Women's Injuries and Return to Work – the Social Context

Final Report

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A joint initiative of

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Executive Summary

This joint Monash-TAC-WorkSafe project investigates the experiences and return to work patterns of women with children after an accident or injury. It was thought that this group spends longer out of the workforce after an accident when compared to other groups of people and our study was designed to investigate why this might be the case.

The study had three phases: 1) a review of existing research; 2) an analysis of quantitative data; and 3) a qualitative investigation of women's experiences of care and injury. Earlier reports (Wright et al 2012; Lindsay et al 2013) outline the findings from Phases 1 and 2. Key findings from those two phases have been incorporated into this report. In addition this report details the findings from Phase 3, a pilot study of women's experience of negotiating injury and care obligations.

Key Findings

Household type and care responsibilities are likely to have an impact on both the physical and emotional labour required of women as they recover and on the assistance women receive during recovery.

The quantitative data held by both organisations had limited indication of women's caring status so direct analysis of the exact impact of caring responsibilities on recovery and return to work was not possible. The available TAC data suggested women experiencing longer term injuries (more than 6 months) did take longer to return to work if they had dependent children in comparison to other women and men.

Women, Injury and Care: Key factors

Women interviewed in the qualitative study reported significant difficulties in fulfilling their caring responsibilities during recovery. Their inability to undertake usual caring and domestic tasks was a considerable source of stress. Women reported prioritizing children's needs when seeking support and, on occasions, pushing themselves physically and emotionally in order to address these needs.

1. Families experienced significant impacts due to the injury sustained by women. There were clear physical, social, emotional and financial impacts on family members. The loss of family activities was reported by many women and they considered that children 'missed out' both on material and emotional terms. Injured women, and consequently their families, were often more socially isolated as a result of the injury and these restrictions.

2. Travel related to the injury, either to medical appointments or supported return to work due to inability to drive, created significant effects in terms of employment

and family scheduling especially for partners. There were impacts on partner income as a consequence of the injury, creating additional financial stress.

3. Some women were hesitant to ask for the direct support needed to manage their own injuries, for example in relation to personal care. They focused on the urgent care needs of children, sometimes they felt, at the expense of their own recovery processes.

4. Women felt guilty about the burden created for partners or others in managing the care of children that they were no longer able to fully discharge. The emotional pressures of not being able to cuddle children or offer physical affection were significant, as was worry about being emotionally absent.

5. Some women felt pressure in their household to recover quickly or move back into caring roles before they felt fully ready. Partner support was often more readily available in the early stages but longer term effects or on-going difficulties were harder for family members and friends to manage.

6. The intersection of concern about managing caring responsibilities and their own needs was experienced as a considerable stress during the recovery period. For women carrying longer term injuries, there was on-going pressure in relation to care obligations and family activities. Decisions about employment were influenced by these family factors.

7. Teen children, in particular, undertook additional caring and domestic labour, including care for younger siblings. While most women felt that their children were happy to help – 'it's my job now Mum' - women did worry about this transfer of work to children. In particular, some of the labour was intimate and therefore was sensitive for both mother and child. This finding is important, as people including extended family and friends, may more readily identify the needs of young children in an injury situation.

8. Women indicated that managing caring labour was not a focus of their exchanges with client service officers, medical practitioners or other supports, with few reporting any direct discussion of the family impacts of the injury. Home assessments were useful but focused on personal care and household tasks. The labour of caring, which includes but is not exhausted by domestic management and organization, was not directly addressed.

Background

The research project, ***"Women's injury and return to work: The social context",*** emerged from concern within ISCRR, the TAC and WorkSafe that women with children in their households returned to work after injury or illness more slowly than other clients. This information was reported to Monash University and prompted the original project development grant.

These concerns are part of I*SCRR's priority research area 4: 'The need for greater knowledge of the social factors likely to have an impact on OHS and personal injury compensation systems'.* The assumption that this group may experience a delay in recovery and resumption of work is a logical one given the social roles and practices of Australian women in families. Women have a heavy responsibility for unpaid and caring labour in families. Women perform three-quarters of the unpaid labour in families and two thirds of the childcare. When there are children in a family, women are likely to manage the increased unpaid work load by decreasing their paid work and performing the additional unpaid work, and the paid work practices of men change little.

The paid workforce is segregated by gender and women are much more likely than men to work part-time or in casual roles where benefits are more difficult to access. Average income is also affected by gender, with a consistent gendered wage gap over the past two decades of about sixteen percent. These factors mean that managing the tensions of work and family life are difficult for women, and Victorian women are less likely than men to be satisfied with their work-life balance with approximately 42% of females versus 24% of males with two or more children requesting changes to work arrangements (ABS 2010).

Phase 1 of the project was a systematic review of all national and international literature on women, caring responsibilities and injury recovery. The findings from this phase were used to identify key areas of investigation for the rest of the project. A full report of the findings was provided to TAC and WorkSafe (Wright et al 2012).

Phase 2 of the project was an investigation and review of the quantitative data held in the ISCRR databases and subsequently in the TAC and WorkSafe databases. The objective in this phase was to quantify the additional time to recovery experienced by injured women with children. A full report of the findings was provided to TAC and WorkSafe (Lindsay et al 2013).

A summary of the key findings from Phases 1 and 2 is provided below.

KEY FINDINGS FROM PHASE 1 and 2

Women in the contemporary workplace

- Women with children are increasingly central in the workforces of industrialised nations, including Australia;
- Women's work is concentrated in particular industries and pay rates in these industries are relatively low;
- The labour market commitment of women with children is strong, but employment conditions and Australian social policies don't support women's dual roles effectively;
- Women face significant barriers to achieve sustainable work-family integration.

Women's Return to Work

- Return to work is shaped by a complex combination of factors including social, workplace and employment characteristics;
- Gender is recognised in the literature as key factor in returning to work. Women experience injury and illness differently to men and may face more barriers to recovery;
- Positive experiences of the compensation system and modified work assist the return to work. Women may have less access to modified work and have less support and compensation in workplaces and at home than men;
- Government reports acknowledge the need for better data collection on gender differences;
- There is very little research that specifically investigates the intersection of women's family responsibilities, mothers' employment patterns and return to work;
- The quantitative data held by ISCRR (and by the TAC and WorkSafe) does not effectively identify women with injuries who have dependent children in their households. It is therefore not possible to accurately assess the differences in RTW for this population or to isolate the impact of specific factors in the care-RTW nexus.

The Research Questions

This study in partnership with TAC and WorkSafe focused on how employed women who are caregivers of dependent children manage caring responsibilities when they sustain an injury either at work or through a road trauma. It explores how women experience the intersection of their inability to give their usual amount of care and their need to receive care while they recover. Existing literature speculates that gender and associated caring labour does influence women's recovery from injury and return to employment, but there is limited direct examination of the intersection of injury and women's caregiving responsibilities. Given that women face barriers to the effective integration of employment and caregiving, and that return to work from injury is often also difficult, it is likely the intersection of caregiving responsibilities and injury will present particular gendered challenges. This study was an exploratory pilot study and thus focused only on one type of caregiving labour; on mothers caring for dependent children.

The Qualitative Phase

How did women manage the early stages of injury? What were the key family/social issues at that time?

In working towards recovery, what was most helpful in the family/care context?

What were the key family challenges in working towards recovery?

How did women perceive their injuries as having affected family life?

Methodology

The study involved 3 phases. The first was a review of existing literature on women's return work using the lenses of gender and caregiving.

The second was an examination of existing quantitative data from the TAC and WorkSafe.

The quantitative analysis sought to examine differences in the return to work time of women and men, and women who were identified as caregivers of young children, using a number of variables including type of injury, employment sector and time away from work. These reports were run by the organisations and researchers only had access to de-identified aggregated data.

The third phase was semi-structured interviews with a small number of women (N=12) recruited via multiple mailouts from the two partner organisations. The planned number of participants was 20. The mailouts were directed to women who were employed, lived with dependent children and had experienced an injury that resulted in absence from work.

A number of issues arose at the point of recruitment that may have impacted on achieving the desired sample.

TAC In general, TAC recruitment is undertaken on an opt-out basis. If there is no response indicating an unwillingness to participate, a follow up phone call is used to assist in recruitment. This study was an opt-in process. This change may have confused some respondents. A number of respondents contacted the research team and indicated that they may have received the letter in error as they did not have dependent children.

WorkSafe WorkSafe does not hold data on dependent children. WorkSafe mailouts were thus sent to women aged between 30-45, asking in the first instance whether they had children and if so, if they were interested in participating in the study. The need to phrase the letter so generally is likely to have had an impact on recruitment as it reduced the specificity and directness of the invitation to participate.

Ethical approval was gained from Monash University Human Research Ethics Committee for the qualitative aspect of the study.

Participant confidentiality was protected in the following ways.

- Letters went out to more than 50 women who were clients of the two organisations. The research team did not see names and addresses of clients but an explanatory statement from the team was included in the mailout. Thus, women's details were not revealed to the team at any stage by the organisation.

- Women were invited to contact the research team directly if they were interested and did not notify their service organisation of their participation.

- The research team recorded only oral consents and all transcripts were de-identified at the point of transcription.

The Group Recruited

12 women were interviewed for this study. Given the ethical constraints of the project, and the non-representative nature of the pilot study, only indicative descriptions of the women who participated are offered here. Identifying details (such as a large number of children living at home, non-traditional professions or specific details of injury) have been omitted. Five participants came from the TAC cohort and seven from the WorkSafe cohort.

Participants: The initial recruitment decision was to identify partnered women for this pilot study: this decision was taken to limit demographic variables thus optimizing the ability to synthesize the findings. Because recruitment was slow, two single women with dependent children were included in the study. Further research should be undertaken to explore the different or potentially more intense impacts on women undertaking sole primary care for children. Women's labour market participation is affected by partnered status (women caring for children alone face greater barriers in achieving sustainable employment): it is likely that these women may face greater barriers when seeking to return to work after injury.

Eleven of these women had direct dependents living in their households at the time of injury. One woman had two children after a serious accident that had long term impacts on her health and employment. The number of children women cared for ranged from one (N=4) to more than four. Children's ages ranged from 12 months to nineteen years at the time the injury was sustained.

Injury types: The injuries reported varied considerably. In the group, injury types included serious accidents resulting in long term physical impacts, shorter term occupational injuries (that sometimes resulted in prolonged absences from work), and emotional and stress disorders.

Of the group, injury duration ranged from ten years to eighteen months. At the time of interview, six women had returned to work. Three had put in place some permanent modification of previous duties, including reduced working hours. Three women had no clear sense of when or if they would return to work.

Employment sectors: A wide range of employment types was represented from independent professionals, health professionals working in health services, care workers in a range of other sectors (N =4), and service workers.

Findings from Phase 3

Anita: You almost have to find a different you. It's almost that yeah, you have to put that part of you away and go 'no I really have to be this person now' and its OK to ask for help and its OK to, and its not, it still goes against the grain, its not OK to ask for help…

Anita's statement about the life change prompted by her injury indicates the long term and fundamental impacts that arise as a result of injuries. In particular, Anita's reflection on the complexities of seeking help was an important theme across all of the interviews. Each of these women indicated that caring responsibilities, *especially the ability to take care of others*, was a key part of their identities and social lives. Inevitably, as a result of injury, their capacity to give care was impacted, whether in the short term or for longer periods. Women keenly felt these impacts and they impacted directly on family members.

In describing return to work processes and objectives, women generally focused on their family care obligations prior to trying to return to work. While we focused our research questions on the family and domestic sphere, a number of women did indicate that the intersection of family pressures, and difficult processes of return to work in relation to employers, influenced their decisions about when and how to return to work. Existing analyses of women's labour market participation point to barriers in achieving work-family integration (Wright at al 2012): when injuries occur, the effect of these barriers is likely to be intensified. In our study, women who experienced supportive and proactive engagement with their employers during return to work negotiations generally found family obligations easier to manage. Two key examples of this include an employer moving quickly to hire a vehicle for work and private use, overcoming significant delays by the insurance company (who were responsible for replacing the vehicle lost in the accident. A second instance was on-going willingness to renegotiate the type of administrative labour an injured care worker was doing. When the worker indicated dissatisfaction with the initial work included in the return to work plan, this was revisited and changed, ensuring the worker felt valued and supported. Given that this is a pilot study, and offers indicative findings requiring further research, this observation requires more sustained exploration.

In the following findings discussion, we identify key themes that emerged from the data: these are reflected in the subheadings. In each section we offer an indicative quote and then report findings. Given the small number of participants, we provide a thematic analysis of key impacts that were reported across the sample.

How injuries impacted on family life

Eva: You know I got three kids and 14 years old and one just turned 13 and my little one is seven. So like I used to do everything for them in the mornings, to wake them up, make their lunches ready and you know drop them off at school and pick them up and do all the cooking. Then get ready, go to work. And my husband used to pick them up so but with this injury I wasn't able to do anything I used to do. I can't go for shopping; I can't do normal duties I used to do at home.

All participants reported their injuries had significant negative impacts on family life. The immediate experiences of injury were traumatic and created difficulty in family lives. Women generally reported that they were able to access support at this time, due to intensive medical interventions and family and community recognition of the urgent impact. Over time however, support lessened, both from intimate partners and other family members and longer term impacts were experienced. A number of women indicated that partners, while supportive at the outset, did struggle with the sustained re-distribution of family labour and expressed some frustration at their slow rate of recovery. Children wished to return to the time before the injury when their mother was well and able to engage in all the activities of the family.

Women experiencing very long term injuries had to create new patterns of child care and domestic labor (such as involving children more directly, hiring a cleaner and greater use of take-away food). Women described the lowering of domestic standards and long-term reductions in domestic and care activities they were able to perform. These new patterns often involved additional expense for families at a time when there were inevitably additional financial stresses.

In terms of direct impacts on other family members, a wide range of effects were described. Travel to and from medical appointments was often discussed as an issue. Children's activities, such as sport or music and dance lessons were circumscribed due to more stringent financial circumstances and transport difficulties. Social activities for children were often limited and changed (fewer visits to the house by friends, other people having to take children to social events or shopping and fewer family outings due to increased financial pressures). Women recognized these impacts as very important and were often distressed about the long term effects on their children. Amanda expressed a common sentiment when she said: 'he's a very resilient kid thankfully and quite independent so I don't think he's been you know scarred too much from it but there's always that guilt that you could have done better'.

A number of women identified direct impact on their partner's work and income. Due to additional care responsibilities and the need to provide transport to on-going medical appointments, many women reported that their partners had taken extended carers' leave, or if self-employed, reduced work hours, to manage the injury impacts. This created additional financial stress. While this study did not explore partners' experiences, women indicated that partners did face significant issues and stresses. This warrants further investigation.

Women with teenaged children reported that these children took a significant role in the re-distribution of caring and domestic labour. Women reported that older children were willing to contribute in a number of different ways, including by supporting injured mothers at doctors' appointments, cooking, doing domestic labour and assisting with the care of younger children. Katie spoke appreciatively of her son's help: 'I'll just [say], you know can you come down and start the oven up for me. [He'll say] "yeah mum I'll be down in a minute" and he'll just come down and do it straight away'. For these older children, social activities were impacted by financial impacts within the family and by the needs of the injured parent.

Worries about being burdensome

Cassie: Yeah so I'm lucky to have my older daughters because they've been outstanding. But it's that loss of role, it's just a loss of role as being a mother and my ex husband lives in Geelong. There's just the kids and I and my cousin and her husband for support.

Cassie considered that she had been extremely lucky because her daughters, in their late teens, had taken over many of the domestic duties she was unable to undertake and stepped in to provide care for her two younger children. Other women described the support of partners or children in tasks such as hair brushing and showering with considerable gratitude. But alongside accepting help as an expression of family care, there were more difficult stories about struggles with personal hygiene and having to involve children in intimate tasks that created constraint and upset.

When injury restricted women to home, this fear of being burdensome increased. Women worried about being home all day but being unable to undertake any household work or in some instances to fully care for their children. One of the reported effects of this worry was an emphasis in seeking assistance and support for children, rather than for themselves.

Caring responsibilities and injury

Katie: I've lost mobility. I can't bend my knee, like I can't kneel on it. When my daughter was little I couldn't bath her because I can't get down into the bath.

Women reported a wide range of effects from injury on their caring labour. These effects included difficulty in carrying out required physical labour for children as Katie described above; these effects varied in relation to the age of children. Women described pushing themselves quite often to undertake tasks that were beyond their current stage of recovery but were required in the family context. Women also reported that the inability to cuddle or carry children (to give affection) was very upsetting. They indicated that younger children who could not fully understand the injury impacts were more affected by this type of absence than older children. But there were impacts on older children too: a number of women reported that older children contributed more labour to the family context including care for younger siblings.

While there were many adaptive stories of domestic labour, (such as working on the ground, using different techniques for food preparation, and taking longer to complete tasks), the negotiation of different forms of caring labour presented considerable challenges for all of the women interviewed.

Worries about caring responsibilities

Fran: People always say to me 'you know I don't know how you cope going to work with all your migraines and kids' and you know, like 'you should, you must spend a lot of days in bed'. And I said 'well I don't, I can't be in bed when I've got children running around so you know I just have to suck it up and manage somehow and worry about it later'.

For most women interviewed the anxieties about care operated at two levels: the first was the *practical pressures of everyday life*, and the second was the *emotional absences created by injury* that they feared were impacting on their children.

Managing the *day-to-day* care activities including transporting children to school and daycare, ensuring another adult was present for physical labour for younger children, and necessary domestic labour was difficult during periods of initial injury and during recovery.

Emotional absences were a source of considerable sadness and stress for many of these mothers. Women described the loss of 'fun' family activities and 'quality time' with children due to diminished energies and restricted resources and mobility. Some women described their injuries as taking up most of their emotional and personal resources, thereby limiting their capacity to be present. As Amanda said, 'I'm still battling to … be fully there emotionally and practically take care of him'. For those with teenaged children, activities that had previously been pleasurable such as shopping were reduced.

Worries about asking for help

Nicole: I'm a mum, you know my partner and my kids need me and you know I can't let my kids down and say because I'm injured it's the end of the world type of thing. … I think it's just the normal natural thing for all mums to do, is that you know you stay strong and just went 'yeah everything is going to be alright' when deep down it isn't.

Many of these women were able to access family and friend support in the initial stages of the injury. They described their parents, and their own mothers in particular, as crucial in managing the early stages. Teenaged children provided considerable support, but women worried about the effects on them. But as time spent injured increased some women became more anxious about asking for on-going assistance. For some women, the age of parents was a consideration in longer-term commitments to undertake activities such as lawn-mowing and sustained childcare. Friends were often supportive but only few women indicated that this support was sustained for the full period that the injury impacts were experienced. Women experiencing some form of permanent disability often felt unable to continue to seek help and retreated into silence about their injuries. As Sue observed, 'it is acceptance but it only goes on for so long'.

Communications with service providers

Each of the women was asked about whether caring labour and family pressures were a focus in interactions with service providers, medical practitioners or with employee assistance from their employers. No-one reported any direct discussion about these issues and their impact on recovery and return to work. The management of family life and care obligations is not generally a focus in employment terms and conditions. But

existing research on women's labour market participation clearly demonstrated that women's decisions about employment are linked to their care obligations (Baxter et al 2007; HREOC 2007; OECD 2002). Given the reported effects in this study of women prioritizing family obligations over both their own care and in terms of return to work, this nexus may merit further attention to enhance return to work outcomes of women with caring responsibilities.

Discussion

Injury impacts on individuals are clearly significant and there has long been identification that social and emotional support impact on recovery processes. But this study suggests that injury impacts and recovery processes for injured women with care responsibilities are better understood through a multi-directional framework that takes account of care given as well as care received. In recovering from injury and returning to work, women's existing care obligations were central. There were physical, social and emotional impacts for women and family members, especially partners and children, as women with injuries struggled to renegotiate caring labour and family patterns to accommodate both short and longer term effects of injuries.

Implications

The data recorded by WorkSafe about injured workers does not include carer status though TAC data contains some information about dependent children. Without carer status data, the impact of caring on recovery cannot be ascertained. But some indicative quantitative data from the TAC suggests caring does have an impact on the time to recovery and return to work.

> *Better information about how caring responsibilities impact on time to recovery and return to work is needed to fully evaluate the impact caring responsibilities have on injury processes.*

Women's caring labour is not fully integrated into assessment of the impact of the injury, the care needs of the injured worker and dependents and the impact that care stresses may have on recovery.

Many women experienced difficulty in seeking on-going assistance from partners and families or other sources. This difficulty meant that personal care and the caring required for family were experienced as significant burdens during the recovery process.

> *Clear communication with women about their care obligations and how these are being managed may assist women to better articulate support needs and to negotiate optimal support for their recovery and return to work.*

Other caring responsibilities, such as elder or kin care, were not addressed in this study, but may also impact on recovery and employment participation.

Women interviewed indicated that their caring roles, which they considered had considerable impact on their recovery, were not a key consideration for case managers. But the negative impact on other family members from the injury and from the removal

of caring labour was generally felt to be significant by these women on their own recovery processes.

> *Service provision that more directly addresses caring responsibilities as part of women's recovery support may ensure a better recovery and return to work process.*

This pilot study offered a snapshot of women's experiences of the intersection of injury, recovery and return to work, but the range of impacts reported was significant. Women's care obligations shaped how they managed their own injuries and how they prioritized and navigated return to work. Support that was offered to women by family and friends was often directed primarily towards these care obligations; women's own needs were often secondary. Longer term care needs created on-going pressures on women, their families and their networks. The intersection of women's work and care is complex and multi-directional: when injuries occur, impacts are likely to be felt by women themselves, their families and their workplaces.

> *The intersection of women's caring labour and recovery from injury is under-researched in Australia and internationally. TAC and WorkSafe may consider there is value to a more systematic exploration of how women's caring impacts on recovery.*

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