if I had not believed that I was injured at work. I would not have gone through all the stress and anxiety if I didn't believe I was injured at work and the problems I'm having are not related to the injury. I couldn't even walk into the building that I had worked in. It was a loss.

Today I'm still having problems. The specialists are still not sure what is wrong, but there is nerve damage. They are saying that it is repetitive strain/work syndrome. I always think to myself – 'what happens in ten to fifteen years? Will I permanently lose the feeling in my fingers or whatever?'. And I'm angry because they won't support me with my problem. But in ten years if I lose, I don't know....have problems or whatever, I've got no support. I won't be able to work will I? And there's no one going to worry about me or support me.

## Donna

The initial interview was held at Donna's house and took approximately two hours. Donna has a beautiful home with restored antique furniture. I met her husband and two of her teenage children, all of whom left due to sports commitments. They are a very busy and active family. We sat in the dining room and drank water. Donna had prepared for the interview by pulling out her WorkCover file. She is very organised and feels that it is important to keep everything well documented. I was able to look at medical

certificates and WorkCover letters. Donna allowed me to obtain copies of incidence reports and WorkCover correspondence, which related to her application for WorkCover.

The second interview was at Donna's workplace, in the office that she shares with co-workers – no one else was in attendance. It lasted fifteen minutes and occurred after her work hours were completed. I asked Donna if at any time she thought that being a woman had affected her experience.

I went to see Donna about the draft copy of her story at her workplace. It took ten minutes and was done prior to Donna starting work. Donna added in a few words regarding her pain being severe.

### Donna's Story

I am forty-four years of age and have three children. I have worked for Education Queensland, within special education for around seven years.

Prior to the two major incidences in which I had to claim workers' compensation, I have never had any problem with my back. I had three children, played sport and never had back problems.

The first incident was for a week in the mid 1990's [Donna looks at her files for the dates]. I was supervising a visually impaired child and I could see that he was going to trip on a broomstick that was laying on the floor. So, I bent down quickly to pick it up and my back, well I just couldn't straighten up. I also had problems breathing, as the pain was so severe. I did stay at work until the end of my shift but couldn't perform any normal duties. I sat down and did preparation work at my desk. I had to take Panadol straight away. I found it very difficult to move. I kept thinking it would pass – I had never experienced any back problems before this. Well it didn't go away, it was very painful and I couldn't drive. I went and saw the doctor and he said I had lower back

strain. I was off work for a week. In the time I was having physiotherapy and they were strapping my back. I was doing lots of exercises to build my back up.

I still felt that my back was 'touchy' and I would be worrying all the time that it could happen again. There was a complication. My supervisor had not lodged the claim forms to WorkCover within the required two weeks. So I had to have an interview at WorkCover. The Statement Taking Officer wrote down exactly what I said had happened and I then had to read and sign it.

The second incident was approximately a year later. I was on WorkCover for just over a week [Donna checks her documents]. Our class had gone on an excursion. The children were climbing in a construction play court. One of the children had gone up to the top and was in one of the round tubular tunnels. This child was screaming because she was really frightened. I went up into the tunnel to get the child out. I held the child and moved her backwards with me, we were on our hands and knees. By the time I climbed down I was unable to straighten up again – it was the same sort of affect as the first injury, it was my lower back. Once again I was off work. I was having physiotherapy and my back was strapped. The claim form went in straight away and there was no problem with WorkCover.

Long term – I have to be careful with the tasks I perform. My job is hard, children have to be lifted (such as changing children). So now, any children that have to be lifted I do a two-person lift [whereby two people carry out the process of lifting a student with a disability], or I ask someone else to do it, or that sort of thing.

## Colleen

Colleen contacted me over the phone in response to an advertisement I had placed in a hospital. Colleen was more than willing to participate and her enthusiasm for the topic was illustrated with her assistance in referring me to two other potential participants.

Colleen and I hit it off rather well and her enthusiasm and desire to have her voice heard were infectious.

Both interviews were conducted at Colleen's home. We sat in the kitchen/dining room and drank some cool water. On both occasions I met her teenage daughter (Elizabeth) and her two dogs. Elizabeth left us alone to talk and went into the lounge to watch television. The kitchen is being renovated by Colleen and Elizabeth, and Colleen talked about their plans for it. Both appear to be very talented as Elizabeth is going to do mosaic and Colleen is going to do the leadlight for the cupboard doors.

At the first interview Colleen provided me with an informational document on harassment and bullying that her workplace had provided staff with. Colleen indicated that it made interesting reading, as the positive strategies were not implemented within her work environment. The interview was approximately two and half-hours in length. In the second interview (which took one hour) Colleen provided me with a comprehensive seven-page document which she had written to clarify and augment the transcript. Thus Colleen's experiences and feelings are comprehensive and well developed, as her story will demonstrate.

When dropping off the draft copy of Colleen's story she invited me in for a cup of tea. Colleen read the draft immediately and requested that I add in an update of her story – which I have done. Colleen and I chatted for awhile and then the phone rang. Elizabeth came into the kitchen to make a salad; we chatted and tried the salad. After thirty minutes Colleen rejoined us and we chatted about the house. The kitchen has been tiled and looks amazing. The lounge and hallway were stripped bare as the floors are about to be tiled.

### Colleen's Story

I am a single parent. Prior to living here I was in a rural area. I am also a grandmother and a professional.

In the early 1990's I had been employed by Queensland Health under the then new "Employment on Merit" under Public Sector Management Guidelines. The hospital in which I was recruited had an existing long term employed nursing staff of whom some nurses had never worked anywhere else, had worked there for over thirty years and/or had little experience in any other nursing field. My recruitment went against their opinion that the 'new' recruitment practice was only a paper exercise and those who applied for promotion under the new system would automatically be successful based on the fact that they had been there so long already.

Guess what? Two of the three positions went to 'outsiders' – a gross injustice in the existing staff's opinions.

From the day the nursing staff became aware of my recruitment, my problems really started. My role was in middle management whereby I was responsible for ensuring correct procedure and practice was implemented by way of liaison and working with the DON [Director of Nursing] to rectify challenges within the nursing service.

It was my experience that I was openly rejected in the two roles that I held in that hospital and experienced the most horrendous insult and invasions upon my personal life and professional life.

An orchestrated effort was made by the nursing staff, some ancillary staff, and a local GP to discredit me as a professional, a competent nurse, a moral person and/or a person with integrity.

Some of the things that happened to me sound bizarre, but they really did happen.

Here are some examples:

- I. The local newspaper editor informed me how she had been informed by a number of nurses not to listen to anything I ever said because I was "nuts".
- II. I had a non-nursing member attempt to run me over whilst crossing a zebra crossing in town (when I was off on stress leave).

- III. I was accused of stealing hospital property and then refusing to return it on request. The first I heard about this accusation was when the Nurses Union contacted me to inform me a disciplinary charge was being actioned upon me. Upon my explanation of the real story, the union stepped in and the charge never materialised.
- IV. A senior nurse (based on length of employment at that hospital) accused me of being a prostitute in a very public part of the hospital because I wore an anklet.
- V. I was deliberately given incorrect nursing care information in an attempt to discredit me. These actions put people's lives at risk.
- VI. The Nursing Union Representative told me in a very angry manner that she had tried to get rid of me and couldn't so she had to put up with me.
- VII. Staff would make comments regularly that were sarcastic or challenged my right, authority or competency. They would deliberately defy my authorised direction or would wait until I left then change my directions. They would pass on accumulated observations about my performance at the end of handover.
- VIII. My home phone number was given to a mental health client and he was directed by a staff member to ring me at home for a consultation/counselling whilst I was off on stress leave.

Two years later I was becoming quite stressed by the ongoing nature of the situation and I realised I could not continue to work there any longer.

I had never had any experience with WorkCover till I went off on workplace stress in the mid 1990's for five months. During that time WorkCover even flew me down South to do a psychological test.

I ended up resigning from my workplace whilst still on WorkCover. It was all my nerves could take. I was forced to leave that town and go elsewhere. There was no employment for me in my area because they knew my name via the nurses at the hospital. I was unemployable in town.

Because of the whole destructive process I went under Freedom of Information and retrieved my file. I then understood why I was treated the way I was by WorkCover. Because of my treatment and the defamatory remarks in my file I wrote to the ombudsman, but nothing happened – the doors were shut there.

My case eventually surfaced in Brisbane for independent adjudication. Apparently some of the case managers must have made some special appeal against the management decision and it was taken out of the local office for review. I was eventually contacted by another office and after about ten minutes of him hearing a minuscule component of my case he interrupted me and just said, to the effect, “I will tell you right now, I am going to pay you out. Don’t worry about it anymore you will be paid out in full”.

The April 1996 edition of *The Lamp* has an interesting article called ‘Horizontal Violence in Nursing: The Continuing Silence’. I find this ‘interesting’ to say the least because here we are five years later and it is still rampant, well, alive and kicking with a healthy steroidal force. It is more than five years later for my experience and I am still suffering the consequences. And I lost my professional career because of this. Actually, I no longer have a career.

I tried taking my dilemma with Queensland Health and WorkCover to private solicitors and after a lengthy time of information gathering and reports, the solicitors informed me there is nothing they can do with the way the system is structured. It appeared to be bigger than Ben Hur taking on Queensland Health and WorkCover.

I did manage to have Queensland Health remove some very defamatory remarks in my file which were written, and also some direct quotes from an executive officer from the hospital in my WorkCover file, because none could be substantiated. However, some were left in my file and I was told I would have to address each one to have them removed and Queensland Health kept fobbing me off and in the end I



gave up. To my knowledge they are still there today in my file for anyone who can access it to read.

## Louise

The first interview with Louise was at my home. After the taped conversation, which lasted approximately one and a half-hours, we both had a cold drink of water and talked about movies and current events. Louise left to go and see a movie with a friend. Louise did indicate she was unsure how adequate her experience with WorkCover was, as she felt it was not comprehensive or complicated.

Louise instigated the second interview. She phoned two days after receiving her summary and transcript. Louise was happy with both documents and had written down her answers to the questions I had put in the summary. The main question was: At anytime, do you think that your being a woman affected your experience? I wrote down Louise's answers as she was reading them to me over the phone, the interview lasted fifteen minutes.

I phoned Louise about the draft copy of her story. It took five minutes as Louise did not want to make any changes and she was unconcerned about the dates as she felt that she had "*nothing to hide*".

## Louise's Story

I am thirty-one and have no children. I work for Education Queensland in the special education field and have done this for approximately seven years. For two of those years I did relief work at various schools –from early intervention which is three year olds, to high school age, which had students up to twenty-one years of age.

The first incident was actually rejected by WorkCover. I was attacked on my way home from work in the mid 1990's. I was really messed up and panicked at the

thought of having to leave home to go to work. I ended up phoning my boss and telling him I couldn't go in. He said I could take as much time off as I needed. He also said he would get on to WorkCover and see if it could be claimed, because I was journeying home from work. When I was able to return to work, which was a week later, my boss told me that WorkCover had rejected my claim. At the time I didn't care, it was the least of my worries and I had heaps of sick days accumulated. But now I wonder why they didn't accept it. But it's too late now and I don't want to go over old stuff.

My second experience with WorkCover would have been about a year later. I was having problems with my wrists. I would get sharp pulling pains and would drop things when this happened. I would often try to clasp things and end up dropping them. I would get pins and needles in them. I was using scissors at the time and I remember dropping them due to a jarring pain. I reported this to my supervisor. I tried to nurse my hand during the day but workplace demands didn't allow me to. At home it was painful and I remember strapping to try and get some relief. The next day I went to work with it strapped and I wrote out an incident report. I went to the doctor and he said that he suspected I had carpal tunnel syndrome. He wrote me a medical certificate for a week so that I could rest it. He also wrote me a referral to a specialist, but due to the demand for the specialist's services I didn't get an appointment to see him until a month later. In that time I strapped my hand and slept with a fixed casing on my arm. After a week I went back to work. WorkCover was no hassle for me because work dealt with the paperwork and I was off for a short time. They reimbursed my sick days.

For me WorkCover has been pretty simple, but I worry about long term and I wonder how easy the process will be if this condition gets complicated. I have seen other co-workers who have been through the wringer. So my aim is to prevent further damage to my hands because I don't ever want to have surgery. This means I

try to avoid repetitive tasks at work and at home and I continue to strap my worse hand at work.

## Michelle

Both interviews with Michelle were carried out at her home. Michelle rents a large Queenslander, which she shares with her dog. In the first interview Michelle had been watching television prior to my arrival so the television was going in the background. Michelle had a couple of documents on hand. There was a medical certificate and a WorkCover form concerned with payments (such as claiming a tax-free threshold). It was interesting to note that on this document Michelle had written, "*I hope this is the last of it*". After the taped conversation, Michelle and I talked about local topics and about family. We talked for two and a half-hours.

In the second interview Michelle's niece (Kylie) was present as she was staying at her aunt's house for the weekend. Kylie was very friendly and offered to share her breakfast, which consisted of olives – I declined. We looked at the transcript, summary and theme clusters and made any necessary adjustments and corrections. The predominant question at this point was – at anytime do you think that being a woman affected your experience? After one hour we all left the house together. Michelle and Kylie were going to the local store to purchase a newspaper for the movie guide as they planned to go to the movies.

I phoned Michelle regarding the draft copy of her story. Michelle asked me to update her story as she was on WorkCover for her back injury and had not received any payment for two months. We chatted for thirty minutes.

## Michelle's Story

I have been a single mum most of my boys' lives, since they were about five or six. I've always sort of worked off and on doing things like sewing from home. I

have worked in a variety store for about seven years. I started off as casual and doing night-fill. I then went permanent and had the position of second-in-charge and then went to merchandising manager.

In the late 1990's [Michelle refers to her medical certificate] I hurt my back while unloading heavy boxes from a pallet. At the time I thought I had pulled a muscle. Anyway, the next morning I found it hard to walk. I went to work and rang up the doctor and made an appointment. The doctor said that my back was inflamed and he told me to have two weeks off. The only problem with that was that it was the manager's holiday and he didn't want to change them. So I just kept working. By the end of the two weeks I found it hard to walk again. But I think keeping on working made it worse. But if I had have stopped then, it might not have got so bad. When the manager came back I went straight to the doctor who gave me quite a bit of revving for being at work. The doctor initially put me off work for six weeks. I went to the physiotherapist and she said my back was too inflamed and that there was too much nerve damage and if she touched it now she would only make it worse.

I had to take complete bed rest for two weeks, and for someone that's always on the move, that was a bit hard. Then I started physiotherapy after the second week and that was every second day. It was probably two to three weeks before I could feel any difference and go without the strapping on my back. The main concern was the amount of nerve damage – I couldn't even stand wearing any shoes. I kept going to physiotherapy for about six to seven weeks until I was going three times a month. I had to keep going back to the doctors every week to get another medical certificate. I kept saying 'I want to go back to work', by then I was just bored.

I went back after three months. I did go back to light duties. I started on twenty hours for two weeks and then twenty-eight hours for two weeks. Finally I was back on as second in charge and there's no such thing as thirty-eight hours it's more like sixty hours a week. I stuck it out for about another twelve months, I think, and then

when Christmas came around (a very busy period) I just knew I wouldn't be able to handle it so I stepped down. So now I'm just an ordinary worker.

Six months later I hurt my back again. I only had one week off and then I was going to physiotherapy before work and after work for a couple of weeks. I didn't claim workers' compensation but had sick days. Sally, the Human Resource Manager told me that I shouldn't use my sick days but should claim it on WorkCover as it is related to the original injury.

I don't realise I've hurt it again until I start getting pains up my leg. But like my doctor said – I'll have the nerve damage for the rest of my life. It's never going to go away it just depends on the degree of pain that I may get. If it's bad I sometimes take a day off, two days here and there. I'm at home with a heat pack or the hot water bottle and take anti-inflammatories until they're coming out my ears.

I was used to unloading pallets and now that I'm not doing that I sometimes feel that I'm not earning my money, because that is part and parcel of the job. But to me it's better to get someone who can do it if that means I can work a bit longer.

I actually like my job the majority of the time and I just want to keep doing it as long as I can. If I get to the stage I think 'Oh god! I've got to go to work today', I mean everyone thinks that occasionally, well I do too, but when it's five days a week I'm thinking that I'll get out. I can always go back to doing sewing – as much as that bores me to tears. But at my age – it's getting another job, it's going to be pretty hard. So I've got to stick it out as long as I can without doing too much damage – more damage.

## Lyn

My first appointment with Lyn did not occur as Lyn had forgotten our interview whilst chatting to visitors. I left a note in her letterbox and she contacted me as soon as she got home to set another time –Lyn was most apologetic.

Both interviews occurred at Lyn's home. Lyn lives in a new suburb on an elevated block. She has a beautiful view of the city at night. Lyn's home is modern and spotless, which she acknowledges as being due to her husband's (Simon) housekeeping. The house has been designed for a wheelchair as Lyn and Simon thought that she could end up in one due to a back injury. The initial interview went for three and a half-hours. Lyn was prepared for the interview and this was evident by the files set out on the table. I was able to view workplace letters that were submitted to WorkCover regarding Lyn's 'incompetence' (obtained via Freedom of Information), WorkCover letters, and medical certificates. Lyn also provided me with a copy of a report she wrote to WorkCover. Throughout the interview Lyn refers to her files. Lyn advises that people keep a diary and acknowledges that this has assisted with her case, as her diary is so accurate. Lyn's dad also kept records and this helped her during her depression as she found it difficult to keep track, but her father filled in the gaps for her. Lyn's accuracy is reflected in the comprehensiveness of her story. Once taping had concluded Lyn and I talked amiably about various topics (For example, Lyn talked about her grown up children) whilst Lyn fed her two dogs. Lyn's dogs are very friendly and I suspect they are rather spoilt. Simon was away on business.

In the second interview I had an opportunity to meet Simon and we discovered that I had worked with his sister several years ago. Simon left us to talk. I asked Lyn if she felt that being a woman had affected her experience at any time. As Lyn and I were chatting we saw the rescue helicopter fly overhead. We all went outside and watched a search and rescue with the rest of the neighbourhood. After that dramatic event I went home. The interview lasted two and a half-hours.

I phoned Lyn about the draft copy of her story. Lyn was unconcerned about the use of actual dates of events, but these have been altered. Lyn provided me with an

update of her new career and this has been added in. Lyn and I spoke for forty minutes.

### Lyn's Story

I was employed in Western Australia with the Health Department. My first incident with workers' compensation was actually when I was working at a hospital. I suffered a back pain at work in the early 1990's. Initially I did not feel any other symptoms but twelve days later I got pins and needles in my foot. I took time off for that without being very serious about it. I was serious about the nature of the complaint, but didn't follow all the steps – like filling out the paperwork and doing all those types of things. When I first went off with my back I didn't want to be off on workers' compensation and that's why I didn't report it straight away. Because of that I tried to go back to work maybe too early after my initial injury and after my surgery, I had two lots of surgery on my back and I guess if I had of taken a longer amount of time to recover, it wouldn't be as severe as it was. Because it was something that had happened at work, and everyone was looking after me, I felt I would be looked after by my employer. I had worked hard and my work was appreciated not only in the organisation but with the community members I worked with as well. And I saw no threat in that. When the symptoms from the injury persisted for another eight months and I actually went and got advice from a lawyer – just in case I needed it down the track. In that period of time I had applied for another job and been accepted to do that job. It was in professional development, so it was totally different from the clinical nursing that I had been doing before. But once I actually sought legal advice, and I mentioned it, the organisation felt that I was going to sue them. The OH&S Officer's words to me were "You're going to sue us aren't you". At that stage I wasn't thinking along those lines at all, I thought my organisation would look after me. So I left that employment and kept working full-

time in different occupations. I went to South Australia for eighteen months and then went to Queensland.

I found out that the lawyer I had visited originally, who had taken my money from me, had not put in a writ to the courts. He hadn't put it in because he thought I would get better. This is why my whole case was held up in Western Australia.

Seven years after the back injury I went home to Western Australia for my courtcase. The payout was less than expected because the solicitor felt that the existing Queensland case and resulting stress had exacerbated my back injury. As a result of this injury I have a seventy-five percent spinal disability and a fifty percent overall functional disability.

In the mid 1990's I started work at a Queensland learning institute as a registered nurse educator. Over a fourteen-month period I have been subjected to workplace bullying and harassment and am on stress leave due to it. The organisation denies that anyone in their organisation would actually do, say, or behave that way. There have been two lots of harassment and bullying by my supervisor.

The first lot started in April as subtle comments and by August they had got up to verbal harassment. From November to January the harassment and bullying became severe. Her verbal and emotional attacks were usually regarding minor matters however these accumulated to inflict stress, cause workplace anxiety and depression. Examples of her intimidating behaviours included:

- 1) Standing behind me as I worked like an overseer
- 2) Having others oversee my work
- 3) Refusing professional development leave
- 4) Being unable to claim reasonable overtime
- 5) Being told that I must be at work from 8 to 3.45 each day
- 6) Refusing to sign time sheets



- 7) Using many barriers to communication including sarcasm, condescending tone of speech
- 8) Discussing issues concerning myself with other team members and people who didn't work at the learning institute.

It became apparent that the agenda was to reduce me to part-time without consultation or functional needs analysis on the grounds of my disability from the back injury I had sustained.

When I challenged this with union representation I was directed to see a government medical officer and then an orthopedic specialist. The letters that preceded my consultations to these doctors were defamatory in part, misrepresented or misquoted on statements made by my supervisor.

Both doctors reports indicated that I was fit to do the work outlined in my position description with modification to my working hours – so that I varied my work patterns and worked for two shorter periods with a long rest period between. I independently sort the expert advice of an occupational therapist for a functional capacity analysis whose report also supported the medical advice. None of the advice was acted upon and the case dissolved.

Since November I have been under psychological counselling. In January I was so distraught and upset by what was happening I tried to contact the OH&S Officer – he was on leave. So I spoke to the Rehabilitation Officer. The Rehabilitation Officer said “Yes, what you’ve identified is harassment and bullying and I will help you as much as I can”. She requested permission to see my counsellor to gain further information. About a week later she came to me and said she couldn't handle my case due to personal reasons (which I later found to be untrue). When the OH&S Officer came back I approached him and he told me he could do nothing for me – I felt there must have been coercion within the organisation. I spoke to the Human Resource Manager (HRM) and she told me it was a heap of rubbish and she didn't

believe it. She must have told my supervisor as she approached me and said to me “I know what you’ve said to the HRM and I’ll watch what I say in future when I’m with you”. So from the organisation's point of view, it was never treated seriously.

During a six month period I required two two-week periods of stress leave which I took as sick leave. With counselling I was able to identify many workplace behaviours which were actually workplace bullying and harassment. Once I had recognised this, I was able to work through this issue. Although I was suffering severe anxiety and depression as a result of the work-related stress, I believed it would eventually come to an end. I worked extremely hard at improving and maintaining my performance.

In the late 1990’s I was put on a performance management period of three months. The allegations in the documentation were unfair, unjustified, unreasonable and unsubstantiated, defamatory in part, misquoted and/or misrepresented events and issues. The organisation used it as an excuse to act inappropriately with their behaviours within the workplace; with the way they conduct business with me as far as their conversations; and sending me to government doctors for medicals and refusing to accept a functional capacity evaluation report that I received from an occupational therapist. During this three-month period there was no harassment what so ever.

After the performance management period was completed I married my partner of four years in a family garden ceremony.

The second incident began in September. I was hospitalised (and have been hospitalised on two further occasions) for cardiac and gastro-intestinal investigations due to work-related stress. I went on leave in October. When I came back from that leave I was humiliated, ridiculed, and put down because I wasn’t there when they were busy. In November my doctor was trying to put me off on stress leave and I

wouldn't take it because of the way I had been treated when I came back from leave in October. I just felt I would lose my job.

In the late 1990's I made a mistake while on industry placement. It was not reported until a month later to the Queensland Nursing Council. My registration was changed to 'limited practice' which is where you are under supervision. I am currently resolving this issue – the process can take six months. I'm not stressed by it, I know I can prove the supervisor's allegations as incorrect, or misrepresentative. I have a barrister and registered nurse working on my case and am consulting with the Queensland Nursing Council and Queensland Nursing Union to resolve it.

I had holidays for Christmas and when I went back to work there was no stress in the workplace for two weeks, as my supervisor didn't return until that time. A week later I went back to Western Australia for my court case. On my return I was bumped off the staff travel flight. My husband rang work to let them know that I was delayed and wouldn't be able to start work the next day. My supervisor actually abused my husband and harassed him on the telephone. And when I got back, it was the straw that broke the camel's back (so to speak). I was upset by the fact that not only does my supervisor humiliate me but also my husband as well, who had done nothing, he should never have been spoken to in the manner that he was. I took a WorkCover claim out then. So basically I haven't worked for seven months. While waiting for the claim to be investigated my doctor put me on sick leave for work-related stress causing severe anxiety and depression and suggested that I take anti-depressants. I voluntarily attended a psychologist at a mental health unit of a hospital. I reached an all time low in March and the doctors and psychologist wanted to admit me to hospital for depression.

I gradually pulled myself out to the point where now I feel I can go back to work. Although I have been cleared to go back to work the condition is that it is in an area away from my supervisor. I've tried to go back to work at the end of each certificate;

I've wanted to go back to work so that I'm not seen as abusing the system. And for the first three months I just wasn't in any condition to go back. But I kept arguing with the doctor and psychologist that I could go back as long as I wasn't with that person. The organisation has stated that there is no area for me to go to, so I should stay home sick. The union have stepped in and negotiated that that I be seconded to another organisation and I started that employment.

I must mention that much has come to light when I received my file under Freedom of Information. Coincidentally I actually received a registered letter from WorkCover today to say that they have rejected my claim. I know I am right, I've got union representation and I've had other people look at my claim and say that I am right. Maybe it's just the way I am wording it and the way it's been represented by the organisation I'm working for. And I am going to the review committee about my claim. It has taken two years for me to put in the claim and the committee agrees that I have carried out the appropriate steps and I have every right to ask for a review of the documentation. If my review is unsuccessful the union will support me through a court hearing. I think I go to the magistrates court for that. But I will take it right through to the end. My union doesn't believe it will go past the review stage.

Basically I feel my case could have been resolved by interviewing my supervisor and myself and working it out from there. But that didn't happen due to the supervisor's behaviour and an organisational culture which supports such behaviour. The new director is really good and he's pushing to have my case resolved.

I've been in a management position and at first I didn't identify what the problem was because you deny, you internally deny things as happening to you. You think of bullying as hitting someone or pushing someone around or things like that, but there are more ways that hurt people than just physical things. Stress doesn't just happen overnight, stress does happen over a long period of time. I believe that I was harassed and bullied in a very subtle manner and it became very severe a year and a

half later and that is when I first used the words 'harassment and bullying' – I didn't recognise it until then.

Well I've made a conscious decision to leave that organisation once my issues have been resolved and hopefully that will be in the next six weeks or so. If I leave before my issues are resolved then that's the end of the case and I have no recall to clear my name. I'm lucky that I have been seconded for the time being. The issue is clearing my name within the organisation and within my nursing profession.

I've got another government organisation that wishes to employ me and sees me as a valuable member of their team. And so now I'm torn between going into business on my own or accepting this offer. I don't know whether this organisation will be supportive of my disability (the previous one wasn't, it did nothing to be supportive in the four and a half years I worked there). Am I going into another government organisation and won't be supported down the track? And be hurt again? Or do I just go out on my own and go with the wind? One of the other good things is that my husband sees himself as being in my business.

#### Update from interview three

I have actually retired from the organisation, but it's a forced retirement. They said they have another three cases against me, I can't go through all that again even though I know that they are wrong. The union said to me "You know they are going to keep doing this till you die or go away".

However, I have a new career. I am working for an organisation as an educator - which I didn't think I would be able to do again. I've had excellent feedback and am a valued team member. I went there intimidated and with no confidence and now everyone comments on my enthusiasm. My business is in demand and I am doing more than what I wanted to do – I was hoping to do a couple of days a week.

## Julia

I met Julia at her workplace for both interviews. Each interview was conducted after Julia had finished her work hours. Julia indicated that her WorkCover experience was fairly simple and straightforward. The initial interview was completed within forty-five minutes and we did not linger overly long after taping as Julia wished to get home. The second interview with Julia lasted half an hour. I asked Julia if she felt that being a woman had affected her experience, at anytime. In this interview Julia wanted to discuss the issue of specialist's costs/charges.

In the first interview I was introduced to Julia's co-worker as she was leaving to go home. In the first interview Julia came prepared with her workers' compensation folder, it contained all her documents she referred to during the interview and she allowed me to view them. Julia appeared uncomfortable about providing me with photocopies of some documents thus I noted those that I did view – these included workplace letters, WorkCover letters, and a medical certificate. Julia advises that everyone should write everything down so that if your claim is challenged you have evidence, especially if it is work-related. Julia has kept all her records and hopes that she never has to use them again.

I went to Julia's workplace to discuss the draft of Julia's story. It took ten minutes and was carried out after work. Julia asked for a reference to the trampoline to be changed, which I have carried out.

## Julia's Story

I have been employed with Education Queensland for several years, I have a very vast experience of what happens in early childhood and I really enjoy it.

My contact with the WorkCover board was very minimal. In the mid 1990's [Julia refers to her medical certificate] I was lifting a small trampoline that was approximately five feet by six feet [Julia points to the trampoline] and I tore the

tendons in my shoulder and there was an injury to my neck as well. After seeing the doctor I had three days off and then I had two weeks school holidays. I was receiving physiotherapy in that time. When I returned to the doctor for a re-assessment it hadn't completely healed. I went back to work with my arm in a sling and on light duties.

I then slipped on a banana skin, of all things, that a child had dropped. It was just a slight slip but was enough to jar my shoulder again. One of the mothers witnessed what happened. I had to go and be re-assessed again and ended up having two weeks off work and received physiotherapy. I had already applied for compensation. I went back to the doctor and he understood that I wanted to get back to work. I went back on light duties and on a part-time basis. I started on two hours and it gradually increased. I had physiotherapy for two months. In the end they said that 'they had done as much as they could for me' and I was to continue on with the exercises they had given me.

Both incidences were considered the same – the second incident was treated as an aggravation of the initial injury. I would have preferred not to have had the injury really. Because it never really heals and the slightest misuse or misjudgment and the pains back. If I did hurt myself again it might be permanent and no job is worth a permanent injury.

## Rebecca

Both of Rebecca's interviews were carried out at her rental home. Rebecca's two year old Granddaughter (Sue) was present as Rebecca looks after her during the day time. Sue was very content to play with my bag and was happy with occasional attention from Rebecca and I. When the taped conversation finished Rebecca talked about her family and at that time she was organising a birthday celebration for her

son. I felt that Rebecca was not entirely comfortable with the tape recorder, as she appeared to relax once it was off. The interview lasted one and a half-hours.

Rebecca initiated the second interview. Rebecca phoned me, as she was concerned about her transcript. Rebecca felt uncomfortable with how she sounded. Rebecca agreed to see me the next morning to discuss these issues. We began with a discussion of her concerns. In Rebecca's case I presented the initial theme clusters that I had analysed. These were presented on large pieces of butcher paper with participants' transcripts colour coded. Rebecca was able to see how hers and other participants' conversations were being utilised and how her conversation fitted into the whole. I discussed each theme with Rebecca and pointed out her relevant colour coded conversation. Rebecca checked each and commented on its accuracy. At the end of this Rebecca stated that she was relieved and happy with regard to my use of her data. We then proceeded to look at the summary and questions I had included with it. Rebecca had prepared for these as she had documents on hand to answer some of the questions. I was able to view the following: A WorkCover form indicating that her second injury was from a pre-existing injury; a WorkCover lump sum offer; and various medical certificates.

At the end of the interview I told Rebecca that if she was still unhappy I would withdraw her data without any questions asked – she said that she didn't think so, as she was more than happy with it. Due to the comprehensive nature of the interview it took one hour and twenty minutes.

I tried to phone Rebecca about the draft copy of her story but the number had been changed. I went to Rebecca's home to see her. She did not want to make any changes to her story. Rebecca talked to me about her family tree which is her project at the moment (it is a huge task). We talked for approximately twenty minutes.



## Rebecca's Story

I worked in a shop for eight and a half years. I finished working there in the late 1990's. My injury occurred in the mid 1990's and it was done in the course of work; it wasn't due to negligence on my employer's behalf. I knelt down to get something out of a cupboard and felt a sort of tingling in my right knee, but thought, 'oh, I've hit a nerve' or something like that. I kept working and it started to ache and swell and I was finding it difficult to work. I was sent to the doctors and he thought I might have done some ligament damage but it couldn't be confirmed until the swelling had gone down and x-rays could be done. When that happened it was found that an injury had occurred to the cartilage in my right knee. I was on workers' compensation for four months.

A year after the injury I had my first operation and they removed a cartilage from my right knee. I was on workers' compensation for five months.

I was at the shop register and my knee just gave way under me. I had it operated on almost a year after the first one. With this second operation they had to remove another cartilage so I no longer have any cartilage in my right knee. And I was more or less under WorkCover for five months.

After the second operation I went to the gym for a month which was paid for by WorkCover. I also saw the occupational therapists and physiotherapists for six months [Rebecca consults her forms]. My workplace had an occupational therapist who tried to get me to go back to work part-time. She got me a stool at the register and tried to slowly build my hours up – like I had one hour on then I had a ten-minute break. My work wanted me to go back full-time because they wanted me back more or less pre-op. The specialist said that I couldn't return to work full-time. I was then suspended from work 'until further notice'. About a year and a half after the injury WorkCover paid me out. I had a five percent loss/aggravation of the degenerative condition and a seven percent meniscus resection [Rebecca refers to her

forms]. My employer fired me because they said “No – we can’t do anything for you, there’s no position available”.

I now have severe osteo-arthritis of the knee and it is deteriorating all the time. My doctor said that if I went back to work, it would only be for two hours, and my condition is getting worse. He indicated that I would have to have knee replacement. I am also taking medication for my knee and arthritis. I am on a disability pension, which is assessed every two years.

## Emily

I met Emily at her rental unit. Emily lives in an apartment complex on the ground floor. Emily shares her home with her partner and her two cats. Big changes are in store for Emily – she is pregnant. This has been a real surprise and joy for Emily as she was told that she would be unable to have children. Emily loves her cats but will have to find a good home for them when her baby is born. The first interview lasted two hours and it was later in the day as this is Emily’s best time – she feels rather unwell in the morning.

The second interview took approximately half an hour. In this interview session I asked Emily if she thought that being a woman had affected her experience in anyway. As we were closing the interview a music student arrived to have a private lesson.

I phoned Emily about the draft copy of her story. Emily did not wish to make any changes. The conversation took five minutes.

## Emily’s Story

I’m a musician. I’ve been a musician since I can remember. I teach instrumental music with the education department. I am at three schools now, which is really good, because I was at seven schools. I love my job; it is an excellent job to be in.

You have to put in a lot of extra hours and it can get very demanding. You can imagine having fifty-five kids in one room all with their instruments, and you're there all by yourself for an hour or two for rehearsal, it can be pretty mind-blowing. Plus all the weekend work and concerts and stuff I've got to do. But I love it. I love it. I love working with the kids.

I've had a problem with major depression, chemical imbalance, and all kinds of interesting things like that. In the late 1990's it got serious enough to have me in a psychiatric ward – which is a very unpleasant experience. The reason that I got that way was because I was working way too hard and doing way too many hours. I was stressed out due to being a perfectionist and I just couldn't make it happen that way, not when you're working in five different schools in four days and before that in seven schools in five days. I was over-run with things to do, the administration alone was a lot. I ended up taking eleven weeks off work. To stay at work, that would have been really bad.

Two years later I contracted viral meningitis. I took one week off on sick leave. I knew I couldn't take time off work because in my job if you miss one day then each child will go two weeks without a lesson [due to rotation of work at the schools] and they go backwards so quickly and they loose interest. So it's not like just missing a day when you can get a relief teacher to come in. And that's the other thing, there is no such thing as a relief teacher for my position! [Emily is referring to the lack of music teachers within the relief pool]. I went back way too soon. I was really still sick but I tried to keep working. I ended up taking half of term one off [Emily consults her diary]. It was a total of six weeks and that last week was the holidays. In the middle of all that I got pregnant. So I was having bad morning sickness and I've got no sick pay left, so the whole thing is very difficult to work around. I have only just received payment from WorkCover but it is under the proviso that I have to send back some more forms and they check my medical history. They want to make sure

that these claims are real. Now, because I got pregnant in the middle of all that, quite possibly they're not going to give me a cent. Because they might just say that the post-viral fatigue had nothing to do with viral meningitis but was due to the fact that I got pregnant. Now those dates don't actually coincide. I was sick first, and then I got pregnant. So I don't know what they are going to say.

So I've now cut back to only three days work a week, financially it is a real struggle. But I just know that I'm not capable of working more than that at the moment and it's turned out to be the best thing. I'm happy just to go to work and I've been coping well with the whole thing, even with the really bad morning sickness. I haven't missed a day's work, which is really good.

I have improved so much. They've got me on medication now and I've been really stable which has been really good. I know when things go wrong in my life and special things occur, I have a lot more tools to deal with that now. When I'm under intense pressure my chemical balance just gets shot, and there's nothing I can do about that other than take more drugs and hope that it balances itself out, and also go back to counselling. It's something I will have to live with for the rest of my life. It's something that improves the more that I learn and the more tools I have, and more of the right people that I associate with. Learning that there are certain people that cause me stress and those that I do have to deal with, I am finding ways to deal with them that eliminates the stress. So hopefully I will never get to where I was. I'm a bit worried about post-natal depression. That's the whole chemical thing, which is very unbalanced with me in the first place. Since I have been pregnant I have been more calm, a lot more rational and easy to get on with, than I have been in years. Even my partner said I've been really supportive of him and really relaxed and calm.

Where I want to go from here – I want to have a healthy, happy baby. That would be just the bee's knees [best thing to happen]. I want to be a very good mum and have fun doing the whole thing. Keep playing music, if I stop playing music it's as if

someone's chopped off my left arm, even if it's just in social classes. And perhaps after twelve months leave, I haven't made a definite decision about that yet, I'll go back to work. But I don't know, you can plan the future as much as you want, but it never turns out the way you may expect.

Well hopefully things will go all right, and hopefully life will continue and the ups and downs will always happen. I heard a great quote the other day 'Pain isn't everything, suffering is optional'.

### Joanne

The first interview with Joanne was carried out at my home. Joanne was very succinct and this was reflected when the interview lasted forty-five minutes. Joanne did not chat long after the taped interview, as she wanted to go and pick her young children up from her parents' home. At the interview Joanne indicated that her WorkCover event was a little unclear as it had occurred ten years ago and two children later.

Once the transcript and summary was ready I dropped them off at Joanne's home. She lives in a quiet cul-de-sac with her two young children, husband, and their dog. I did not stay long as I had an appointment to attend to.

The second interview with Joanne was conducted over the phone and took fifteen minutes. This mode was chosen for the convenience of Joanne (so that she would not have to find some one to look after her children) and because Joanne's transcript and summary were succinct, there were few issues to discuss. The main question I asked Joanne was if she thought that being a woman had affected her experience in any way.

I phoned Joanne to discuss the draft copy of her story. Joanne did not want to make any changes. We chatted for thirty minutes about various topics (such as budgeting).

## Joanne's Story

I started my nursing training in the mid 1980's and it took three years to complete. I was an active person previously but in the early 1990's I hurt my back at work. What happened was a patient fell out of bed and as he was falling I tried to stop him. But he was just too heavy and he just kept on falling. I was blamed because they saw it as my fault. But I mean – What are you going to do? What is your natural instinct? It is to help somebody.

A year later I was retrained into the hotel industry. I started my first year working as a 'switchy' and then I was the reservations manager. I had to win the job on my own merits but WorkCover did pay half of my wage for the first month. After three months probation the hotel was happy. I worked there for five years.

In that time WorkCover arranged a flight for me to go down south and have a MRI. I saw a doctor that WorkCover had organised, he came from another location and I had to see him a couple of times.

Three years after I hurt my back I had spinal fusion surgery. My surgery cost about \$20,000 which WorkCover paid for. That was the maximum amount they would pay for surgery. I had to go to a private hospital because the doctor I had didn't operate at a public hospital. I ended up paying \$1,000 because it went over the \$20,000. I think it was \$21,000 in the end. In the end, I think I got it from my health care fund because it wasn't covered by WorkCover. I had to have the surgery and the doctor found there was minor infection within the disk at the time, so it would have got a lot worse!

The final claim was in the mid 1990's. WorkCover gave me a payout figure based on one doctor's opinion. Because of the amount WorkCover offered me, I approached the lawyers and they said "Oh you can get quite a bit more". It was going to go to court but they must've gone to the tribunal – the lawyers did

everything for me. If I had of accepted WorkCover's initial offer I would have received about a quarter of what I actually got.

So I had to have the surgery and unfortunately I have the risk of my disk degenerating, which is what they think is happening at the moment, but they're not quite sure. Basically I can't work at the moment the way my back is. But I have been working a full-time job and I've had two children in the meantime, so it's to be expected I guess. I'll probably need further surgery down the track but hopefully not – I'll try to avoid it. I've been looking after myself.

### Suzie

Both interviews with Suzie were carried out at her house. Suzie has a very large property and a 70's style home. The first interview with Suzie took approximately three hours. The interview began slowly and this was because Suzie had just woken up (she had done a double shift the day before). As the interview progressed Suzie warmed to her topic (even the transcriber noticed the initial slow start to the tape). I met Suzie's teenage son and his friend as they left the house.

The second interview occurred six weeks later and this is because Suzie is an incredibly busy woman. Suzie works at two different places, does double shifts, and is a casual employee. This means that Suzie, often times, is unsure where she will be two days from now. Suzie wanted to obtain her file for me under Freedom of Information. She had written away for it and was hoping to receive it prior to our second interview. In the end I had to ask that we get together regardless of the file, as a fair amount of time had passed. Suzie and I agreed that when her file arrived she could phone me so we could arrange my obtaining a copy (if she still wanted to). Suzie agreed to see me prior to her afternoon shift. Suzie and I sat in the dining room and the interview took two hours. Suzie's daughter phoned and asked if her mum could go and pick her up from a friend's place. As I was leaving Suzie was getting

ready to go and pick her daughter up. During the interview Suzie pulled out her files. Some of these are kept in her bedroom and some of them are kept in a cupboard in the lounge/dining room. I was able to view WorkCover reports by the investigating psychologist; letters written by co-workers supporting Suzie's professionalism; Suzie's letters to WorkCover in response to investigation findings; and a letter from WorkCover in response to Suzie's phone query regarding the status of her application for compensation due to 'stress'. Suzie provided me with an original copy of a report she wrote to WorkCover regarding her claim for compensation. I copied this and returned the original two days later. Suzie was not at home so I sealed it in an envelope with a thank-you letter, and placed it in her mailbox.

I met Suzie at her workplace to talk about the draft copy of her story. Suzie was at a meeting so we only talked for five minutes. Suzie was adamant that the accurate dates of events are left in her story. Due to my concerns about anonymity (and university policy on this) we were able to reach a compromise. Thus months have been recorded whilst years have been omitted. All other information has remained the same.

### Suzie's Story

I was born in New South Wales. I come from a family of six kids – one sister and four brothers. My mum and dad are still alive.

I'm married and have two children – a sixteen year old and a fourteen year old. I did my nurses registration when I was young. I worked as a nurse right throughout, except for probably six months I had off during having children. I've always been someone who's looked for adventure. I was in a car accident when I was nineteen and told I'd never walk again without a walking stick. Eventually I proved that I could walk properly and that it was safe for me to return to nursing. I went overseas and end up travelling and working in Africa. And then I went and did the same thing



in Scotland. I waitressed, picked grapes and did nursing to earn money in those countries. I came back to Australia and met my husband. I worked in emergency stuff and ICU [Intensive Care Unit] and I was good at it. I then did some further study and got interested in community prevention and education. I then began working in the education area of nursing.

I was the manager of one of six program areas. We'd won state awards and were finalists in national awards. We had letters of recommendation from national consultants as a best practice model. We were groundbreakers in new competency standards for nurses and developing new courses. We were delivering the training packages through information technology, through the computer straight into clinics where they had computers. So health workers didn't have to leave their remote areas. We were very successful in getting a lot of acknowledgement.

And then one day in June the new director (he had only been there four weeks) and the consultant that he employed called us in for these meetings. They started at I think ten o'clock in the morning on the pretense of getting a 'business plan' together. There were six of us in this area. We were all taken by shock, just horrified, couldn't work out what the meeting was about. It lasted for an hour and a half, two hours, I can't sure of the exact time. The consultant indicated that everything was my fault and I was being run down and work was run down. I was told that the letter recommending us as the best practice model was worth shit, and it wasn't even worth the paper it was written on, and it was the most unprofessional thing he had ever seen. I remember that the consultant turned to my director and made a personal comment about me "Oh she's only in it for herself". You know I've never met anyone like this before and I thought the director was all right until this stage. I mean I didn't even realise then that he wasn't all right. I was just totally taken by shock. I was pretty hard worked and strung out. We had deadlines to meet and then all of a sudden this happened.

Later on I went to see the director and consultant and they were having lunch. I said that we were a bit concerned about the consultant's behaviour, what we went through, and we wanted to know what it was all about. The consultant started carrying on, and turning away and crossing his arms and he said, "I'm not playing these games!" And said that I was the most unprofessional thing he had ever seen and all of this sort of stuff. It wasn't a game! We were really quite messed up by then. And of course I ended up in tears and closed the meeting. I couldn't work out what it was about.

Later on that afternoon I was called into the director's office. By then I was in a daze and I realised by then I couldn't say anything. The director and consultant proceeded to tell me what skills I had and what skills I didn't have where I needed improvement and where I didn't. The consultant decided to do a skills audit on me without really doing one. And while I was traumatised, while I was in shock he told me all this crap about myself, I can't even remember half the stuff they said. And look, my problem was at that stage I walked out thinking this must be true. Between the two of them I had at least a good four hours in three separate sessions in one day where I was just totally abused psychologically and emotionally.

But then things went down hill from there. I tried to work and couldn't work. I'd sit at the computer and had no interest in anything. It was near impossible for me to do anything without crying, I couldn't get the whole business out of my mind. And the thing I couldn't understand was – I've never seen anything so unprofessional in all my life, you know. I was just in shock and horror to think that this could happen, that they could do this. I was in disbelief that this was really happening, you know it was like moving into an unreal world...

But this director was very threatened by our success. I didn't realise this at the time; I didn't understand why they did this until six to ten months later. I was really just amazed. I still am, I'm still amazed that Queensland Health will support

somebody like that. I mean you go to work for years, all your life, and then all of a sudden you go to work and come home and you're having a nervous breakdown because some asshole deliberately traumatises you and destroys you, it's not much security I tell you.

My work meant a lot to me obviously. Work didn't seem like work to me, it was something I loved. I think I'm a workaholic to be honest. I was pretty secure in my work. I knew I was good at it. I knew I was successful. And that was the problem too – I never thought about not being successful. I never thought about anything quite as ridiculous and unfair as this happening. And I've never ever realised I wouldn't have been able to control work or respond to it appropriately.

My responses to what happened afterwards was really what brought me undone a couple of weeks later. I went to the psychologist in a mess, the first visit. The second visit I was a bigger mess. She told me to get right to a doctor and get onto WorkCover. All my work colleagues were in disbelief that I had crumbled.

In August another co-worker and myself rang OH&S to report what was happening in the workplace – nothing came of it. We were then told that our employer would have to fill in the forms for us to go on WorkCover. Although I had been getting certificates from the doctor I was seeing – we didn't realise that there were special forms to fill in, and no one told us. Eventually I got the union onto the employer so they would fill in their forms; it was not signed until September. This meant the WorkCover claim could go ahead and be investigated.

Four months after the initial event I saw the WorkCover psychiatrist and psychologist. Their reports failed to detect and support my claims of workplace bullying, and said the treatment I received was 'fair'. I was unable to respond to anything and eventually I told them I couldn't stand it anymore, I wasn't going to address anything until I felt ready to. I think it would have been five months before I responded to the psychologist and psychiatrist's reports.

In August I went and saw a solicitor and put in a stage one grievance. I had to get a solicitor to write the grievance, I couldn't do it. It cost me a fortune but I was unable to do it, I was scared and I had no confidence in anything that I was doing, because I had never done anything like this before. I fell like I am pretty good at it now. The solicitor also reminded the commission of the timeframe in which to get it done was over. It went to stage two grievance in September/October. The results came in November, which was over the time frame of due process. At this stage I found out that the director had actually told people that this process would get rid of me, so it was very deliberate.

In the final stage it went to the Public Sector Commission - Fair Treatment Appeal Hearing. My solicitor advised me to move through the process as fast as I could. It took four months and it was all deliberate. It has already been twelve months since the whole process started. And now my psychologist has just informed me that I only have a three year time frame in which to sue – I wasn't told this previously.

The hearing found that the director did:

- I. Marginalise the unit I worked in
- II. Use unfair and unreasonable practices resulting in trauma to myself and others
- III. Breach the Queensland code of conduct
- IV. Breach his duty of care to us employees, and
- V. Behave in an inappropriate manner.

And they found that the consultant did:

- I. Engage in workplace bullying
- II. Use coercive and undesirable behaviour
- III. Use unfair and unreasonable practices resulting in trauma to myself and others,  
and
- IV. Behave in an inappropriate manner.

Eight to nine months after the initial event I responded to the WorkCover reports and provided them with a copy of the submission to the Fair Treatment Appeal. I told them I wanted my WorkCover claim processed as soon as possible. I didn't hear anything except through another person who works with me, and had a claim in as well. She rang me up and told me our claim was accepted. I eventually rang WorkCover up and found out that it had been accepted, some four weeks or so after it was accepted, so they didn't even have the courtesy to let me know. I still don't have anything in writing from WorkCover. However I've spoken to them, to HRM (Human Resource Management), and Queensland Health and they all know that it's been accepted and holidays and everything have been reimbursed – twelve months later! I received a payout from work (for RDO's [Regulated Days Off], sick leave, holiday leave and long service) and a payout from WorkCover because I resigned. The HRM made me go back to work. However, the Friday before, they could not tell me where at the hospital I would be working or whether it would be shift work or not – I resigned.

I still don't feel right. I haven't been back to see a psychologist or anything yet. So I'm just thinking I know I have to do it for myself anyway. So I've gone back to nursing. I'm doing double shifts left right and centre and have this short term and long term goal of trying to get rid of this mortgage. Or get it down a bit. I haven't worked out what I can do that I'm comfortable with. So far Roulette, Roulette, Roulette, gets a lot of stars and ticks but you need money for that, which means you have to work your guts out to have enough to do it. Getting a balance in life is not much fun, and you try to spend time doing the things that you're not really driven to do. And yet once upon a time it was all leisure and all fun, you know. I think once I had kids and mortgages and stuff, things changed.

I worry about the future really. I keep telling people I don't know what I'm doing and I don't care. And that's about how I feel. I know that when I do find something I'll be fine and it might be difficult but I'll get there. Whatever it is, even if it is staying in

nursing. But I know I won't be able to just keep working and not get into study or not get involved in something, for too long anyway. I feel like I'm twenty again and I have to start planning my life and, trouble is, I've got limited years to make good money.

But at the moment it's fine and I'm enjoying this lack of stress as far as work-stress goes. Just getting there's difficult. The stress of getting there is more difficult than actually doing it. And the physical tiredness when you start doing double-shifts day after day and at two places is pretty hard. You just don't have time with the kids and you don't get time for food at work, and that sort of stuff. You couldn't keep it up for too long. I'm looking to become content and I just don't know how to do it. Because it doesn't seem like I'll ever be content unless I'm doing something.

[In the second interview Suzie provided me with an update] One of the places I work at has offered me a full-time job, so I have accepted it.