



Financial and employment impacts of serious injury: A qualitative study



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ABSTRACT

Objectives: To explore the financial and employment impacts following serious injury.

Design: Semi-structured telephone administered qualitative interviews with purposive sampling and thematic qualitative analysis.

Participants: 118 patients (18–81 years) registered by the Victorian State Trauma Registry or Victorian Orthopaedic Trauma Outcomes Registry 12–24 months post-injury.

Results: Key findings of the study were that although out-of-pocket treatment costs were generally low, financial hardship was prevalent after hospitalisation for serious injury, and was predominantly experienced by working age patients due to prolonged absences from paid employment. Where participants were financially pressured prior to injury, injury further exacerbated these financial concerns. Reliance on savings and loans and the need to budget carefully to limit financial burden were discussed. Financial implications of loss of income were generally less for those covered by compensation schemes, with non-compensable participants requiring welfare payments due to an inability to earn an income. Most participants reported that the injury had a negative impact on work. Loss of earnings payments from injury compensation schemes and income protection policies, supportive employers, and return to work programs were perceived as key factors in reducing the financial burden of injured participants. Employer-related barriers to return to work included the employer not listening to the needs of the injured participant, not understanding their physical limitations, and placing unrealistic expectations on the injured person. While the financial benefits of compensation schemes were acknowledged, issues accessing entitlements and delays in receiving benefits were commonly reported by participants, suggesting that improvements in scheme processes could have substantial benefits for injured patients.

Conclusions: Seriously injured patients commonly experienced substantial financial and work-related impacts of injury. Participants of working age who were unemployed prior to injury, did not have extensive leave accrual at their pre-injury employment, and those not covered by injury compensation schemes or income protection insurance clearly represent participants “at risk” for substantial financial hardship post-injury. Early identification of these patients, and improved provision of information about financial support services, budgeting and work retraining could assist in alleviating financial stress after injury

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Introduction

The consequences of injury are many and varied, resulting in diverse patient outcomes and experiences with the recovery process.[1] The List of All Deficits (LOAD) framework describes 20 impacts of injury, several of which are focused on the cost of injury

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at a societal, individual and family level,[2] while employment and economic life are considered critical components in evaluating disability according to the World Health Organisation's International Classification of Functioning, Disability and Health.[3] Seriously injured patients usually require in-hospital treatment and ongoing rehabilitation and disability services after leaving hospital. These patients also have the potential for prolonged absences from work during the recovery process.[4,5] Together, these factors place trauma patients at risk of substantial economic burden.

While studies have described the direct treatment costs for injury,[6,7] many fail to consider the financial impact on the individual or their family. The models for funding of injury and disability care, and financial support for absence from paid work, can be complex and often vary from health jurisdiction to jurisdiction.[4] In the state of Victoria, Australia, there are multiple sources of funding for injury care including Australia's publicly funded universal health care system (Medicare) for Australian citizens and permanent residents, private health insurance and the no-fault third party insurers for road [Transport Accident Commission (TAC)] and work-related (WorkSafe) injury. The TAC provides compensation for treatment, rehabilitation, income replacement and long-term support services for people injured in land-based transport crashes, regardless of fault. Injuries occurring on the road but not involving a motorised vehicle (e.g., a collision between a pedal cyclist and a pedestrian) are not eligible for compensation. The TAC scheme is funded through a levy on vehicle registrations in the state. WorkSafe provides financial as well as health and related support to people who have been hurt in the course of their work, and is funded through compulsory insurance payments made by employers to the scheme. Private health insurance can be for hospital or ancillary cover or both, and there are varying levels of coverage within the policies. Uptake of private health insurance is optional in Australia, although there are government incentives to increase private health insurance subscriptions.

Although each provide coverage for treatment and rehabilitation costs, the extent of coverage and methods for payment can differ, and only the TAC and WorkSafe provide payment for loss of earnings following injury. Further complicating the funding arrangements is the ability of injured persons to use more than one source of funding during their treatment and recovery. For example, an injured person can have their hospital care provided through the Medicare system but use private health insurance to fund follow-up care. The mixed models for injury care funding in Victoria provide the opportunity to explore how the economic impacts differ according to the source of funding. Understanding patient experiences with these funding sources, and employment impacts, are important for better planning and delivery of services to injured patients and their families. The aims of this study were to explore the financial and employment impacts following serious injury.

Methods

Setting

The state of Victoria, Australia (population 5.6 million) operates an inclusive, regionalised trauma system where pre-hospital and acute care services are coordinated to ensure that injured patients are transported to the most appropriate facility for care.[8] Two adult, and one paediatric, hospital are designated as major trauma centres, providing specialist care for seriously injured patients in the state. The Victorian State Trauma Registry (VSTR) and the Victorian Orthopaedic Trauma Outcomes Registry (VOTOR) are used to monitor the trauma system. The VSTR is a population-based registry collecting data about all major trauma patients in

Victoria,[9,10] while VOTOR is a sentinel site registry that collects data about adult orthopaedic trauma patients with a length of stay over 24 h who are admitted to four hospitals.[11] Registered patients are followed up at 6, 12 (VSTR and VOTOR) and 24 months (VSTR) by telephone interview to collect data about functioning, quality of life, pain and return to work.[12]

Study design

A qualitative study, involving semi-structured interviews of 120 injured participants, was completed. The project was approved by the Alfred Health and Melbourne Health Human Research Ethics Committees.

Participants

Adult (18 years or older) patients registered by the VSTR[9,12] or VOTOR,[11,13] who sustained blunt trauma 12–24 months previously, and were cared for at the adult major trauma services, were eligible to participate. Blunt trauma patients were included as these represent more than 90% of cases captured by these registries. As the study involved in-depth interviews of the patient's experiences, only those able to participate directly in the interview were included. Therefore, patients with cognitive deficits and a language other than English were excluded. Purposive sampling was used to ensure that the sample was reflective of the diversity of the registry population, with equal numbers of TAC or WorkSafe compensable and non-compensable, male and female, VOTOR (not meeting VSTR criteria also) and VSTR cases, sampled across three age groups (18–44, 45–64, 65 and over). For the purposes of this study, the fund source used to define cases was that recorded for their index hospital admission.

Data collection and analysis

The methods are described elsewhere[14] and a summary provided here. Demographic, injury event, injury and outcomes data were extracted from the VSTR and VOTOR to provide an overview of participants. Participants were invited to take part in the study at the routine VSTR or VOTOR 12- or 24-month post-injury interview. A study participant information sheet was then mailed to participants who expressed interest in the study. Verbal consent to participate was provided at the time of interview and this was recorded as part of the audio recording of the interview.

For this study, in-depth, semi-structured interviews were completed by telephone. A topic guide was used to provide interviewer prompts of key issues for exploration and the prompts related to trauma care funding, employment and financial impacts are shown in Table 1.

The interviews were conducted between April 2011 and January 2012, and were recorded and transcribed for thematic analysis.[15–17] Analysis involved reading through each transcript, and listening to the recorded interview if appropriate, to make sense of the interview data. Double-coding of 26 interviews was undertaken to enable cross-checking and consistency of themes by four authors (BJG, CMG, JS, NC).[18] This involved each researcher reading the transcripts, generation of initial codes and collation into tentative themes before discussion as a group and developing of the coding frame for the remainder of interviews. Two authors (BJG, CMG) completed the coding of the remaining interviews, and one author (BJG) applied the coding frame to all interviews, using constant comparison to ensure consistency in application of the coding frame.[19] Audio recordings of the interviews were used by the coders where clarification of responses and content were needed. Quotes drawn from the participants' transcripts are used to illustrate the emerging themes.

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