

Research Paper

Marital formation in individuals with work-related permanent impairment

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Abstract

Background: Prior studies on the impact of disabling work injury have neglected social support as a key mediating factor. This study investigates how permanent impairment from a work injury affects marital formation, an indicator of social support and integration with the potential to affect psychosocial adjustment and the resumption of productive social roles following work injury.

Hypotheses: Adjusting for socio-demographic and economic factors associated with marriageability, we expect that individuals with a work-related permanent impairment will have a lower rate of marital formation compared to their non-injured counterparts.

Methods: Drawing on a linkage of workers' compensation claims data with income tax information, we undertake a duration modeling analysis comparing workers who have sustained a workplace injury with a matched sample of non-injured controls to examine time to marital formation in each group.

Results: Women who suffered a disabling work injury were 17% less likely to marry relative to controls. High levels of physical impairment reduced the rate of marriage in women by 22%. We did not find an effect of impairment on marriage probability in models adjusted for income in men.

Conclusions: Our findings underscore the importance of examining the social and interpersonal consequences of work injury, factors not currently addressed by the occupational rehabilitation system. © 2013 Elsevier Inc. All rights reserved.

Keywords: Work injury; Psychosocial adjustment; Social support; Rehabilitation

Occupational injury or illness resulting in a permanent impairment is a significant life event that alters the course of an individual's life trajectory. To date, the majority of outcome studies on disabling work injury focus on the specific consequences for occupational trajectories and return to work while neglecting the impact on other important life domains such as interpersonal relationships, marriage and family. There is increasing evidence, however, that factors related to psychosocial well-being play a key role in predicting which injured workers will do best in making effective and sustained transitions back to work.^{1–3} In particular, individuals with strong interpersonal support networks and those who are able to engage in socially

sanctioned rites of passage like marriage or parenthood have been shown to have better rates of recovery from injury and higher levels of occupational activity.^{4–6} Hence, given that the goal of rehabilitation is to mitigate the effects of chronic disability and expedite workers' return to productive social roles, it is important to consider how permanent impairment from a work injury affects individuals' ability to form and maintain supportive interpersonal relationships.

The present study investigates the impact of disabling work injury on an important indicator of social integration and support namely, marital formation. Using a novel longitudinal database created from a linkage between administrative data from the Ontario Workplace and Safety Insurance Board (WSIB) and Statistics Canada's Longitudinal Administrative Databank (LAD), we undertake a duration modeling analysis to compare a cohort of workers who have sustained a workplace injury (time frame 1990 through 1994) with a matched sample of non-injured controls to examine time to marital formation—including common-law unions—in each group. We adjust for several variables independently predictive of marital formation

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including age, income, and non-marital children. We discuss our findings in terms of the need to extend the research agenda rehabilitation to include the social consequences of occupational injuries and illnesses.

Theorizing disability

The disability literature is largely underpinned by two conceptual frameworks, one constructed by Nagi⁷ and the other by the World Health Organization (WHO).^{8,9} The WHO model parallels that of Nagi in that both frameworks distinguish between impairment (a physiological characteristic of a person) and disability (limitations of activities and role functioning due to health). Each framework is based on the premise that disability is not a characteristic of an individual, but rather a relational concept that derives from the interaction of an individual's abilities and other personal characteristics with a particular social and physical environment. Regarding injured workers, while permanent impairment arising from work injury can be firmly established using empirical medical criteria, the degree to which these individuals are subsequently disabled is less definitive. One possible proxy for disability following work-related impairment is individual employment earnings since this represents a good indicator of degree of re-engagement in the labor market post-injury. A recent study examining the employment earnings of workers' compensation claimants found that individuals with relatively low levels of physical impairment suffered significant long-term earnings losses.¹⁰ This finding is evidence that the effects of disability can extend well beyond the degree of bodily impairment.

The impact of acquired disability on quality of life and well-being

Occupational injuries comprise a substantial proportion of all injuries. More than a quarter (28%) of employed people aged 18–75 years who reported an activity-limiting injury sustained their most serious injury at work.¹¹ Of the individuals who report a work injury in Canada each year, between 5 and 15% experience some degree of permanent impairment. In Ontario, the proportion of workers with an injury resulting in impairment was 14.6% in 2008, exceeding the national rate of 9.5%.¹² The types of injuries most commonly resulting in some degree of permanent impairment are musculoskeletal or traumatic injuries such as strains, sprains, contusions, fractures, and repetitive strain injuries of the shoulder and lower-back.^{13,14} Although work injuries resulting in permanent impairment occur less frequently than short-term disability claims, these represent a larger share of the cost burden to both the individual (earnings losses) and the system as a whole (health care, workers' compensation benefits, legal costs to employers).^{14,15}

Like other forms of acquired disability, permanent impairment due to work injury has been associated with difficulties with coping and psychosocial adjustment which can exacerbate barriers to social participation and, in turn, hinder the commencement of productive social roles.^{16,17} Compared to congenital disabilities (i.e., from birth), problems with adjustment to acquired disability tend to be particularly acute due to the fact that individuals are suddenly confronted with a self-perception that has been dramatically challenged or altered.¹⁷ The new disabled identity typically provokes an intense emotional reaction comprising feelings of shock, anxiety, and an acute sense of loss.^{16,18} Over time, as consequences of the disabling injury come into full view, depression and anger are common.¹⁹ The trajectory of adjustment to an acquired impairment is complex and non-linear with emotional upsets re-emerging in a repetitive pattern of despair and acceptance.²⁰ As a consequence, rehabilitation researchers characterize the process as a “continuous life transition.”^{17,20,21}

Coming to terms with an acquired disability requires not only that the individual adjust to a reformulated self-concept, but is also able to re-integrate into society via key social roles—e.g., spouse, parent, worker. Social stigma and discrimination against persons with a disability, however, frequently create barriers to full societal participation.¹⁸ Stigma is defined as an “attribute that is deeply discrediting” that reduces the bearer “from a whole and usual person to a tainted, discounted one.”²²

Evidence on the stigmatization of disabled workers and its impact

There is compelling evidence that individuals with permanent impairment from work injury are subject to stigma with the potential to exacerbate disability. In particular, injured workers are often accused of malingering and not contributing to the full extent of their abilities on the job.^{23–25} The question of legitimacy surrounding the injured worker often leads to marginalization at the workplace and can extend into other life domains. Common challenges for injured workers include the loss of sustaining employment, changes in how they are regarded by family, friends and intimates, and threats to their sense of identity and internal wellbeing. Injured workers frequently report feelings of shame arising from physical limitations or reduced income which have been linked with social withdrawal and isolation, clinical depression, and prolonged periods of physical recovery.²⁶ A recent study of permanently impaired workers in Ontario found that two-thirds of respondents reported experiencing stigma from managers, co-workers or prospective employers.²⁵ Nearly half of the workers reported experiencing most days as “stressful” due not only to health difficulties but also concerns around personal finances and work. Other studies show that impaired workers experience difficulties re-integrating into the labor-market and can suffer significant long-term financial losses as a result.^{10,25,27}

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