Lived Experiences of Work Injuries

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Abstract

Work injuries have been increasing significantly globally, and work injury research has largely involved scientific research seeking associations between work injuries and direct and indirect costs. However, little research has been directed at the experience of the injured worker. A phenomenological approach was used in this research to gain insight and understand the lived experience of work injuries. Phenomenology was utilised because it allows for examination of experience, and was an approach that could provide insights into how work injuries were experienced. In this study, five people who had sustained work injuries and who were off work for at least two months due to their injuries participated and completed semi-structured interviews. Data were transcribed and analysed. The lived experience of work injuries is described in terms of trauma, broken body, communication, relationships, and coping. These themes elucidate the context of work injuries as embodied experiences. Findings suggest that work injuries are experienced as very traumatic and harrowing. The participants found it difficult to navigate the world through their broken bodies after sustaining the work injury. Through these broken bodies, the participants experienced humiliation shame, inferiority, and they felt as if they were losing control over managing their injuries. Many stakeholders were involved with the participants in order to create plans to return to work (RTW) and rehabilitation. The sheer amount of people involved in the rehabilitation made communication difficult at times. The participants and their families' lives changed radically as a result of the work injuries, and it contributed to difficulties in relationships. While the work injuries disrupted the injured worker's lives, they worked through these difficulties by using different strategies to cope. Navigating the world with broken bodies after work injuries, are traumatic, and rehabilitation is complex and multifaceted.

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Chapter 1

Introduction

Leading up to this point, where I must do a research project and write a thesis to finish my degree, my interests have always been around mental health. I was going to focus on non-suicidal self-harm. However, I was then injured at work during an assault between two patients. It is now more than two years ago, with one surgery down (which was unsuccessful), and two to follow. My interests have changed along the way, and I find myself trying to dissect my feelings and experiences around my initial injury and now post-injury. The lack of support (perceived), broken communication by my employer, distant co-workers and failure from the health care agencies and professionals to regard me as a valid participant in my journey to recovery, made me doubt myself, and I felt socially isolated. My life has changed dramatically since I was injured at work. This disruption did not only affect my life but those around me as well. I struggled to keep all the pieces of my life together, and there were numerous times that I felt that my life was spiralling out of control. It is with this background that I started my research into how workers experienced and perceived their work injuries.

I grew up knowing (and experiencing) that doctors and specialists used the biomedical model to treat their patients. However, my father was an educational psychologist, and from a young age, I knew (although not consciously) that when people exhibited extreme signs such as fear, anxiety, stress and depression, there was not always a medical explanation of why people became sick. It is with this notion that I believe the biomedical model provides a too narrow focus in treating injured workers. The biomedical model will commonly be used when health

professionals treat physical work injuries. However, there are more to a work injury than just the physical side. There is also a thin line between a person's well-being and disability, such as a work injury. The way I view the world (my epistemology) will have a direct impact on this research, and my research will be steered in that direction. Epistemology can be seen as the way we understand knowledge or how knowledge is generated (Langdridge, 2007).I will elaborate more about this in Chapter 3.

Returning to work after an injury, is not as straightforward and clear-cut as people may think. There are various rehabilitation processes involved, which subsequently lead to the involvement of multiple stakeholders (Salazar & Graham, 1999). Management of these processes to return to work might become skewed if any of these processes become warped and dysfunctional (Tang, Yu, Luo, Liang, & He, 2011). If the injured worker, for instance, experience broken communication with one of these stakeholders, distrust can set in which in turn can influence the reciprocal relationships (Tang et al., 2011). When people experience barriers that negatively impact their return to work processes, healing can take longer, which in return can have a profound effect on the injured worker and subsequently all the stakeholders (Fisher, 2003).

Research Question

How do workers experience their work injuries?

As I mentioned earlier, my research interest evolved around me being injured at work and finding out first hand, how painful rehabilitation to return to work was and still is to some extent. In this study, my focus is on how other people experienced their work injuries, and how they made sense of it. What stood out for them, what

was significant to them, and how did they cope? Up to now, research has mostly focused on explaining factors that might influence individuals to return to work after post-injury. This narrow-minded focus is mostly based on the needs of the employer. Direct and indirect costs such as productivity losses, higher employee turnover, wage payments and insurance costs, influences how employers operate to encourage and rehabilitate injured workers to return to work as soon as possible. It is, however, less clear how the injured employee fits into this paradigm and how they experience their work injury. Work injuries do not only have debilitating physical consequences, but they can severely affect the injured person psychologically and socially, which can hinder recovery and influence the return to work process. I aim to unravel and understand their feelings, perceptions and experiences around their work injuries and how they understand it has affected them, and everyone involved with them.

I will provide background literature around work injuries and describe the enormous financial toll it can have on businesses. Then I will describe the processes involved to help an injured person return to work as soon as possible. I will also discuss various theoretical frameworks to understand work injuries and subsequent rehabilitation processes. Following that, I will provide a rationale for choosing qualitative research and suggest a framework or model that will best support people to return to work.

Structure of the Thesis

Chapter One – Introduction

This is an introduction to work injuries, and I explain why it is an important topic to focus on health research. I also make it clear why I chose to focus on work injuries.

Chapter Two - Background information and Literature

In this chapter, I provide background information around work injuries. I also discuss four phases of an RTW plan. I discuss ACC and what it means for employers. Numerous barriers can influence an RTW plan, and it is important to highlight those because the injured worker is at the centre of it. Various models have been used to conceptualise work injuries and RTW programs. The biomedical model is probably the most well known of all. However, the biomedical model focuses only the physical injury, although that is one of the central tenets, there are more to being injured than just the physical side. The biopsychosocial model, on the other hand, takes into consideration all the different factors that may influence rehabilitation and RTW.

Chapter Three – Methodology

In Chapter 3, I used qualitative research to answer the research question. I elaborate more on qualitative research and subsequent phenomenology as a methodology. Phenomenology is both a philosophy and a methodology. According to Husserl, human beings constantly create meaning by “interpreting their experiences in the world ”(Greenfield & Jensen, 2012). It is with this view of human beings that I turned to in order to understand work injuries from a subjective view. I will also explain how a person’s epistemological view is essential and how it can influence research.

Chapter Four – Findings and Analysis

All the participants experienced their work injuries as very traumatic and life-changing. They went from having no injuries and carrying on with life without being overly aware of their bodies, to bodies that are riddled with pain and disability.

Chapter Five – Conclusion

The main findings of this study corroborate the highly traumatic nature of work injuries and the difficulties that injured workers face during RTW rehabilitation. All the participants acknowledged that their respective injuries infiltrated and dominated their lives. There is little escape when an individual's life is portrayed as being infiltrated with pain and disability.

Chapter 2

Background and Literature Review

In this chapter, I will provide an overview of what a work injury is, and I will discuss what the financial cost of stakeholders include. The rest of this chapter focuses on injured workers and their experiences along their journey of recovery and rehabilitation. Returning to work after an injury consist of multifaceted processes, and it has been approached from many different perspectives. RTW has used the biomedical model, the forensic or insurance model, the psychosocial model, the ecological/ case management and economic model and the biopsychosocial model (Waddell & Aylward, 2010). Key stakeholders usually used these models in order to enhance the RTW process. Although the focus of this thesis is not on key stakeholders and the specific models they use for the RTW processes, these models still play an important role because they will affect how injured employees experience their RTW process. In this thesis, a work injury is seen as an injury that has occurred while the employee was at work, and specifically an injury that caused the employee to be off work for at least two months. According to a technical report that Allen and Clarke (2009) created, work-related harm or work injury is: “

> “a broad concept that encompasses all work-related health effects including occupational fatalities, occupational disease and occupational injury, as well as fatalities, diseases or injuries that are caused by work but may not be considered occupational, such as bystander injury. It includes both mental and physical harm and encompasses each of the four subsets, acute injury, chronic injury. Acute disease/illness and chronic disease/illness.”

Work Injuries worldwide are increasing, and they are a leading cause of disability (WHO, 2011). Employers encounter substantial financial losses when employees are injured at work. A “Wellness in the Workplace Survey” in New Zealand, found that when one employee is injured at work, it costs the employer between $600 - $1 000 per year (*Wellness in the workplace 2017: A survey report*, 2017). These costs might vary globally as well as between businesses. One study in Ireland found that the average costs for 12 non-serious accidents at work, resulted in employers losing about €52 000 a year (Sullivan, Seymour, & McDermott, 2007). Four serious accidents resulted in employee claims from €30 000 - €152 000 (Sullivan et al., 2007). These direct and indirect financial losses were due to, replacing of staff, paying other staff over time, retraining staff, personal compensation claims, “production and productivity losses”, repair bills, medical and travel expenses, and increased supervision (Sullivan et al., 2007).

Work injuries affect nearly one in four adults in New Zealand (Bevan, Bunning, & Thomas, 2012). In 2004/5, the “estimated costs of occupational disease and injury in New Zealand”, came to a total of nearly $21 000 million (Jenkins, 2010). This amount includes production disturbance, human capital, health and rehabilitation, administration, transfer and other expenditures such as equipment (Jenkins, 2010). The total cost for work injuries according to Accident Compensation Corporation (ACC) in New Zealand, from July 2015 to June 2016, was $662 218 956 million ("Accident Compensation Corporation," 2016a). In 2015-2016, ACC spent $19 million on work injury claims alone ("Accident Compensation Corporation," 2016b). According to Stats NZ, ACC received just over two hundred thousand new registered claims due to workplace injuries alone in 2017 ("Injury statistics - work-related claims 2017," 2019). An Australian report into work, health and safety found that direct costs

of work injury relate only to approximately 25% of total overall costs (*Work, Health and Safety: Inquiry into Occupational Health and Safety*, 1995). Treatment and management of these injuries are of particular importance because financial costs can be enormous for all the stakeholders' (interested parties) involved (Roesler, Glendon, & O'Callaghan, 2013). The focus of this research is based on the individual and in order to keep the cost low, on all the levels, to the individual, it is imperative to ascertain the factors that play a role in the individual's rehabilitation in order to RTW.

Return to work (RTW) is both an outcome and a process. In this study, the term RTW will be used to denote processes. According to Young et al. (2005), The RTW process consists of four phases: These four phases are just a generalisation, and it is not fixed. However, it provides a sound basis and understanding of how a rehabilitation plan can be set out for an individual with an injury

Phase 1 – Injury: The person is injured at work during this phase and remains absent from work. Assessment of the severity of the injury occurs, and treatment commences. Treatment can be in the form of rest, physiotherapy, surgery or a combination of these. A caseworker form ACC or other relevant insurance agencies will develop an RTW plan in conjunction with the injured employee, employer and other relevant stakeholders before returning to work. This RTW plan acts as a guide to inform employees so that they know what the RTW plan entails and so that they have a structured/ scheduled plan and timeframe that guides the RTW processes. The RTW plan also serves as a form of communication between the injured employee and the relevant stakeholders.

Phase 2 – Re-entry: The employee may re-enter work but not necessarily in the same capacity as previously, or in the same job as before the injury. During this

recovery phase, the employee might also start with light duties and work might be completely different than what he or she was used to before the injury occurred. The employee might be monitored during this phase to assess the progress (Young et al., 2005). Meetings with relevant stakeholders will most likely continue during this phase.

Phase 3 – 4 - Maintenance/ advancement: These phases signal that rehabilitation is complete, and the employee might either commence regular duties or enter an entirely different career based on their ability or disability after rehabilitation.

Return to work is seen “as a developmental and dynamic process” (Young et al., 2005). Many stakeholders are involved in the rehabilitation of the individual and eventual return to work. These phases provide a guide only, and it shows where an individual is on the spectrum between injury and healing. A caseworker is assigned to each injured individual to oversee the rehabilitation and RTW processes (Young et al., 2005)

“Injuries may directly affect an individual’s productivity by making work tasks difficult to perform” (Crichton, Stillman, & Hyslop, 2005). When one looks at the vast amount of direct and indirect costs that workplace injuries come to, it is understandable that stakeholders such as employers work in collaboration with insurance agencies such as ACC to speed rehabilitation processes up. However, those direct costs that I mentioned do not include ACC levies that employers are responsible for. These levies are handled by ACC and are regulated by the “Accident Compensation Act 2001” (Jenkins, 2010).

This ACC insurance agency is not focused on casting blame on someone, but it is there to rehabilitate injured employees and to make sure that those employees are

compensated before they RTW (Jenkins, 2010). Through paying ACC levies, businesses in New Zealand allow ACC to develop rehabilitation programmes for injured workers. ACC case managers (or other insurance agencies in partnership with ACC), then manage all relevant injury claims in conjunction with the specific employers. Different management programs and different agreements exist between ACC and businesses. So, for some businesses, it might be more beneficial if the injured worker returns to work as soon as possible. For instance, employers that use the “Workplace Safety Management Plan – WSMP”, will receive a discount on their levies when they adhere and comply to ACC’s correct health and safety practices (Jenkins, 2010). In another agreement, employers can use the “Full Self-cover – FSC”. The employer will entirely be responsible for the financial side of the claims, and ACC will be responsible for managing the claim after a mutually agreed period (Jenkins, 2010). There are more existing agreements between ACC and various employers, but those are not the focus of this research.

It is fair to mention that employers thus have different agendas in making sure that injured employees RTW as soon as possible and this can have an impact on rehabilitation processes, which in turn can influence the injured worker. A recent study by Durand, Corbiere, Coutu, Reinharz, and Albert (2014) found that rehabilitation processes and other practices within the RTW process, can influence injured employees and thus the subsequent success of the whole RTW program. Self-interests on the side of the employer can thus compromise the whole rehabilitation process, which in turn might negatively influence a worker and delay RTW. However, employers are not the only ones that are financially motivated during the RTW process. Insurance agencies such as ACC strive to reduce the cost of claims and healthcare professionals “are motivated to focus on their patient’s health

and recovery" (Peters, 2016). These interactions are complicated due to existing systems, processes and self-interests of stakeholders (Peters, 2016). It is these positive and negative self-interests (Peters, 2016) that drive rehabilitation processes, and although the end goal to RTW is the same, it is the injured worker that bears the brunt of it.

Previous literature about work injuries focused mostly on factors that could enhance the return to work, and although it is not mentioned per se, the financial burden to employers, insurers and healthcare professionals, seem to be a more important agenda (*Accident Compensation Corporation*, 2006).

Injuries sustained at the workplace have various negative consequences (Cacciacarro & Kirsh, 2006) and any issues that arise during the RTW process may affect the injured employee. The quality of life of injured employees is already affected by the physical injury (Street & Lacey, 2015) and life can become more stressful for them when various issues delay their recovery during rehabilitation (Pransky, Loisel, & Anema, 2011). A qualitative study by Caroll, Rothe, and Ozegovic (2013) found that stress negatively impacted on the coping abilities of some of the participants, which then can impact on the rehabilitation process. The physical constraints of a workplace injury are intertwined with the ability of the injured employee to cope with all the demands he or she has to endure during rehabilitation. Workers often experience emotional turmoil such as depression, anxiety, fear and self-doubt, which further impacts on their care, recovery and ease with which they re-integrate back to work (Peters, 2016). People are more likely to become depressed and experience anxiety due to the nature of their disability, pain, feelings of powerlessness, shame and general difficulties of having a physical injury (Bevan et al., 2012), which in turn can also delay RTW. People who experience long-term

adverse effects, such as pain, due to their physical injury, are more likely to become depressed because their quality of health has severely been hampered by not only physical but by psychological effects of their injury as well (Hu et al., 2014). Injured employees often experience depression and anxiety during their rehabilitation processes, which further impacts their care, recovery and ease with which they re-integrate back to work (Peters, 2016). Once depression has manifested, the RTW process can be delayed. However, physical injuries, psychosocial factors and society, work together to determine well-being and subsequently, the quality of life for injured workers.

A study by Dionne et al. (2013) found that negative factors such as employers who do not grasp the severity of injured employees' injuries and specific aspects of healthcare services might negatively impact on the RTW process. Dionne et al. (2013) also found that personal factors, such as when injured employees take part in physical exercise and those who had knowledge of their limitations and the extent they could push their injured bodies, experienced the RTW process more favourably. Another study found that when there are continuity and quality in rehabilitation, it is more likely that the rehabilitation process will be positively perceived by injured employees (Lindahl, Hvalsoe, Poulsen, & Langberg, 2013). Patients that are left with no power or control in their rehabilitation program fare poorer on their road to recovery than patients who feel valued and who are more in control by sharing some responsibilities (Lindahl et al., 2013).

A study in Australia confirms the fact that occupational injuries can have adverse effects on the well-being of injured workers (Street & Lacey, 2015). It is no surprise that people view work injuries as an unfavourable outcome in their lives. People are more likely to become depressed and experience anxiety due to the nature of their

disability, feelings of powerlessness, humiliation and general difficulties of having a physical injury (Bevan et al., 2012), which in turn can delay return to work. When injured employees experience barriers such as broken communication, conflicting information and a lack of financial support during the RTW proses, rehabilitation can take longer (Dionne et al., 2013). When there is broken communication during the management of these injuries, and the workers are uncertain of their future, the whole process is perceived as unfair (Hepburn, Kelloway, & Franche, 2010). A study by Soeker, Wegner, and Pretorius (2008) confirmed that many barriers such as the injury itself, depression, feelings of powerlessness and humiliation could influence RTW for the injured employee and poor communication between all stakeholders are ones that can pose a significant problem.

Uncertainties and perceptions of unfairness during the RTW process can also lead to fear and anxiety. A study by Lippel (2007) found that injured workers perceive the phase from when they were injured, through to rehabilitation and RTW, as unfair. Lippel (2007) also found that these perceptions of unfairness are driven by negative feelings and uncertainty around their future. These negative feelings often impact on injured workers' identity, and it can lead to power imbalances between stakeholders and injured employees (Lippel, 2007).

Breslin, Koehoorn, and Manno (2003) found that injured, workers suffer substantial financial losses as a result of their disability, and this places them at risk to become impoverished in the long run. Some workers even go so far as not to report work injuries for fear of losing income because it can have catastrophic effects on them and their families (Mullen, Gillen, Kools, & Blanc, 2015). They would instead risk working while they are injured in order not to suffer financially. It is thus fair to say that finances play a significant role in some workers who were injured and who need

rehabilitation in order to return to work. A study that was done by Glenn et al. (2000) confirmed that injured workers who earned high salaries strived to work harder to RTW sooner. Finances do not only play a short-term role. It is imperative to remember that many factors work together and therefore, must be taken into consideration when a worker is injured and needs to RTW in the future. Some injured workers still experience pain and other debilitating consequences, as a result of their work injury, “at one-year post-injury.” Glenn et al. (2000). Employees who were injured at work do not always recover completely, and as a result, they might become worried about their abilities to continue working. Some workers experience not only physical pain and discomfort when they RTW, but they also become anxious and doubt their ability to continue to work in the future and still be able to “provide for themselves and their families” (Glenn et al., 2000). Although worry is a characteristic of psychological disorders, it is also linked to health. Many studies have linked worry with a long-term illness, ongoing pain and health complaints (Borkovec, 1994). Workers’ mood and positive feelings towards stakeholders can also be a predictor of early or delayed RTW. A study Roesler et al. (2013) found that people who have positive experiences during the RTW process are more likely to RTW earlier. The process of returning to work after an injury is multifaceted (Jetha, Pransky, Fish, Jeffries, & Hettinger, 2015), because various agencies, professionals, organisations, society, friends and family are involved.

The RTW process is not always clear-cut. Injured workers sometimes struggle through these processes. A study by Roberts-Yates (2003) found that injured employees perceived health professionals and case managers to have their own agenda instead of the interests of injured workers at heart. These perceptions of unfairness when health professionals have their own interests at heart also leads to

injured workers perceiving health professionals as unapproachable (Shaw et al., 2010). These relationships with and between various stakeholders are vital for the RTW process.

Various models of disability or injury have been used globally over time. These models are not only used to identify injuries, but they also provide a way of dealing with injuries and ultimately, what the outcome might look like (Waddell & Aylward, 2010).

Models to conceptualise work injury and return to work programs

There have been various models of disability, which case managers have used to assist people in returning to work and, continuing rehabilitation after their respective injuries. The following is a list of models used for injury and subsequent rehabilitation: The biomedical model, the forensic or insurance model, the ecological/ case management and economic model, the psychosocial model and the biopsychosocial model. There have been various ways in which people have approached returning to work using different forms of models.

The biomedical model is exclusively used to alleviate physical injuries (Bevan et al., 2012). Injuries or illnesses were generally only seen as originating from a physical pathology where it relied on objective scientific findings (Schultz, Crook, Fraser, & Joy, 2000). As it was and still is, the biomedical model is the most well known and most researched framework used for RTW models (Knauf & Schultz, 2016). However, this model is not appropriate to use in rehabilitation because the focus is solely on individuals. However, it is evident that there are more factors involved in recovering from injuries and RTW than just the pathological components (Schutz, Stowell, Feuerstein, & Gatchel, 2007).

The forensic or insurance model, on the other hand, evolved out of the need to distinguish between people with real claims versus people who fake their symptoms for the sake of gaining financial benefits (compensation) and special considerations such as having their workload reduced or job transferred (Schultz et al., 2000). This model focuses on the morality of society, and it is also underscored by the scientific approach (Schultz et al., 2000). The concern with this model is that the onus rests on individuals to continuously prove their disability and this can result in increased suffering for claimants' and compensation costs are likely to increase in the long run (Schultz et al., 2000).

The ecological/ case management and economic models' central tenets suggest that since work injuries occur at work, managing it, has to happen in this context (Knauf & Schultz, 2016). Both these models have a systems approach that focuses on the interaction of the injured individual with, for instance, "workplace, healthcare and insurance factors" (Schutz et al., 2007). These two models sound ideal because of their systems approach. However, the main critique around them is the fact that various stakeholders, such as health professionals and employers, are "altruistically motivated to help an injured person RTW" (Knauf & Schultz, 2016).

The psychiatric model moved away from the tenets of the biomedical model and focused more on individual cognition, adaptation and explicitly viewing occupational disability within the social context it occurs in (Knauf & Schultz, 2016). These models view occupational disability as a systems problem which is created by certain conditions and relationships in an individual's environment; workplace, healthcare, family and compensation systems (Schutz et al., 2007). The advantage of these models is the inclusion of the individual and various systems such as the workplace to ascertain the role they might play in occupational disability (Schutz et al., 2007).

Vocational rehabilitation can be defined as “a process whereby those disadvantaged by illness or disability can be enabled to access, maintain or return to employment, or other useful occupation” (BSRM, 2000). A work injury might initially “originate from a biological condition”, but then it takes a developmental process (Waddell & Burton, 2005). This developmental process includes environmental factors such as social interactions and culture; personal factors such as beliefs, coping strategies, emotions, distress and biological factors such as the physical work injury (Waddell & Burton, 2005). Knowledge of a model that encompasses all the different factors that reflect the injured individual and rehabilitation after a work injury is thus imperative. The biopsychosocial model provides such a framework. It acknowledges the interaction between social (attitudes, systems, organisational), biological (health condition, physical injury) and psychological factors (personal perceptions, beliefs, behaviours, psychosocial factors) (Waddell & Burton, 2005).

There are various “biopsychosocial models of occupational disability” (Schutz et al., 2007). They all have common factors from the biomedical and social models, as well as interactional factors between the injured worker and various stakeholders (Schutz et al., 2007). Introducing the developmental stages of an injury as part of the biopsychosocial model contributes to its validity in returning the individual to work (Schutz et al., 2007).

Chapter Three

Methodology

Rationale for adopting a qualitative research approach

Most of the current research on work injuries used quantitative research, (Hu et al., 2014), (Adams, Ellis, Stanish, & Sullivan, 2007), (Lin et al., 2013), (Scott, Trost, Ilioto, & Sullivan, 2015). The purpose of this research is to understand the lived experience of a work injury.

Research in the middle 1900s was based around natural sciences with an empirical foundation (Giorgi, 2014). By using a scientific methodology, knowledge immensely increased because results obtained from experiments became more and more reliable. The way knowledge is generated in scientific research sets itself apart from other types of research. The epistemology of quantitative research utilises objective data that can be analysed and, in most cases, reproduced. The “researcher and the researched” exist independent from each other (Scotland, 2012). However, this type of investigation does not allow for insight into the human psyche, and one cannot find meaning or understand how people experience and perceive certain phenomena. Quantitative research is concerned with measurable constructs, and the theory or hypothesis that informs the research question, can either be accepted or refuted after the data has been analysed. A quantitative theory can only, for example, assess if a relationship exists between an injured person and the employer, health and safety at work, or the economic impact injuries might have. The epistemology of quantitative research is different from that of qualitative research. Quantitative or positivist research asserts that it is possible to obtain objective knowledge, whereas qualitative or interpretive research, views the world through an

objective lens. Positivist research focuses on hypotheses and theories to gain knowledge.

Qualitative research, on the other hand, is concerned with meaning (Hesse-Biber, 2017), discovery, description of human experience or problems. Research topics that include human experiences, such as work injuries, need a more humanistic approach. It also needs an ontological approach where “the reality is subjective” (Scotland, 2012). This subjectivity means that each person that experienced a work injury will perceive this reality differently. In any type of research, it is the philosophical or epistemological assumptions “about the social world”, and social reality, of a researcher, that drives the research process (Hesse-Biber, 2017) and informs the methodology.

As I described earlier, my worldview and philosophical or epistemological views, in part, led me to qualitative research. I believe that one cannot exist independently or in a vacuum in this world. Everything and anything will mutually influence the other. Researchers choose qualitative research for its focus on “meanings and interpretation and text as data” (Sloan & Bowe, 2014).

My aim with this research is to study the lived experience of work injuries. My aim is not to generalise my findings or to refute any theories regarding work injuries.

Phenomenology is concerned with how things appear to people and how they make sense of these experiences within the context of daily living in a pre-existing world (Kelly, 2002). Trying to understand how people experience things; what things mean to them or finding out what is going on in their conscious when they experience something, requires a philosophy that includes the subjective mind. Phenomenology is such a philosophy. Miller and Crabtree (1999) describe it well in their research;

phenomenology delves into what it means to people to experience things in their lives.

To, therefore, understand and explain phenomenology, and the role I will play in this research, it is imperative to look at the philosophical roots of phenomenology. Epistemological and theoretical underpinnings of phenomenology are closely related, and they need clarification. I will also elaborate on how I will use the data to describe participants' experiences and how interpretation might flow out of their stories (Landridge, 2008).

Phenomenology originated with Edmund Husserl (1859 – 1938) who was a mathematician and a physicist (Converse, 2012). He set out to construct fundamental concepts in different sciences (Langdridge, 2007). Husserl analysed how people perceived the "objects of study", and he strived to identify these concepts by describing how it appeared to them (Langdridge, 2007). This notion of conceptual knowledge of phenomena laid the foundation for phenomenology – understanding the way people perceive this world that they live in. Husserl was interested in the lifeworld as lived by an individual (Laverty, 2003). This life world portrays a phenomenon, as an individual consciously experiences it (Pascal, Johnson, Dore, & Trainor, 2010). Phenomenology is thus a method of inquiry with philosophical roots.

Such a method of inquiry asks questions such as, "what is an experience like?" (Laverty, 2003). Husserl argued that the lifeworld of individuals consists of taken for granted things. According to Husserl, in order to describe the meaning of a lived experience, the researcher has to bracket or set aside all other opinions and perceptions of such an event.

Other philosophers such as Heidegger and Merleau-Ponty extended this phenomenological movement to include interpretation (Langdridge, 2007). Closely related is the ontological meaning of being in this world. Ontology is concerned with the nature of being (Converse, 2012). Heidegger sees being in this world as something that is always related to something else. A world that already exists and a world which humans occupy. In the book Being and time, Heidegger asserts that being is a continual process (Heidegger, 1962). This continual process of being is also circular (Heidegger, 1962). According to Heidegger, the meaning of being can be studied through this hermeneutic circle (Heidegger, 1962). This hermeneutic circle means that a researcher will have 'preconceptions of some things being before approaching it to understand and interpret it' (Converse, 2012).

Heidegger developed the concept "Dasein", a German word, which means existence, but a more literal meaning is "being there" (Langdridge, 2007). In his philosophy, Heidegger denotes the principle that because people live in this world, they are also inseparable from this world, while their lives are embedded in everything they do (Horrigan-Kelly, Millar, & Dowling, 2016). The way Dasein is embedded in this world also contributes to Dasein's 'everydayness'; Dasein makes sense of their being through everyday encounters and interactions (Horrigan-Kelly et al., 2016). Heidegger saw human existence in relational terms (Converse, 2012). In other words, people live in a pre-existing world which "forces" people to develop or form relationships in order to participate and function in this pre-existing world. People need language in order to exist and interact meaningfully in this world. Dasein creates names for everything through the use of language (Scotland, 2012). The world needs people, and people need language to exist and to form any kind of relationship on this earth. People cannot exist independently from this world, and this

fact illustrates that Dasein cannot be studied separately from this world. It must instead be studied in a holistic way where every experience, such as a work injury, must be seen in this totality of existence in the world. Existence, and thus peoples' experiences, develop meaning, through language, and it is contingent on culture and context when they live in this world and form relationships with others (Langdridge, 2007). Langdridge (2007) describes Dasein as a verb, where human life is not just living in this pre-existing world, but because of this living, life is also a continuous process of creation.

An individual that is injured at work must, therefore, be seen relative to all the experiences and pre-existing relationships that connect and link the injured person to this world, whether it is social, family, work or in society. An injured worker might then continuously change his or her perceptions and experiences mixed emotions as he or she moves along the continuum of an injured worker on their road to recovery. Injured workers' perceptions and experiences will never be stagnant, and it is with this in mind, that I am interested in their journey on their road to recovery, and how they perceive and makes sense of what is happening to them, as a result of their injury.

These experiences can involve the employer, coworkers, supervisors, educators, previous employers, health and safety training, previous knowledge of health and safety practices, family, medical professionals and insurance agencies, to mention a few. Unspoken influences or pre-existing notions of experiences and values that a person picks up through his lifetime shapes the world the injured individual lives in. Undoubtfully, individual and stakeholders' attitudes and personalities may have reciprocal influences and also affect how workers will experience their injuries. People are not always aware of these influences in their lives and how meaning is

created by just being in this world. Living with a work injury is thus entirely dependent on the situation, and an injury must be examined against the social, cultural and historical perspective of the injured person (Langdridge, 2007).

Heidegger saw language and written words as one avenue through which people can start to grasp what this world is about and to find meaning in one's existence (Langdridge, 2007). I have to talk to people so that they can give an account of their experiences in order to understand how their injury occurred and how they experienced their journey. In "Heideggerian Phenomenological" research, data is usually collected "through in-depth interviews with participants" (Converse, 2012).

Interviews provide unique conversations (Smythe, Ironside, Sims, Swenson, & Spence, 2007). These interviews tend to be neither structured (too rigid) nor "unstructured" where the researcher is not prepared and with no clear sense of why he is there (Smythe et al., 2007). The researcher needs to be open during the interviews in such a way that the conversations engulf him. This openness is parallel with being ready for the "insights that emerge, even if the shock, up-turn or disconcert" (Smythe et al., 2007).

It is nearly impossible for the researcher to "ignore our own experience of the phenomenon in question as our experience of the phenomenon arises out of our own position, which is informed from experience of the phenomenon, a circular event" (Miles, Chapman, & Francis, 2015). Hermeneutic phenomenologists embrace this notion about the so-called biases "of the researcher" (Miles et al., 2015). My knowledge, passion and experiences of work injuries made me pursue this research. My background and knowledge of work injuries allowed me to be more sensitive towards individuals with work injuries. It also enabled me to question my participants

about their experiences by asking the right questions in order to capture their unique experiences.

Participants

I used two methods to recruit participants for this study. The first method was to contact people that I knew had had work injuries and had been off work for at least two months before they returned to work, or who were still in the process of rehabilitation. The second method was snowballing; I asked participants who had already agreed to take part in my study if they knew of any other people who might fit the criteria. The participants then gave me the contact details of other people who were interested in taking part in my research and who agreed that I could contact them regarding the research. The type of occupation did not matter because the researcher was only interested in the lived experience of a work injury.

Five participants took part in this study. There were three males and two females, aged between 45 and 62 years. The ethnicity of the participants varied between Pakeha/ New Zealand (2), South African (2) and Maori (1). One participant has a permanent disability and will never be able to work in the same profession. Two participants have returned to work but changed employers, and the last participant has partially returned to work and is currently engaged with the RTW process, and the last participant has been off work for about two years and is slowly making progress in managing a few hours of work during the week. I provide detail of the participants' injuries later in the chapter.

All but one interview took place at the participants' homes, with one interview taking place at the home of the researcher.

Collecting Data

In quantitative research, the researcher stands objectively to the data collected. Data collection methods are chosen in such a way that the researcher exerts as little influence as possible on the data collected.

Collecting data in qualitative research, on the other hand, is in stark contrast with those of quantitative research. The researcher deliberately infiltrates the world of the participant by conducting interviews with them. Interviews allow for in-depth discussions about the phenomena under investigating. The researcher strived to listen and become part of the participants' journeys and the social world when they disclosed their lived experiences and perspectives of having sustained a work injury. The researcher also strived to gain insight into how the various processes affected the participants' rehabilitation and recovery to return to work. These interviews allowed the researcher to be privy to the participants' thoughts, actions, beliefs and perceptions that formed part of their repertoire. These interviews lasted from 25 minutes to 72 minutes.

All interviews were audio recorded and transcribed verbatim with permission from the participants. Pseudonyms were used throughout the transcripts and thesis to maintain confidentiality. All interviews and transcripts were kept in a password protected file on the researcher's Laptop. Any notes or memos were securely locked in the study desk of the researcher.

Interviews

Semi-structured interviews were held with all five participants. These semi-structured interviews allowed some flexibility, and it helped the researcher to follow the interests and thoughts of the participants (Immy, Holloway, & Wheeler, 2010). Before each

interview, the participants received oral and written information regarding the study. Each participant was reminded that participating in this study was voluntary and that they could stop the interview at any time. The participants were advised that they could also withdraw their data up to one week after the interview. The researcher advised all the participants that they could also ask questions during the interview. A copy of the consent form is provided in Appendix 2.

An example of the semi-structured interview questions is attached in Appendix 3. The researcher strived to establish rapport and put the participants at ease before the interviews started. Participants will talk more freely and provide more information when they feel at ease and trust the interviewer with their lived experiences. All the participants were assured that their information and disclosures will be kept confidential and that pseudonyms will be used instead of their names when quotes are referenced in this research.

The first question in the interview focused on how the participant's injuries occurred. The central idea of this question was to engage the participant and to establish rapport. In line with this question, the participants were asked how they experienced and made sense of their injuries.

The researcher strived to engage the participants during the interview by maintaining a conversation style when questions were asked. When the researcher was unsure about the meaning of something the participants' replied to in the interviews, the information was repeated back to the participants, and they either clarified it or elaborated more so that the researcher could fully understand the stories of the participants. In order to make sure that the conversation flowed between the researcher and the participants', they were encouraged to talk freely by saying

“mmhh, uhuh, okay” during the interview. I also asked probing questions such as: What else can you tell me? Can you elaborate a bit more? By asking probing questions, I strived to collect more in-depth replies from the participants.

Ethics

All participants were given an Information Sheet that contained all the relevant information regarding this research. Some participants read the Information Sheet on the day of the interview. The other participants requested me to send the Information Sheet via email to them. All the participants were given a chance to read through the Information Sheet before the interview started. This information sheet is attached in Appendix 1. All participants were asked to sign the Informed Consent sheet before the Interview started. An example of the Informed Consent form is attached in Appendix 2.

I explained to all the participants that participation in this research was voluntary and that they could withdraw at any time. All participants were assured that their information would be kept confidential by using pseudonyms instead of their names in the research thesis.

This study was approved by the Massey University Human Ethics Committee, and it is attached as Appendix 4. The Ethics committee was primarily concerned with the welfare of the participants. However, this study was seen as low risk. It is possible that the participants might have experienced negative or distressing emotions when they had to recall their work injury, especially if their experiences around their injuries were negative. However, people who have been through bad experiences sometimes find it helpful to talk about it. I had a moment of reflection after each interview to further eliminate or reduce any stress that the participants’ might have

experienced. This reflection after each interview also enabled me to ask the participants if they wanted to withdraw any statements.

The Ethics committee was also concerned with the safety of the researcher. I made sure that I had a cellphone with me at all times. The reflection after each interview with the participants also gave me a moment to gather my own thoughts around some of the distressing stories I heard. I was able to come to terms with the distressing stories by writing my thoughts and perceptions down after each interview.

All five participants requested a summary of the research findings. This summary is attached as Appendix 5.

Data Analysis

All five interviews were held within six months. The analysis of the data began as soon as the interview started. The researcher did not write any notes during the interview because she wanted to pay her full attention to everything each participant disclosed. However, the researcher scribbled notes after each interview. The researcher started transcribing each recording, verbatim, immediately after the interview. I read the first transcript a couple of times, in order to get familiarised with the content before I interviewed the next participant. This method helped me to prepare for each consecutive interview by adding or changing questions. Listening to the recordings and transcribing every interview, provided the researcher with ample opportunity to reflect, ponder and make additional notes about any observations and feelings during and after each interview. After all the interviews were done, the researcher took the time to read each transcript a couple of times again.

While the researcher read the transcriptions several times and pondered over each one, similar concepts were noticed. These concepts were written down, and similar

ideas from all the transcriptions were grouped and written down around the central theme. This process of reading and pondering over each transcription continued until the researcher had five main ideas around which work injuries were interpreted.

These interviews and subsequent transcriptions resulted in rich eye-opening stories of people and their harrowing accounts of their lived experiences with work injuries. The next chapter, Chapter 4, presents descriptions and interpretations around the lived experience of work injuries. The researcher used quotes in order to highlight these interpretations. The researcher used literature in order to validate these interpretations.

Description of participants' injuries

I will provide a summary of each participant's work injury next (without identifying who they are), while still making sure their confidentiality is protected.

Participant 1- Pseudonym Connor

At the time of the interview, Connor was still of work due to his injuries. He struggled with ACC and his employer to recognise his injuries due to his job. At this stage, he has been off work for nearly three months, and finances were running low. Connor injured his shoulder, and he eventually ended up with what the doctor's called it, a 'frozen shoulder'. This was an excruciating injury. Connor kept working after this injury because he believed that it would eventually disappear as his other injuries had. However, unfortunately, his injury got worse, to the point of him not being able even to lift his shoulder and so he had to take time off work as a result of this injury. He struggled with ACC to get his injury covered as a work injury instead of it being labelled as degenerative.

Participant 2 – Pseudonym Chyna

Miss Chyna has been off work for nearly six months at the time of the interview. It seems as if her work injury took a very long time to be correctly diagnosed, which left her in a tremendous amount of pain. ACC questioned the validity of her injury and suggested that other people who had similar injuries returned to work sooner. Chyna had a microdiscectomy on one of the discs in her back. However, it seemed as if her surgery did not completely alleviate her symptoms, which still left her in a considerable amount of pain and discomfort.

Participant 3 – Pseudonym Spark

Mr Spark was busy packing to move to a different city, at the time of the interview.. At the time of his injury, Spark was working outside, and at one stage he had to cross a river with various equipment. He followed the correct health and safety rules, and as a result, he was connected with a rope to ensure he would not drift away if he fell into the water. However, Spark slipped, which caused him to hang on the rope. Because he hung on the rope, he fell into the water and could not get out of the water. This backlash of the rope caused a massive tear in his shoulder, which eventually led to nerve damage, which rendered him unable ever to work again.

Participant 4 – Pseudonym Vice

Vice has returned to work at the time of the interview, albeit a different employer. At the time of his work injury, Vice had been off work for nearly three months. Vice dislikes wearing gloves, which was a health and safety requirement from his employer. On this fateful day, he wore gloves and a momentary lapse in his concentration caused the machine he was working on, to grab his hand and pull it in. Vice jerked his hand out of the machine and folded his hand and fingers that were

hanging to one side, back in. Another employee took Vice to his general practitioner, but he advised them to instead go to the emergency department of the local hospital after he saw the extent of Vice's injuries. Vice was in a considerable amount of shock and pain directly after the injury, and relevant information regarding his injury was not given to the health professionals. This oversight of the doctors not having all the information or details around what occurred at the time of Vice's injury influenced his rehabilitation process considerably.

Participant 5 – Natasha

Natasha has not returned to work, at the time of her interview, and she will most likely never be able to work in that same capacity as she had before her work injury. Natasha dropped a paper on the ground, and when she bent to pick it up, felt a sharp pain in her knee. She received a letter from ACC saying that her work injury will be covered, but ACC backtracked it, and they denied her claim. This conflicting information and denying her claim caused Natasha a considerable amount of stress, and as a result, she had to employ the help of her union. ACC eventually accepted Natasha's claim. As a result of the work injury, Natasha favoured her 'good' knee. Two weeks after her initial work injury, Natasha tore the cartilage on her other knee. She has been off work for at least three years and is still busy with rehabilitation. ACC took too long to help Natasha with her first work injury claim, and as a result, she injured her 'good' knee. Natasha developed CRPS, complex regional pain syndrome. CRPS is a painful condition that has disastrous effects on the individual. Natasha said her husband came up with a perfect analogy that describes CRPS very well." When a person walks outside on a hot sunny day, she will know that it is hot. The difference with CRPS is that if you put your hand on an element, it burns. A

person with CRPS does not know the difference. It is sort of going into the sun and thinks it is an element.”

Chapter 4

Findings and Analysis

This chapter provides insight into participants' lived experiences of work injuries and in their coming to terms with their broken bodies and how they still live with these injuries on a day to day basis. I will use direct quotations from the transcribed interviews to illustrate and give voice to the participants in order to show how disruptive, harrowing, and in some cases, life-changing experience of work-injuries was and still is for some. I will describe how these participants perceived what happened to them and how they eventually developed skills to cope with their injuries.

I will provide an analogy (through a picture) of my interpretation of having a work injury here at the beginning of the discussion. The reason that I provide this analogy of my interpretation at the start of my discussion is so that the reader can form a coherent picture to visualise just how harrowing and traumatic these life-altering experiences were and still are to my participants. Another reason for this analogy at the start of the result section is that the subsequent descriptions and interpretations during this chapter will appear to be fragmented, but I will pull everything together at the end of my results section.

As I read the transcriptions, wrote memos, re-read the transcripts, wrote more memos, to become familiar with the data, a picture of the Christchurch earthquake sprung into my mind, and I saw the old Christchurch before the earthquake and the new Christchurch after the earthquake. I saw the total devastation of the people affected by it, the ruins of a city that had to grasp the enormity of the disaster, accepting of what cannot be made undone, blaming and shaming the man-made

structures that collapsed and then slowly, very slowly the people and their city, their community stood up in the face of adversity and step by step together they started the path to healing. After the initial disruption of everybody's lives, blame was dished out, and accusations of poor engineering and unsafe practices of man-made structures arose. The city will never be the same again, and the ruins paved the way for new, safer buildings. The community provided support to one another, and although things will never be the same again, some people learned to live day by day, and as things slowly settled down, a slither of hope encouraged people to move towards the light, others fell sharply into a bottomless well of depression, crippled by the unbearable pain. Some people struggled with their insurance companies, and it became a hassle; almost like a symbol of the ruins of not only lives but buildings and homes. Without noticing it, some people developed coping skills in order to survive and make things more bearable. After some time, and looking back, some of these people were amazed at what was accomplished and how they grew not only as a person but as a community as well. Christchurch will never be the same again, and the ruins tell its own tale…

Some people might interpret the picture that I described in a completely different way when someone else looks at it. The analysis of these transcripts is not based on providing or refuting factual information, but rather on describing how the participants live with their work injuries. There is no dispute that injuries are categorized as adverse events in peoples' lives. Injuries can be damaging, disruptive, threatening peoples' existence, and prohibit them from chasing future-oriented goals (Carel, 2013).

On the other hand, injuries can also have positive effects in the sense that they lead to self-understanding and an accumulation of knowledge (Carel, 2013). However,

growth and rehabilitation usually occur much later when a person has moved away from the real shock of the injury and the violent interruption of an uneventful taken for granted life. Any injury to an individual's body leads to alienation of that body in the space he occupies. When a leg is broken, for instance, an individual needs to use crutches in order to get around and move from point A to point B. Normally, people are not aware of heir lived bodies until something in that body prohibits them from using as it is 'designed' to use such as a leg in a cast. When an individual sits behind a desk, and he wants to get up and walk out of the room, the whole body will not have a problem, and it will do so automatically without thinking twice. However, now, a broken body; a leg in a cast and crutches to move around, will perceive this previously work-desk as a desk that is in the way and a desk that he needs to hop around in order to get to the door. Toombs (1995) describes it as "the surrounding world is always grasped in terms of a concrete situation." All objects and surrounding space assumes new meaning when someone has been injured. People use their physical spaces to orient their bodies in space (Toombs, 1995). Any change to someone's body purports them toward alienation of their respective bodies in the spaces they occupy. An injured body has to navigate in unfamiliar and alien spaces in order to drag their broken body from point A to point B.

Work injuries are a common occurrence, yet little is known about the subjective experiences of the injured worker. Work injuries and the accompanying trauma and suffering are challenging not only for the injured worker but also for the stakeholders managing it.

In his book, Van Manen (1990) stated that "literature, poetry or other story forms serve as a fountain of experiences to which the phenomenologist may turn to

increase practical insights." This statement of Van Manen asserts that the researcher can use existing literature to find similar views of the phenomenon being researched.

This data analysis consisted of a few phases. During the first phase and after each interview, the researcher wrote a concise summary of each participant's story. The central tenet behind these summaries was to find and note overarching ideas between the participants' stories and to note questions that arose.

The second phase consisted of finding literature on work injuries and noting their main themes. Johnson, Taggart, and Gullick (2016) found that for people who had work injuries, the following were important: Family-centered concerns, developing routines, patient-centred concerns such as the need for close family and feelings of vulnerability. People also found it essential to find a new normal, rethinking their work situation, sharing their recoveries during their time in hospital and empowerment through self-care (Johnson et al., 2016). Another study of injured workers' mental health, found the following; home and family life changed dramatically, they felt alienated and abandoned, the support of family was essential, and they felt that the systems driving rehabilitation needed change (Cacciacarro & Kirsh, 2006). A study by Ash and Goldstein (1995), for instance, found that depression is rampant amongst injured workers. Stone (2003) interviewed injured workers and found that worker identity was high and that they struggled because they had to stay home during rehabilitation, and these injured workers also felt stigmatised by people in their community. The study by Shaw et al. (2010) shone a light on how inaccessible injured workers experienced the system and how difficult they found conflicting information by health professionals. Another study found that communication can become a problem when there are so many different stakeholders in the rehabilitation processes involved (Wong, Liamputtong, Koch, &

Rawson, 2015). These and much other literature served as a guideline for what was found in the transcribed interviews.

The third phase involved going back to the full transcribed interviews and identifying clusters of ideas that correlated with each other. These ideas in the third phase were much more comprehensive than the ideas that emerged during phase one. However, the reason behind returning to the transcribed interviews was to protect against isolating myself from the data.

The fourth phase consisted of the write-up process. The main ideas were typed in excel with the corresponding quotes to aid in the understanding and the interpretation of this data.

In order to present the findings of this research, I will break the experiences of my participants' work injuries up in different components.

- Trauma,
- Broken body, feelings of humiliation/ shame, inferiority, losing control (powerlessness)
- Communication, conflicting information
- Relationships, disruption
- Coping

Trauma

During each interview, the participants described initial reactions of shock and disbelief after their respective injuries. All the participants evoked a sense of being thrown into a 'new' world. This new world is entirely different from what they were used to.

An earthquake sometimes occurs out of the blue without any warning. Such a disaster can change people's lives irrevocably, and it is very traumatising. A work-injury also occurs suddenly; just as an earthquake; it is disruptive and traumatic, and some participants described what went through their minds when they injured themselves. This analogy reveals just how harrowing and traumatic the participants' experienced their work injuries. In order to reveal just how traumatic the work injuries for my participants were, it is necessary to elaborate on the situatedness of their physiological bodies in space. The physiological body is, at the same time, subjective, and it occupies space (Ataria, 2016). The lived body of an employee is, therefore, a way of being in this world and a way of experiencing it; the embodied experience. One participant described how traumatic the work injury was for him. In no uncertain terms, Merleau Ponty (Kelly, 2002) highlights the fact that our bodies are always with us. From the description and metaphors that Vice used, it is clear to see that he perceived his experience of the work injury "through his lived body" (Ataria, 2016).

Vice thought that his life was going to end at that moment.

> *"I just thought this machine is going to eat me alive."*
> *"I couldn't work… I couldn't close my hand… I couldn't close it; I couldn't open it."*
> *"It must be the worst feeling… seeing your hand going into the machine but, you don't know what you know; you see your life coming to an end." "I know what a machine does. You don't stop it. There is no way you can stop all that; it just carries on. There is no way you can stop it, and if it just keeps on reeling you in, it's going to knock you to pieces… unless it takes a limb off.*

Vice's injury occurred so fast, and it was so traumatic that he had difficulty remembering how it unfolded.

> *"Everything is too fast. So you don't really realise what happened. It's only when you sit down, and afterwards, long afterwards, that I could really put my thoughts back and*

start re-living the whole process and understand exactly what happened. I just said this machine is going to eat me alive!".

When Spark was injured, he fell into a river. He was so severely injured that he needed assistance to get out of the water.

"I slipped, and I was hanging on to a rope, and this caused me to land in the water. Yeah, not being able to get out of the river. I had to get assistance to get out".

Spark also experienced trauma in the form of not being able to work ever again. Spark loved his work, and he was immensely disappointed when various people told him that he would never be able to work again. He mentioned not being able to work many times in a short period. Work has been significant for Spark, and he found it very traumatic not being able to work again. Careful attention directs one to the language Spark used to explain that he was no longer able to work. His words provide a vivid picture of a man robbed of the very thing that gave him meaning in life; namely being able to work. He experienced feelings of anguish and torment because, at that moment, he could not envision his life as one where he will never be able to work again and provide for his family.

"They said I would never be able to go back."
"You'll never lift a ladder again."
"She says you'll never get back to your job again."
"It's not positive, you know it's not what I want to hear."
'You mustn't think about going back to work… she said you just wouldn't get there."
"I battled, I battled, you know, even writing has become a battle."

According to well-known phenomenologists such as Heidegger, language plays a vital role in describing experiences (Kaelin, 1989), such as a work injury. Language is the way experiences are described, and this allows meanings to become exposed (Ellis, 2014). A phenomenological perspective also moves the reader to focus and pay attention to metaphors in order to highlight the specific meanings of subjective

experiences (Ellis, 2014). The powerful metaphors Vice used is an indication of how traumatic and severe he experienced the work-injury.

> *"This machine is going to eat me alive!" "It will just keep rolling me in."*

Spark explained;

> *"I battled, I battled. Everything has become a battle."*

Natasha developed CRPS – Complex Regional Pain Syndrome from her injuries. This injury was very traumatic to her, and it altered her life completely.

> *"They put me through the wringer."*
> *"On a hot day, a sunny day, you walk outside, you know it's hot, you can feel the heat. Tthe difference is, if you put your hand on an element, it burns… a CRYPS sort of doesn't know the difference in it. It's sort of going in the sun and thinks it's an element."*
> *"A smoke detector will detect slight air from a bullet… just paving underneath it, and thinks it's on fire, doesn't know the difference, or sets of the alarms."*

The picture Natasha paints of her injury is one that is so extreme because it affects her whole existence. It affects how she experiences all interactions and how she sees the world. For example, an ordinary and relaxing stroll outside in nature is far from ordinary and relaxing now. Toombs (1995) describes it as "the surrounding world appears (feels) different than it did before bodily dysfunction."

Metaphors tell potent stories, and they are often taken for granted (Vaara, 2005). It is impossible to discern how the participants made sense of their injuries since many of the processes are unconscious. There is no method to "access a client's unconscious" (Emson, 2016). Emson (2016) suggests that researchers look at participants' use of metaphors in order to get a glimpse of their "unconscious processes " to understand, how they make sense of their work injuries.

Connor knew at the moment of the injury that his life was going to change irrevocably

> *"I definitely knew that I wrenched something beyond… beyond the norm. You know, the worst thing is mate, is the trauma of just having your destiny taken out of your own hands."*

As Radcliffe, Ruddell, and Smith (2014) explains, Connor had a "sense of a foreshortened future". Connor experienced a moment where time and body cast a sense of doom. Again, it is the language that Connor used here to describe the moment he was injured, that leads one to think that this injury was going to have far-reaching effects for Connor.

As Diedrich (2001) has argued, these participants experienced their body as central to their functioning when injuries arose. All the participants used suggestive language and metaphors to describe the powerful and traumatic experience of their work injuries. It is essential to understand at this stage that the participants' traumatic injuries forced them to become critically aware of their bodies and the space that their bodies occupy.

Broken bodies: feelings of humiliation/ shame, inferiority, losing control powerlessness)

Existing structures such as buildings and roads can rupture and break down after an earthquake, which can cause irreparable damages, just as work injuries can change people's lives and damages their bodies; sometimes forever. These broken buildings are ugly, and a previously beautiful city was left in ruins. There is no place to hide, and rebuilding takes time and effort.

The participants experienced physical injuries, which lead them to perceive their bodies as broken. Diedrich (2001) suggests that “the body is the vehicle in which one lives through”. The stories of the participants reflect this idea of the body as a vehicle, and it highlights just how difficult life with a broken, injured body is.

Vice has never had a work injury or any other injury in his life where he had to deal with doctors, health professionals or employers, and he described how the injury was a shock to his system.

> *“My own ego was shocked through the roof, that’s all. I was in, all my life I’ve never had an injury, and I will call other people idiots if they had an injury. So back to my own ego, it was not good at all, useless, because you can’t, can’t do anything, you’re not allowed to do anything.”*

Diedrich (2001) describes an injured body as becoming “conspicuous, obstinate, and obtrusive; it can break down, either temporarily or more permanently, and in doing so it appears to us and becomes an object of our attention”. Vices injury made him painfully aware of the shortcomings of his broken body. He describes it:

> *“There are certain days that I just can’t pick up something. It just falls through, and you think you gripped it. You think you’re there.”*

It is as if Vice’s experiences of his bodily shortcomings resulted in having a ghost body that is just not there for him when he needs it. Even though Diedrich (2001) suggests the injured body becomes the focus of attention, it is the shortcomings of the injured body that screams out. Vice further explains:

> *“You pick up something in the way you used to pick it up, and nothing comes with you. It just falls on the floor”.*

Vice started to doubt his abilities, and it made him pity himself.

> *“You sit there and go through self-pity.”*

Vice did not only feel self-pity, but he also felt a sense of humiliation and inferiority because he was not able to dress. This inability to dress caused Vice to feel very self-conscious.

> *"I couldn't do my buttons. I couldn't eat with this hand. I couldn't do anything with it".*

Vice could not drive;

> *"She had to take me. So she has to take off work as well. It affected her pay as well. It's so frustrating".*

Vice's feelings of humiliation, inferiority and frustration are thus directly linked to his broken, injured body. Vice's injured body here is becoming "responsible for" his suffering (Ataria, 2016).

An injury disrupts the equilibrium of a body, and it leads to a broken body through which the world is experienced (Diedrich, 2001). As is often the case with a broken, injured body, the individual might feel ashamed or humiliated. Vice felt humiliated because he could not work because of his broken, injured body and therefore had to ask for financial assistance.

Connor explains why he felt humiliated;

> *"You know, you're going through that mate, and I don't cry often, but I'd tell you what, I'd several times in this that I especially when I was denied the claim for the second time and I had to go along to WINZ and suffer that humiliation and that…"*

Some participants felt inferior to ask for assistance, and they dread the public humiliation (Fitzpatrick & Finlay, 2008). Before the participants' work injuries, their lives were full, and they lived independently. However, after the injuries, their bodies became dependent on other people, tools and organisations (Diedrich, 2001). It is this notion of being dependent on people or tools to live, that can render an injured individual to feel ashamed or humiliated. Connor further describes his feelings.

"You don't feel like you are out there to support the family, you know. It plays on you. You can't live. It frustrates the guts out of me because it's an injury that you can't really see".

Humiliation, shame or feelings of inferiority can manifest itself in many different ways in an injured lived body (Toombs, 1995). Living with a broken body is thus very challenging, and the road to recovery is far from smooth. Natasha describes how she thought she was going crazy because she could see her leg, but at the same time, it did not obey her.

"*So I could walk down, do that, but even then like I'd get halfway down, and my leg would stop working. It just would not do what it was told. Like it wasn't my leg, and part of CRPS is the limb becomes…. Like it belongs to someone else. It's really weird. Like you're going nuts".*

Spark is a highly skilled professional, and he did not only feel that the work injury disrupted his otherwise normal and uneventful life in a whole body but because of his injury, that left his body broken, he could not even hold a spade in his hands. Holding a spade in hand is something that anyone can do; albeit in an un-injured body. Not being able to hold a spade, made Spark feel stupid. This feeling of being stupid created negative emotions in Spark, and he started to judge his mental abilities.

"it makes you think you're stupid, you know." "I said to my wife, where's that bleddy spade, and I didn't remember that it was still stuck in my hand, it was still in my hand, that's… when I thought to myself, I'm going crazy."

Asking for monetary assistance was the culmination of a broken body for Connor. Before the work injury, Connor worked like everyone else. He was proud to look after his family, without any financial help from anyone. However, all this changed when his body broke down.

A whole, lived body is inconspicuous and often taken for granted. It is only when that body is altered through injury, disabled and broken down that an individual

realises that there is a loss of control. Losing control of one's body is often humiliating.

> *"… because other people have got so much influence on your fricking life, there's nothing you can do about it."*

This factor of losing control in a broken, injured body can also lead to feelings of inferiority and negativity. Spark describes it;

> *"She was going to be the coordinator, between myself and work, and I and ACC, anyway, uhm ja I spoke to her. Everything was sorted out, then, you know, now I've just… you feel inferior; you can't get the ball rolling." "Yeah, you feel inferior because you can't, you can't, I mean I wanted to go into work."*
> *"So it was just, you know, you feel inferior because you're trying to, trying to get things going, trying to understand what is happening."*

A study by Lippel (2007) found that workers perceive a work injury as unfavourable and that losing control is one of the consequences that flows out from this negativity.

The participants realised straight away that their lives had changed irrevocably. As with findings reported by Fitzpatrick and Finlay (2008), the participants in the present study confirm how difficult it is to live and act comfortably in their new world. New identities were formed as the broken body moved forward. According to Fitzpatrick and Finlay (2008), "our identities are shaped by what we do and how we do it". It is thus no surprise when feelings of inferiority, humiliation, and losing control develop as "a new disabled persona begins to emerge" (Fitzpatrick & Finlay, 2008). A study by Tangney, Miller, Flicker, and Barlow (1996) also found that feelings of humiliation, inferiority, and powerlessness are often related to trauma.

Communication

Some people and organisations experienced difficulty in communicating after the buildings collapsed in the Christchurch earthquake. People were still traumatised, and they experienced conflicting information and a break down of communication. Some people still struggle with insurance issues many years after the devastating earthquake and conflicting information are given to customers blaming it on the earthquake.

People are shocked, injured and traumatised during and just after an earthquake. Just as with an earthquake, people sometimes find it challenging to comprehend and make sense of work injuries, and communication can become strained. It is during this heightened stage of emotion that it is difficult to retain information. As the process of healing and making sense of what happened continues, and people go through rehabilitation in order to rebuild their lives, various stakeholders are involved. It is through these relationships with stakeholders that communication can become skewed. Vice explains how he received information from an orthopaedic surgeon to see a physiotherapist as soon as possible. However, both Vice and the orthopaedic surgeon had different perceptions about what exactly 'as soon as possible' is. :

> *"An orthopaedic surgeon said that you have to go back and see the physiotherapist as soon as possible. But I didn't realize how or when is as soon as possible. To me, as soon as possible is after the stitches come out of the wounds. But that was exactly, the day after this happened, that you got to start the physio. I was supposed to go back and see a specialist, the orthopaedic specialist. I never saw any specialist, and nobody said I had to go back".*

The issue of this communication might have been responsible for a breakdown of trust between Vice and the stakeholders. Salazar and Graham (1999) confirm that for an RTW management plan to work effectively, communication between all the

stakeholders is essential. It thus seems that communication is a prerequisite in managing workplace injuries. Vice could also have been spared emotional anguish if he was made aware of the extent of damage to his injured hand and if he has received the necessary information. This need by injured workers to have adequate information regarding their injuries was corroborated in a study done by Shaw et al. (2010)

Mistrust might be a result of broken communication between stakeholders. Spransky, Shaw, Fransche, and Clarke (2004) confirm that even though a worker has completed adequate rehabilitation in order to RTW, a lack of communication may lead to distrust and affects the reciprocal relationships and ultimately the RTW processes as well. Vice also felt that he did not receive enough information around his injuries, to make informed choices. A study by (Bardgett, Lally, Malviya, & Deehan, 2016) also found that healthcare providers do not always provide enough information and advice to their patients, and when they do provide advice, it appears to be inconsistent. Vice was also in a heightened state of emotion directly after his work injury occurred and as a result, nor he or his wife retained any vital information. A study by Wong et al. (2015) confirms this notion that patients and families are in a heightened state of “emotional and psychological distress”, directly after a traumatising accident.

Vice also felt that he did not receive enough information from his ACC case manager around what his entitlements were. This lack of information also added to financial stresses because Vice did not realise that he could claim for travelling to health professionals and back. It was only when someone who had used the same system told Vice about certain benefits, that he was able to claim for his expenses.

"And the only thing is also; they don't tell you what you can claim, such as my money travelling to New Plymouth and back. I was paying that for myself until the point where somebody said, but you should claim that. But they don't tell you. So then I claimed it, and they gave me back pay. It's not the full amount that you are spending."

These stressors that Vice experienced as a result of his financial strains could have been avoided because a study by Roberts-Yates (2003) confirmed that "a lack of information" from health professionals can severely affect injured workers rehabilitation because it can "lead to dissatisfaction with treatment, restoration and return to work plans".

Chyna also experienced communication problems during her RTW processes.

"So I guess it's a communication thing, I don't know. I'm not that hard to contact."

Chyna felt that her case manager tried to make excuses for why they did not contact her. A study by (Tang et al., 2011) found that there will be some dissonance between stakeholders during RTW processes. However, case managers should be attentive to the fact that they deal with different individuals. Therefore, they need to adopt different management styles to a case by case context in order to facilitate RTW processes.

Chyna described how she received conflicting information from ACC and her case manager, and what her entitlements were if she could not RTW as a result of her injuries.

"We (insurance company) don't have an obligation to give you a job."
"In my (participant) first letter you gave me, you send me, it says in here that it's putting independence, vocational rehab, something down here where it says something about uhm, we can redeploy you within the hospital. So I guess it's a communication thing".

In the beginning, just after her work injury, Chyna received a letter stating that if she could not RTW, that ACC will help her to find a more suitable type of work or even retrain her so that she could continue to work. When Chyna questioned her case manager later about it, she denied having any knowledge of such a letter. This failure from her case manager to acknowledge such a letter has had a tremendous impact on Chyna's rehabilitation and state of mind, and as a result, she ended up by not trusting some of the stakeholders. Spransky et al. (2004) argue that for the RTW process to work at its best, trust and communication is essential. Chyna felt that there was a lack of communication and trust between her and her case manager, and as a result, her RTW plan was hampered.

Natasha experienced communication problems during her rehabilitation phase when her case manager appeared not to have been listening to her. Natasha lived nearly 80 km from her workplace at that stage. The case manager suggested that they create an RTW plan where Natasha could slowly reintegrate back to work. It appeared that the case manager did not take Natasha's social situation into account when she created the RTW plan. Natasha could not drive as a result of her injuries, so the case manager suggested that Natasha go to work in a shuttle. However, this shuttle had fixed scheduled times when it left Natasha's workplace and when it picked individuals up again at various locations. Natasha described how the occupational therapist who worked with her to return to work did not seem to acknowledge the actual distance that she lived away from work.

> *"I had an occupational therapist that would come on board, a right pain in the ass, who decided that I could go back and, I can't drive up there; an hour and an hour back. I can't do that. O you can hop on the shuttle okay (*occupational therapist). *Before I hop on the shuttle at this time of the morning, I'm still not going to make it…get there in time for handover. And then you want me to wait around until 4h30 in the afternoon*

because there's no guarantee that I'm going to be there, ready for the afternoon and then come home. And then you want me to stay longer and then be away from home?"

It is needless to say that these encounters affected Natasha negatively. In this instance, if all the stakeholders involved in Natasha's rehabilitation, collaborated with her and her family, everyone would have been spared the tremendous stress and anguish around her rehabilitation. It is too often that case managers are left on their own to manage injured workers. Dionne et al. (2013) studied workers who have injured their backs. These injured workers favoured a rehabilitation process that included all the stakeholders (Dionne et al., 2013). In other words, the RTW plan was created holistically with input from all the stakeholders, including the injured worker.

A lack of communication of co-workers after the work injury also contributes to how a worker might experience "a work-related injury" (Kosny et al., 2013). This study by Kosny et al. (2013) confirms why Spark felt let down by his co-workers when they did not visit him after his work injury.

"Everybody says, don't worry, I'll come and visit you. I'll come and see you."You don't get any, there's no correspondence, no communication at all."

Not all the interactions between stakeholders and injured workers were perceived as problematic. In the beginning, Spark found it challenging to get hold of his case manager. However, after Spark was able to reach his case manager, they were able to resolve the issue which cleared the way for a very healthy and facilitative relationship.

"Their service is incredible, you know. It's, they are all there, and I mean ACC. In the beginning, I had a problem with ACC. I forgot what her name was. It's a battle to get hold of her. You phone, and she's not in. Okay, I heard a bit later she was very sick. I spoke to her boss, and I said to her boss, you know I can't do this. You know, I'm

trying to get hold of the case manager. And then they said to me I must speak to another girl and that she was going to be the new coordinator between myself and work and myself and ACC. I spoke to her, and everything was sorted out then."

Not all of Vice's experiences with his stakeholders were negative. He explains how he was mostly happy with his insurance agency, ACC, except once when he found out that they controlled the amount of physiotherapy that he received.

"The only time I was not happy, is when I found out that ACC has also controlled the amount of physio you are allowed."

Even though some participants experienced issues with communication and the various stakeholders, there were times that communication was effective, which helped facilitate the reciprocal relationships. It is possible that the RTW processes and relationships between injured workers and stakeholders can become more streamlined through effective communication. These positive relationships will leave the injured worker in a more positive frame of mind, which is conducive in rehabilitating from traumatic injuries.

Relationships, disruption

Relationships changed on many levels after the earthquake. Victims had to deal with trauma, insurance agencies, health professionals, banks, builders and neighbours, to name a few. These relationships were forced as a necessity after the earthquake, and many experienced it as strained.

The after effects of work injuries affect more than just the injured worker. It is inevitable that family and other people may also be affected. Wifes, husbands, partners and children's lives also change as a result of the injured father, mother, parent or sibling. Vice could not shower or dress on his own in the weeks after his work injury, and it affected him negatively. He felt that he had lost all independence,

and it was a massive blow to his self-esteem to become dependent on someone else to take care of him. Vice's wife was also affected by his work injury, and that bothered Vice.

> *"For the first, how many weeks? Mmhh, yeah, she had to shower me, I couldn't shower myself, and that was real bad, yeah, and I couldn't do my buttons and eat. I couldn't; I couldn't do anything with this hand; couldn't even hold a knife."*

Vice had to redefine a new normal for himself, and the loss of his independence was very frustrating. It also did not make life easier for him, knowing that his physical disability also affected not only himself but his wife's life as well (Johnson et al., 2016). This new normality comes after Vice realised his "taken-for-granted way of being in the world" had changed irrevocably (Johnson et al., 2016). Having a work injury is not an easy or straightforward path for a person with physical disabilities, to redefine himself in the world. As described earlier, an individual with a broken leg, cast and crutches may experience a desk for instance differently than before an injury and after the injury — the same accounts for Vice's experience of showering, dressing and eating. Before the work injury, taking a shower was a normal, relaxing experience after a hard days work. However, now, the same shower resembled his weak, broken and dependent body. In order to carry on living and do the things healthy 'whole,' people do, require a re-organisation of objects in this world. Carrying on with life also requires "an exercise of will" (Toombs, 1995). It is physically and mentally taxing, looking after and carrying a broken body. This broken body leaves the injured worker very vulnerable to deal with any relationship.

After the work injury, Vice spent his days alone at home. He felt down one day, and he asked his wife, who is a teacher, to come home directly after school.

Usually, he would have been fine if she was a bit late. However, on this specific day, he was lonely, and it felt as if ages went past before his wife was home.

> *"You blame people for the things they are doing. Like one day I told my wife I want her to come home because I was waiting for her to come home and she didn't. I was waiting. No matter what the reason was. But I was waiting, she was going to come home, and I couldn't wait".*

Vice felt unable to contain his emotions.

> *"I was upset, and I mean it's not a long day. It was like, she was going to come home for lunch. But she normally comes home around 3.30. I can't remember what it was, but it was some silly reason".*

Vice explains that he can generally accept if his wife was late or if something happened for her to be late. Living with someone who has been injured can feel as if an avalanche came down on them, and it is a feeling that always lingers in the minds and household of an injured worker. Some "families described their experience as like riding on a roller coaster" (Wiegand, 2008). This roller coaster is exactly what Vice and his wife experienced after his work injury.

However, Vice was injured, and he felt alone.

> *"Normally I can handle things like that, and I don't worry. If you don't come home, you don't come home. I don't care because you're busy with your work."*

Spark experienced a threat in his role as the sole provider for his family, and this was almost too much to bear. Spark decided early in his marriage that he would work and that his wife will stay at home and look after the children. However, now after 36 years of marriage, this agreement suddenly changed (even though the children have left home) because of Spark's injury, and the life he and his family have known, changed dramatically. This transferring of roles affected his wife directly.

"We've been married now for 36 years, 36 years, and I've always said to my wife; you must be a stay at home mum. She stayed at home for 35 of the 36 years, looked after the children, and when the children left home, the grandchildren arrived. Because I've always made sure life is as easy as possible for her, you know. And now I'm thinking to myself I'm making life so difficult for her, you know."

Spark found it very hard to relax because he was happiest when he was working. Boredom at home quickly set in and at the same time, his wife was not used to him being at home. In the back of his mind, Spark knew he had to give his wife space to do her own thing. This realisation did not come easy for Spark, and he felt frustrated that he interfered in her space.

Spark explains that when he sees his wife uses the computer to log on the social media ap, Facebook, that it is a signal not to bother her.

"So when she goes on Facebook… I must leave her there, that's her space, you know. I must leave her there, and I must find other things to do.

In a study by Angel and Buus (2011), they found that when someone in the family experienced a traumatic injury, that everyone's lives change undeniably and that people adapt to it in different ways. Spark worked long hours before his work injury, and his wife stayed at home, looking after the children. Even though his wife was there to support Spark, both had to make significant adjustments in order to adapt to their new changed lives.

Not being able to drive was another blow in Spark's life, and it just reinforced his vulnerability because he had to rely on his wife to take him everywhere. Spark's wife did not need things to be different, but it was because of Spark's injury, and Spark understands that she is making a considerable sacrifice of which he is acutely aware of.

"I can't drive now."

Spark became very aware of his new broken and injured body after his work injury. Before the injury, he took his body for granted because he could do everything he usually did; he took his body for granted. Johnson et al. (2016) describe it as a "taken-for-granted way of being-in-the-world." The study by Johnson et al. (2016) also confirms just how utterly devastating and degrading Spark must have felt when the roles of male and female changed irrevocably. It is with this notion of changing roles that Spark's vulnerability comes to the forefront. Spark realised that he could not fulfil his role as an adult that was able to drive before his injury, and that stands in stark contrast with the man he was before this work injury. According to Johnson et al. (2016), people are faced with their "physical otherness" after injuries, and it takes time to "negotiate a different normal."

Spark explains that because he was not allowed to drive, he had to ask his wife to take him to his appointments. He also knows that his wife finds it very difficult to drive their big car, especially in places such as Auckland.

> *"If I got to go somewhere, I got to say; please take me there. Where is it? I don't know where it is, you know and, she gets, I mean she gets, we had to take this little one to Auckland, to Starship hospital, and my wife was petrified of driving up there you know, and I said to her we can't go in the little car, because the little car vibrates like hell and I'm very sore. So we had to go to the big car."*

These changing roles of Spark and his wife had a profound effect on Spark's self-esteem. A study by (Greenfield & Jensen, 2010) found that not only social roles change because of injuries but a patient's identity changes as well. It is inevitable that social roles change as a result of an injury and Spark and his wife experienced that first hand.

Work injuries can lead to the disruption of the whole family. Natasha describes how her work injuries affected her daughter.

"I mean a mother's theory is that my daughter has internalised a lot of it because she's now got, some pain going on, she's Internalised a lot of it because you know, mum is sick and I have to make sure that everyone is okay.

Natasha's son was affected differently.

"And my son's, he's trying to; he's sort of, he's almost on the autism spectrum, so he's sort of thinks in a different way anyway, so he's, only just start arriving, so okay, I want to know what it is mum, I can go and read up on it, and so I can go and tell you know, if somebody asks ten I can tell them."

Natasha's youngest daughter gets upset when her mum experiences pain because she knows when her mum is in pain, that she will become grumpy.

"And then my youngest, she just gets upset if I, you know, if I'm sore. I just get too tired, and I know if I get tired, I get grumpy, and I don't want grumpy, and mum's bossy so, it's always better if she's (mum) in a good mood."

A study by Cacciacarro and Kirsh (2006) illustrates how it is very likely that Natasha's children might be unusually perceptive to stress because she has been injured.

Being off work with an injury means that finances dwindle, which creates further stresses on the whole family. Connor commented:

"Having to be out of work, that sort of thing, having a family to support… it's uhm, the stresses it brings on you and your family you know are immense."

Connor also included his children in a comment over the financial struggles.

"The whole family, the lack of money and stuff. It just stressed the whole family. I mean, all our kids are sad and stressing out. Not a lot of fricking happiness in the household."

Connor articulated what many people go through when they experience a work injury; namely finances that can be a significant stressor. Employees that

recuperate at home do not receive the same wages as they did before the injury. Finances are just one of many stressors that injured workers experience.

> *"The whole family, the lack of money and stuff, just; it stressed the whole family. I mean all our kids' sad and stressing out, not a lot of fricking happiness in the household."*

Connor also explains that there was much stress in the relationship with his wife. It is quite evident that Connor's wife's life has also changed significantly as a result of his injury.

> "*It causes stress to the relationship."*

Vice also felt that he did not receive enough information from his ACC case manager around what his entitlements were. This lack of information also added to financial stresses because Vice did not realise that he could claim for travelling to health professionals and back. It was only when someone who had used the same system told Vice about individual benefits, that he was able to claim for his expenses.

> *"And the only thing is also; they don't tell you what you can claim, such as my money travelling to New Plymouth and back. I was paying that for myself until the point where somebody said, but you should claim that. But they don't tell you. So then I claimed it, and they gave me back pay. It's not the full amount that you are spending."*

These stressors that Vice experienced as a result of his financial strains could have been avoided because a study by Roberts-Yates (2003) confirmed that "a lack of information" from health professionals can severely affect injured workers rehabilitation because it can "lead to dissatisfaction with treatment, restoration and return to work plans".

Spark also had to make changes in him and his family's lifestyle, and he even had to move a different city to adapt to his new lower financial status, even though his whole family had to be uprooted and disrupted.

"My wages fell…to live here is too expensive".

Vice soon realised that he had to make hard decisions around him and his wife's financial status because his work injury affected their relationship. The work-injury impacted Vice so much that he"

"saw his life coming to an end",

which made him realise that there is more to life than just work. It was only him and his wife, and for the sake of their relationship, Vice had to do something drastic. He decided to sell their home and buy somewhere else. Vice resigned from his work, and he found a new position that paid less than the work where he was injured. For Vice, his work injury was a blessing in disguise. On the one hand, it was life-altering, where he saw his life coming to an end, and on the other hand, he was given a second lease on life where he could have direct input on the quality of his and his wife's life.

"We've had to make big life changes. Yeah, because after that, I said to my wife, I'm going to resign, it's not worth it. I quit my job…that's when we sold the house. There's more to life than just work."

All the participants exclaimed that their relationships with their wives, husbands and children were negatively affected by the work injuries. Some participants experienced stresses around finances, and others experienced life stressors because the injuries profoundly changed the traditional roles of male and female, and these changed roles affected the quality of the relationships.

Coping

Acceptance of the Christchurch earthquake came much later on. It was more a case of resignation that the earthquake had occurred. People knew they had to move forward to reconstruct their lives, buildings and roads. Communities rallied around each other and provided support to the victims and each other. Victims became much stronger, and they appeared to be more resilient after the earthquake.

Traumatic events, such as earthquakes and work injuries, can evoke psychological distress in people (Dysvik, Natvig, Eikeland, & Lindstrøm, 2005). According to Lazarus and Folkman (1984), psychological distress can be seen as "a particular relationship between the person and the environment that is appraised by the person as exceeding his or her resources and endangering well-being". Work-injuries are not restricted to just physical impairments; it can also affect the quality of life and functional independence of the injured person (Westgren & Levi, 1998). Although work injuries can be life-shattering, it is essential to develop coping strategies in order to deal with "emotional and psychological challenges" (Kwah & Abdulahi, 2018).

All the participants with work injuries in this study struggled with the vast amount of changes that occurred as a direct or indirect result of the injury. Some participants developed coping strategies in order to deal with their particular situations. Natasha showed considerable insight into her changing emotions. She realised that she was struggling with low moods and anger as a result of her work injuries, and she consciously made an appointment to see her general practitioner.

> *"I got sick of being like that., so I went to the GP and said, look, just give me something. I can't do this anymore. And then I started Psychology with the team."*

After seeing the effects her anger outbursts had on her family, Natasha reached out for help. Had Natasha not reached out for help, it is likely that her low moods could have spiralled out of control and lead to depression. Natasha realised that she had to do something to counteract her up and down moods because her family paid the price when she became angry and frustrated. In a study by Ash and Goldstein (1995), they found that depression could hinder someone to eventually RTW. Moreover, it is this idea of depression that spurred Natasha on to visit her general practitioner.

"I would get angry and yell and scream!"

"I would just vent my spleen."

Vice struggled to come to terms with his physical work injury because it made him dependent on other people. He describes everything that he could not do.

"I couldn't work. I couldn't close my hand. I couldn't open it."

Functional independence can cause severe psychological distress and hinder the (Westgren & Levi, 1998) RTW process. Vice has always been a practical individual, and he found being dependent on someone else very difficult. Vice devised a plan in order for him to cope with his physical injury, and still maintain a degree of independence.

"I couldn't do anything with this hand, and now I was going to make lunch. And I try and take the bread knife here, and you can't pick the bread knife up, and you try and cut bread with your hand. However, then I made a plan. I took the tea towel and wrapped it around the plate until I could actually hold the knife."

This practical plan gave Vice a sense of satisfaction, and he felt a tiny bit of normality return to his otherwise injured and disrupted life.

Being injured and unable to live independently contributes to a considerable amount of stress. Research has found that there is a clear correlation between painful injuries and psychological problems (Brown, Glass, & Park, 2002). As Dysvik et al. (2005) said, although, “stress is an inevitable aspect of human life, it is coping that is essential for adaptation”.

Vice’s wife saw the struggles he went through, and she suggested at one stage that she could make lunch for him, but he declined.

> *“My wife said she could make lunch for me, but I said no. It’s at least something I could do for myself.”*

Chyna realised early on after her work injury that there are certain things that she could not do, and common sense helped her prevail to cope with her injury.

> *“There are things I cannot do. I cannot bend down and scrub a bath. There’s no way I can do it. I just cannot do it. I know my limits.”*

The uninjured body in everyday life “is passed over and taken for granted” (Morse, Bottorff, & Hutchinson, 1994). With an injury, “the body loses its silence” (Bleeker & Mulderij, 1992). It is this loss of a silent body that Vice and all the other participants experienced. This broken, injured body of Vince screamed out for attention (Morse et al., 1994). Seeing and experiencing this injured, broken body that screams out for attention, is not all ways a curse. Vice could not undo his physical injury, and therefore, he had to use his broken body in order to cope while going through rehabilitation.

Vice explains it as follows:

> *"I think more careful, think twice before you do something. I think it through because you do, especially now because you've got to think it through, because you do not have the same ability that you used to have, so you can't do what you would normally do."*

Spark explained that someone needs a conscious mindset to do things differently than before the injury.

> *"It's a mindset to get something. Sometimes when you're sleeping, the muscles in my leg twitch like a cramp. I'm actually fine now, and if I sleep, I must put a pillow between my legs, that helps."*

Pain and discomfort can be relentless. Spark, therefore, devised a plan in order to get a restful night's sleep. Discomfort is only realised when an individual does not feel comfortable.

These coping mechanisms that Vice and Spark used are essential in managing one's problems and to deal with current pain and stressful situations (Caroll et al., 2013). Refocusing one's mind during experiences of trauma is essential to adapt (Kwah & Abdulahi, 2018), and transition from injured worker through rehabilitation and ultimately to RTW. These problem-solving strategies stand as opposed to a negative mindset. In a study by (Skinner, Edge, Altman, & Sherwood, 2003), they found that when injured individuals actively try to make life more bearable, they improve their well-being.

All of the participants were eager to RTW. They, therefore, used the advice of their case managers and respective health professionals to engage in physiotherapy in order to facilitate their rehabilitation processes. A study by Hooson, Coetzer, Stew, and Moore (2013) found that when injured people exhibit "faith in clinicians' knowledge and guidance, it can lead to a trusting relationship.

This trusting relationship is only possible in “a team approach that was valued” (Hooson et al., 2013).

Connor chose to do his exercises at home.

> “*There’s the odd time that I sort of when I start to feel a bit sounder and that, and then I’ll go and, I’ll up the ante on this thing.”*

Vice describes how good the physiotherapy was to him. He also did the exercises diligently at home.

> “*I could work with it. I went to physio every day. I’ve done exercises all day long, every day, every two hours was something else. Every hour actually.”*

Vice knew his hand was getting better, and that gave him more confidence to use his injured hand. By using his injured hand more, he was able to do more things physically.

Natasha also felt that physiotherapy helped her.

> *“I did physio twice a week.”*

Two participants used the services of a psychologist in order to better understand and cope with their respective situations.

Natasha describes her experience.

> *“ I had probably two years of the Psychology. I sorts of got the conclusion that there’s nothing you can do when the pain gets really bad. You can’t just go and take some Panadol or some Morphine. You can’t take any of those things because it’s not going to make it any better.”*

Spark found the services from the Psychologists very encouraging primarily when one of them taught Spark to challenge his brain by thinking differently. He emphasised that Spark had to retrain his mind away from the pain and discomfort.

"I go to physiotherapy and the guy there, he's the guy that started that said you must start training your brain."

All the participants in this study strived to reach a stage that would make life more comfortable and bearable. Morse et al. (1994) describe it well, "total comfort is an elusive gold standard for the sick, the very nature of illness disrupts the body to be sick is to be without comfort". People inherently seeks a state of comfort. A constant state of discomfort would lead to immeasurable distress (Morse et al., 1994). It is when people enter states of discomfort such as with injuries, that they use coping strategies to relieve their bodies of this distress.

Reflection

This study set out to research the lived experiences of work injuries. The progress was, at times, very slow and arduous. I aimed to understand and make sense of the participants' lived experiences by interviewing them. In order to bring their stories to life, I had to listen and transcribe each interview, read the transcription, make notes, reread the transcription, listen to the interview and make more notes. This process was repeated over and over with all five interviews.

Since my research question involved a phenomenological approach, I had to discern if I was going down the route of Husserl who believed you have to bracket the world and many pre-conceptions you might have towards a phenomenon, to Heidegger who believed that we interpret all our activities as a result of our being in this world. I do not think one can bracket anything since everything occurs against a backdrop in the world we live in.

I also experienced work injuries, hence my interest in other workers' experiences. It was, therefore, impossible to differentiate or bracket my own experiences. My own

experiences with work injuries also helped me to create interview questions. I also believe that in disclosing to the participants that I also had work injuries, that it helped to set a more supportive atmosphere, which made them at ease and as a result, more relaxed, and established rapport with them.

I tried to clear my mind before each interview to focus on the participant in front of me. At the same time, I reminded myself that I was there to learn. I know I could not be objective, and I realise that my values, my beliefs, my world view and my experiences will impact on this research. After each interview, I wrote a few reflective notes about my impressions of the interview. I repeated this process after each interview.

The participants gave me detailed and in-depth descriptions of their experiences. Actually… they gave me more than just descriptions. They told their stories with rich metaphors that vividly described their experiences. I was able to envisage how traumatic and full of struggles their journeys have been.

It was impossible to stay objective and uninvolved after each interview because I learned, I pondered, listened with empathy, and I felt compassion after hearing the participants' heartbreaking stories. I was able to gain new knowledge and insight after each successive interview.

Furthermore, I knew I had to represent the participants' experiences as accurately as possible. This is why the progress of this study was so arduous and slow. It took some time to make sure that I had captured everything correctly; listening to the recordings, transcribing, reading the transcriptions a couple of times and listening to the recordings again. During this time, I also made notes, as I went along. It also allowed me to reflect on my interview questions.

One thing that annoyed me very much is that I sometimes spoke ‘over’ the participants while they were still talking. I became aware of this by listening to the recordings when I transcribed the data. I could barely hear what the participant said when we talked simultaneously. However, I made a point to ‘practise’ talking to people and just having normal conversations between each interview. I learned to listen more to the participants and speak less.

My life has been enriched after this study. I came away with new insight into work injuries, and I have tremendous respect for the participants and how they have emerged through the rehabilitation processes and onwards on their journeys.

Confucious once said:

Listening without reflection,

Is a waste. Reflection

Without learning is

Dangerous.

Chapter 5

Conclusion

This study was driven by the desire to understand the experiences of workers who were injured at work. This was investigated using phenomenology to provide an in-depth description of the experiences of these workers, and what it meant for these people to experience such incidents in their lives (Miller and Crabtree (1999).

In this study, being injured at work meant that workers exhibited the typical behaviours of people who are injured. The main findings of this study corroborate the highly traumatic nature of work injuries and the difficulties that injured workers face during RTW rehabilitation. All the participants acknowledged that their respective injuries infiltrated and dominated their lives. There is little escape when an individual's life is portrayed as being infiltrated with pain and disability. The traumatic experiences came to life through the metaphors the participants used to describe their injuries. Merleau Ponty (Kelly, 2002) highlights the fact that our bodies are always with us, and when the body experiences an injury, it can feel as if life is coming to an end. Heidegger asserts that language plays a vital role in describing experiences (Kaelin, 1989). It is thus through paying attention to the metaphors that the participants used in this study, that highlights the traumatic experience of the work injury.

One of the many difficulties injured workers face is to accept their new 'broken' bodies. With a disability, an injured worker's way of being-in-the-world is different from those who do not have injuries or disabilities (Wilde, 2003). For these participants, the broken body resembled their inadequacies, and it highlighted

their dependence on other people. This dependence on other people to accomplish simple tasks also accentuate feelings of despair in injured workers experience.

Injuries and disabilities are usually silent disorders because pain is not something that can be observed. Injuries set people apart from non-injured people because it isolates them. This isolation contributes to injured workers feelings of ‘otherness’ because ‘normal’ people go on with their lives. Consequently, injured workers face times filled with despair. For some of the participants, their situation also created a sense of hopelessness. This sense of hopelessness, when experiencing a disability or injury by the participants, was echoed by a study of (Ojala et al., 2014). The narratives of some of the participants conveyed perceptions that translated to very low moods. During RTW rehabilitation, care must be taken to include every aspect of injured workers’ lives and not just focusing on the physical aspects of the injuries. A holistic approach to rehabilitation must encompass all facets of the injured worker. In this study, I found that there is consensus through the narratives of the participants that indicate feelings of vulnerabilities, humiliation and a sense of powerlessness and feeling dependent on others. These vulnerabilities occur through losing control or not having a say in their rehabilitation. There was consensus by all the participants that they felt vulnerable, ashamed, humiliated, losing control and having no say in the RTW rehabilitation processes. This notion of vulnerability is consistent with current research (Toombs, 1995). It seems as if stakeholders propagate a holistic approach, but when listening to the stories of the participants, it is clear that the processes of RTW are fragmented. Previous research has argued that without a holistic approach to RTW rehabilitation stands a chance to only focus on the

physical aspects of the injured body, which might lead to dehumanising the individual (Deegan, 1996). Developing a holistic approach to RTW would most undoubtedly welcome any input from the injured worker. However, the participants in this study did not feel that there was someone that they could talk to about their respective injuries or someone that they could approach to discuss issues that they might have had. There were many instances where communication between a stakeholder and the injured worker became strained after receiving conflicting information or not receiving any information at all. Reciprocal communication during rehabilitation is vital in order to develop appropriate relationships for the RTW process. The findings of this study confirm what Spransky et al. (2004) found in their research, namely that a lack of communication may lead to distrust and ultimately affects reciprocal relationships. Appropriate relationships between stakeholders and injured workers can serve to facilitate RTW processes, and it is beneficial for both the injured worker and the employer. For instance, one participant described how her rehabilitation case manager did not listen to her. This created a sense of mistrust by the participant and resulted in her not having faith in her case manager, and consequently, both failed to develop a good rapport and build a trusting relationship.

Furthermore, this study found that support from the family for the injured worker is invaluable, especially because living with an injured individual can be very stressful. The consequences of work injuries are far-reaching, and as a result, familial relationships can become stressed. This study agrees with the findings of Braine (2011), that even though life is very stressful living with an injured person, the support that the non-injured spouse and or family members provide is invaluable. The support provides a moral compass that serves as encouragement

to the injured worker to continue to do all that they can, to rehabilitate so that family life can resume again and be less stressful. Injured workers have to redefine a new normal after their injuries and find new ways of doing things, for example, taking a shower. Before the work injury, a shower was normal and relaxing after a hard day's work. However, showering now after an injury magnifies a broken body that depends on other people to help.

Apart from the financial burden of injuries, the most challenging aspect for injured workers is based on how traditional roles within the family unit change as a result of a work injury. The findings of this study support current research findings of

Greenfield and Jensen (2010), who found that social roles change when injury arrives. Traditional male roles, such as the male being the breadwinner, suddenly change, and the female partner would take that role on. This study confirms what Greenfield and Jensen (2010) found; namely that these changes in traditional roles can lead to emotional turmoil, which can add tension to an already strained relationship.

In order to advance knowledge around work injuries, it is suggested that future research focuses on specific industries. According to the statistics provided by the New Zealand Government, agriculture and fishery workers, trades workers and plant and machine operators have the highest amount of work injury claims accepted by ACC (Weir, 2019). The amount of work injury claims accepted by ACC for above-mentioned industries stands in contrast with, for instance, legislators, administrators, managers, professionals, clerks, and so forth (Weir, 2019). A study by (DeFraia, 2015), using bivariate analysis found that when workers experience traumatic

incidents such as injuries that responses vary between industries. It is thus highly likely that the experiences of injured workers might differ between industries.

Another area that might benefit from future research is focusing on a specific body site of a work injury. It seems as if more claims are accepted by ACC for injuries to the head and neck, than those received for injuries to the thorax (including chest, heart, lung, upper back/spine) (Weir, 2019). Workers might experience their injuries differently depending on the severity and body site of the injuries.

Rehabilitation of work injuries is multifaceted and complex. A study by Kenny (1998) found that stakeholders such as health professionals, case managers, employers and so forth that are invested in RTW of employees “need to learn to speak the language of rehabilitation in all its dialects; for example the dialect of care and respect to the injured worker, the language of cost minimisation to the insurer”, and so forth. Therefore, including more stakeholders in future research might contribute to providing a more holistic approach to rehabilitation.

Another area that lacks knowledge is age-related and gender-related work injuries. A study by Breslin et al. (2003) found that there are age-related differences in claims for work injuries for males. I think research focusing on different ages of both genders, will provide different understandings. Why, for example, are there more claims for falls and overexertion among females than males (Islam, Velilla, Doyle, & Ducatman, 2001)? Do females experience work injuries on a different level than males?

An analogy of an earthquake that occurred in Christchurch was used in order to portray just how harrowing and traumatic a work injury is. The mere argument of using an analogy to illustrate a work injury is not to provide factual information; it is

rather there to experience the difficulties that an injured worker experience. The reasoning behind the suggestion that a work injury is similar to an earthquake is to provide a vivid picture of the trauma, the struggles, the support and ultimately the rebuild of a city; or the rebuild of the life of an injured worker through rehabilitation. According to Weitzenfeld (1984), an analogy is based on the principle that “much of the actual reasoning is informal and based upon plausibility arguments. I consider that I have adequately argued how a work injury and an earthquake have much in common, and how the earthquake metaphor fittingly portrays the trauma and struggles that an injured worker faces during RTW rehabilitation.

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Appendix 1: Information Sheet

Experiences of people injured at work

Information Sheet

My name is Ritie (Maria) Marnewick. As part of my Masters of Science, thesis research at Massey University I am exploring the experiences of people who have had work injuries. It is important to understand the experiences of people like you because it has not been researched very much. It is important to find out how people like you have gone through this because it can help other people to deal with injuries.

What is this research about?

This research is about when you were injured, what happened after that, the support you received and so on. I will conduct an interview with you. It will take approximately one hour at a place that you are happy with, such as your own home and I will record your interview. I will analyse the data, and I may use anonymized quotes from your transcript to identify shared ideas and themes. You will also receive a $30 petrol voucher at the end of your interview to compensate you for the time involved. If you wish, I will send you a summary of the research upon completion of my thesis.

Who can take part in this research?

You are welcome to take part in this research if you have been off work with an injury for at least two months. If you agree to participate in this research, please contact me using the information given below, and I will arrange a time, date and venue for interviewing you.

What are your rights?

- You can decline to discuss any particular topic in the interview;
- Your name will be anonymised, and nobody will be able to identify you;
- You are under no obligation to accept this invitation, but if you do, you have the right to ask any questions about the study at any time during participation;
- You can ask for the recorder to be turned off at any time during the interview;
- You can withdraw your data from the study up to two weeks after the interview.

How will my privacy be protected?

I will give you a pseudonym to ensure that your data is not identifiable. Your confidentiality will be maintained by using these pseudonyms in all material so that you will not be identifiable at any stage. Also, no organisation or agency will be mentioned by name in any publications of this research. All the materials from this research will be stored securely and only available to the researcher and supervisor.

How do I agree to participate in this research?

After reading through this information sheet, you can ask any questions. Once you have indicated your interest to participate in this research, we can make arrangements to meet and conduct the interview. At this meeting, we will go through the information sheet once more where you will need to complete a simple consent form. Then we will proceed with the interview.

What if I find it stressful or upsetting to talk about my experiences?

If that happens, we can stop the interview at any time to take a break. You can decide if you want to continue. People usually find it helps them to talk about their experiences.

Whom do I contact for further information about this research?

Researcher Contact Details:	**Supervisor:**
Ritie Marnewick Psychology	Kerry Chamberlain - Massey University School of
Phone or text: [redacted]	Phone: 09 4140800 x 43107
Email: [redacted]	Email: kchamberlain@massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application: 4000017564 . If you have any concerns about the conduct of this research, please contact Acting Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43923, email humanethicsnorth@massey.ac.nz.

Appendix 2: Consent Form

The experiences of people who have been injured at work

CONSENT FORM

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time. I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: _____ Date: _____

Full Name Printed: _____

Please provide your email address if you wish to receive a summary of the results when my research thesis has been completed.

Email: _____

Appendix 3

Interview Schedule

Interview schedule (Probes & Prompts)

This interview consists of mainly open-ended questions or prompts to enable the participants to elaborate on their answers.

This question focuses on how the injury occurred.

1. Can you describe how your injury occurred?

This question explores how the participant experienced the injury at work and how he/ she made sense of it.

2. How did you feel when you were injured? What was it like?

These two questions explore if the participant experienced any negative or positive consequences due to the injury and how he/ she made sense of it.

3. Can you tell me if you have experienced any adverse effects as a result of your injury?
   (Prompts)….Did you experience any emotional distress?
   (If yes)….In what way?
   Can you tell me more about it?

4. Can you tell me if you have experienced any positive effects as a result of your injury?
   (Prompts…If yes)….What do you think it was that led you to perceive it as positive?
   (Such as good communication, stronger relationships)

This question explores identity change to workers.

5. Has your experience of your work injury changed the way you see yourself?
   (Prompts)…Do you see yourself differently than you did before your injury?

This question explores identity relationship issues.

6. Have your relationships with others been affected by your work injury?

(Prompts)…such as partner, children, family, and co-workers.
(If yes)….in what ways?

This question explores how participants experienced support or the perceived lack of it after their work injuries.

7. Tell me about your experiences of support after your work injury?
   (Prompts)….such as from employer, health professionals, colleagues, family, friends, partner, kids and so.
   (Prompts)….how did you feel about this….?

Reflection

8. Looking back at what you have talked about today, do you think we have missed anything?

9. Looking back at what you have talked about today, is there anything that you would rather I not use in the data analysis

Appendix 4

Ethics Approval

Date: 25 July 2017

Dear Maria Marnewick

Re: Ethics Notification - NOR 17/33 - A Phenomenological study of the experiences of people who have been injured at work.

Thank you for the above application that was considered by the Massey University Human Ethics Committee: Human Ethics Northern Committee at their meeting held on Tuesday, 25 July, 2017.

Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

Dr Brian Finch
Chair, Human Ethics Chairs' Committee and Director (Research Ethics)

Research Ethics Office, Research and Enterprise
Massey University, Private Bag 11 222, Palmerston North, 4442, New Zealand T 06 350 5573; 06 350 5575 F 06 355 7973
E humanethics@massey.ac.nz W http://humanethics.massey.ac.nz

Appendix 5

Summary

Dear

I am nearing the end of my research study on ‘Lived Experiences of Work Injuries’. With this, you will find a summary of my findings. I interviewed five people who have had work injuries and who were off work for at least two months as a result of those injuries. My intent to study work injuries did not revolve around accepting or defeating any hypotheses. This summary is, therefore, a broad interpretation of my findings. I have used pseudonyms throughout my thesis in order to protect your confidentiality. There is also no reference to any names of any other person that you may have mentioned to me. I have also omitted the names of employers, health professionals, case managers or treatment providers in order to protect you. As you can recall in the information sheet I gave you, I audio recorded our conversation and transcribed it verbatim in order to analyse your story. I have used verbatim quotes in my thesis in order to illustrate my understanding and interpretation of your story. As you will see in this summary, I have not used your story exclusively. However, I have used your quotes together with the quotes of the other participants to convey an understanding of a specific theme.

Work injuries worldwide are increasing, and it is a leading cause of disability. Nearly one in four adults in New Zealand are affected by work injuries. The direct and indirect and indirect costs of work injuries are enormous, and employers bear the brunt of it. However, it is the employees that face many obstacles in order to go through rehabilitation to eventually return to work. It is in light of these experiences of work injuries that this research focuses on.

I have used an approach called phenomenology to interpret your interviews. Phenomenology is concerned with how things appear to people and how they make sense of these experiences within the context of daily living. We live in a world that already exists, and is occupied by people and things. Therefore, we cannot study humans separately from this world. It must be instead a holistic way where every experience, such as work injury, must be seen in this totality of existence in the world. Existence, and thus, peoples’ experiences develop meaning through language, and it is contingent on culture and context when they live in this world and

form relationships with others. An individual that is injured at work must, therefore, be seen relative to all the experiences and pre-existing relationships that connect and link the injured worker to this world, whether it is special, family, work or in society.

I have used an analogy of an earthquake in order to explain how traumatic and harrowing experiences of work injuries are. An earthquake such as the one in Christchurch sometimes occurs out of the blue without any warning. Such a disaster can change people's lives irrevocably, and it is very traumatising. A work injury also occurs suddenly, just as an earthquake; it is disruptive and traumatic. Existing structures such as buildings and roads can rupture and break down after an earthquake, which can cause irreparable damages, just as work injuries can change people's lives and damage their bodies; sometimes forever. These broken buildings are ugly, and a previously beautiful city was left in ruins. There is no place to hide, and rebuilding takes time and effort. Some people and organisations experienced difficulty in communicating after the buildings collapsed in the Christchurch earthquake. People were still traumatised, and they experienced conflicting information and a break down of communication. Some people struggled with insurance issues many years after the devastating earthquake and conflicting information are sometimes given to customers, blaming the earthquake. Relationships changed on many levels after the earthquake. Victims had to deal with trauma, insurance agencies, health professionals, banks, builders and neighbours, to name a few. These relationships were forced as a necessity after the earthquake, and many experienced it as strained. Acceptance of the Christchurch earthquake came much later on. It was more a case of resignation that the earthquake had occurred. People knew they had to move forward to reconstruct their lives, buildings and roads. Communities rallied around each other and provided support to the victims and each other. Victims became much stronger, and they appeared to be more resilient after the earthquake.

In order to present my research findings, I presented work injuries as consisting of the following elements:

- Trauma

- Broken body, feelings of humiliation/ shame, inferiority, losing control (powerlessness)
- Communication, conflicting information
- Relationships, disruption
- Coping

These elements are not static, and it does not represent the only stages a person with work injuries experience. My research focused on the experiences of living with work injuries. One participant has been able to return to work, and one participant will never be able to return to work in the same capacity as before the work injury. Two participants were still off work as a result of their injuries, and another participant will also not be able to return to work in the same capacity as before the work injuries.

Trauma

For the majority of the people in this study, work injuries were very traumatic and harrowing. All the participants evoked a sense of being thrown into a ‘new’ world. Everyone experienced this ‘new’ world as being completely different from what they were used to, before the work injury. Some experienced trauma in the form of being so shocked because they nearly lost their lives, and others experienced it in the form of not being able to return to work as a result of their work injury. The body is central to an individual’s life, and it is often taken for granted. It is when something happens to that body, such as a work injury, that one takes notice.

Broken body, feelings of humiliation/ shame, inferiority, losing control (powerlessness)

All the people in this study experienced their bodies as broken. The body can be seen as a vehicle, and when something such as an injury occurs, the mobility of the individual is affected. This brokenness of the body became the focus for all the people in this study because it appeared to be obstinate and obtrusive. These injuries resulted in physical disabilities, which left many of you with feelings of humiliation and shame because you suddenly became dependent on other people to help with tasks that were previously possible. The most significant factor of having this broken body resulted in feelings of going crazy. One participant described it as

seeing the leg, but the leg did not obey. Another participant described feeling stupid because ordinary tasks suddenly became very hard to nearly impossible to complete. One participant had to ask for financial assistance and dealing with the government system was very humiliating. Everyone described how difficult it was to come to terms with this new broken body. It was evident that everyone experienced significant losses as a result of their respective work injuries, and it took time to adjust.

Communication

People are shocked, injured and traumatised during and just after an earthquake. Just as with an earthquake, many of you found it challenging to comprehend and make sense of your injuries. It is during this heightened stage of emotion that it is difficult to retain information. As the processes of rehabilitation continued, many stakeholders became involved. Many of you found that some of these processes became skewed, and some experienced doubting health professionals because they received contradicting information. Some of you mentioned that certain information was withheld such as receiving financial assistance to travel between stakeholders. Some people experienced this notion of withholding information as that stakeholders are in it just for themselves, which lead to distrust.

Relationships

It seems as if everyone's relationships changed as a result of your work injury, whether it was husband or wife or children. The people around you will inevitably also be affected by your injury. What is most significant here is the measure of independence that you have lost. The loss of independence for some of you affected your self-esteem, and almost all of you experienced some level of frustration in not being able to complete simple tasks. Families were very understanding of your injuries; however, many of you felt guilty because your spouse or children's lives were also affected. Almost all of you experienced a struggle with finances, which caused considerable stress within the family unit. Evidence indicates that some financial stressors could have been avoided if stakeholders provided more information, such as that travel between health professionals could be claimed as expenses.

However, not everything was experienced as negative. Some of you realised that work is not the be all and end all. This work injury made them realise that there is more to life than just work, and they vowed to change that.

Coping

Work injuries are not restricted to just physical injuries. Traumatic events can also evoke psychological distress in people. Although work injuries can be life-shattering, it is essential to develop coping strategies in order to deal with psychological challenges. Almost everyone adopted coping strategies without realising that they were doing it. Knowing your bodies and the limits you can go to in order not to re-injure yourself was one of the coping strategies. Another coping strategy involved visiting the doctor when moods were getting low. Others used their broken bodies as an indicator of what they can do. Pain and discomfort in the injured body are relentless. One participant placed a pillow between the legs in order to get a restful night's sleep. Almost all of you used a conscious mindset in order to think things through before actually doing it. Two of you describe it as not having the same ability that you used to have, and therefore, you cannot do what you usually do. Everyone also used physiotherapy during rehabilitation. All the participants in this study strived to reach a stage that would make life more comfortable and bearable because discomfort can lead to immeasurable distress.

Throughout this research, I have been confronted by my own work injuries, and your stories have resonated a great deal with my own. This route that we are on is not an easy one and rehabilitating the injured worker is complicating. I have learned a great deal just how harrowing and traumatic everyone's experiences were, and how you have risen above your injuries with the development of strategies in order to overcome obstacles.

Thank you again for sharing your stories with me. It provided me with a great deal of insight, and it enabled me to complete this research in obtaining my M. A. with an E Endorsement in Health Psychology.

Yours Sincerely

Maria (Ritie) Marnewick