Interactions between healthcare providers and injured workers

**Themes**

**Concepts**

**Legitimacy**

- Stereotyping, stigma from HCP

**System intrusion on HCP- injured worker relationship**

- HCP role conflict: provider/reporter/advocate
- HCP bias against compensation clients due to administrative burden; low fees, payments delays
- Time delays for approvals and appointments

**Non-therapeutic encounters**

- Multiple examinations
- HCP and Independent Medical Examiners provided conflicting opinions
- Independent medical examination (IME) process hostile, IME reports incorrect outcomes or taking examination by examiner

**Diagnosis and treatment difficulties**

- Injured worker not receiving needed support
- Medical uncertainty, injury complexity

**Therapeutic encounters**

- HCP validated work-relatedness
- HCP validated feelings and pain
- HCP demonstrated respect and understanding of injured workers' individual needs

**Discussion**

The roles that HCP’s perform in compensation systems are numerous and complex, with competing demands from both injured workers and insurers. In the review studies, injured workers experienced both therapeutic and non-therapeutic encounters with HCPs. HCP’s positively influenced injured workers rehabilitation through respectfu, and supportive patient-centered therapy. Provision of guidance on injury management strategies, and practical support from HCP’s, were also considered to be important therapeutic components. 

Non-therapeutic encounters with HCP’s were described by injured workers who experienced stereotyping and suspicious attitudes and poor quality service. Injured workers could attend multiple IME’s which were painful or hostile and resulted in conflicting opinions about diagnosis and treatment. Negative interactions could have long lasting consequences for the injured worker who could lose entitlements for medical rehabilitation services or income benefits, creating further financial difficulties and adding emotional stress to physical injury.

Insurer and compensation system requirements intrude in the therapeutic relationship. Insurers could use IME’s to challenge both the HCP and the injured worker. HCP’s could become frustrated with administrative demands and delays, and be less willing to see compensable patients. Studies in non-compensable settings have demonstrated the importance of patient centered care and physician job satisfaction for psychological well being, improved treatment adherence and health outcomes for patients. It is likely that the same factors could influence injured workers recovery.

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**Adversarial relations**

- Insurers ignore HCP expertise and treatment recommendations
- Insurers contest HCP opinions
- Lack of co-operation between HCP and insurers

**Organisational pressures**

- HCP find administrative demands onerous
- HCP not completing forms accurately or promptly
- HCP lack of knowledge of system and insurer expectations
- Low or nil fees for services

**Improving relations between HCP and insurer personnel**

- Communication and education
- Review of remuneration and simplification of administrative demands

**Conclusion**

This review demonstrates that in many instances, injured workers with long term complex injuries experience difficulties when receiving health services in the context of workers’ compensation systems. IME’s were a source of contention for both injured workers and HCP’s, and likely exert a negative influence on the therapeutic relationship. Healthcare providers experience problematic interactions with insurers, and injured workers bear the brunt of HCP’s frustration as some HCP’s offer poorer quality service or refuse to treat compensable clients as a result.

Supportive patient-centred interaction with HCP’s who have high job satisfaction is important for injured worker recovery. Reduction of organisational pressures and improving communication between insurers and service providers could result in increased job satisfaction for HCP’s and ensure that providers are more amenable to operating in compensation systems. Improved HCP participation and job satisfaction will more likely have a corresponding positive influence on injured workers’ recovery and return to work. Further research into experiences of distinct healthcare providers with workers’ compensation systems is warranted.