

Is compensation enough for the injured worker?

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Dedication

To all the individuals who told me their stories. Thank you for sharing your experiences.

I am only one in many and yet I carry within me a piece without which the puzzle of our collective existence would be incomplete.

Roshani

University of Cape Town

Declaration

I, Susan Landman, hereby declare that the work on which this dissertation is based is my original work (except where acknowledgements indicate otherwise) and that neither the whole work nor any part of it has been, is being or is to be submitted for another degree in this or any other university.

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Definition of terms

- **Compensation:** “in terms of this Act [Compensation for Occupational Injuries and Diseases Amended Act] and, where applicable, medical aid or payment of the cost of such medical aid” (Republic of South Africa 1997b:4). Compensation includes lump sum or pension payments paid out to workers qualifying for such payments by the Compensation Fund.
- **Process:** a series of actions or steps taken in order to achieve a particular end (Pearsall 1998).
- **Medical aid:** in terms of the Act this includes “medical, surgical or hospital treatment, skilled nursing services, any remedial treatment approved by the Director General, the supply and repair of any prosthesis or any device necessitated by disablement and ambulance services where, in the opinion of the Director General, they were essential” (Republic of South Africa 1997b:6).
- **Employee:** “a person who has entered into or works under a contract of service or of apprenticeship or learnership, with an employer, whether the contract is expressed or implied, oral or in writing, and whether the remuneration is calculated by time or by work done, or is in cash or in kind” (Republic of South Africa 1997b:5).
- **Employer:** “means any person, including the State, who employs an employee” (Republic of South Africa 1997b:5).
- **Reasonable accommodation:** “Any modification or adjustment to a job or to the working environment that will enable a person from a designated group to have access to or to participate or advance in employment” (Republic of South Africa 1998:5).
- **Environment:** Consist of the physical, geographical, cultural and social environments (Moyers 2005)
- **Context:** “circumstances associated with a particular environment or setting” (Gillen and Burkland 1997, cited in Reed 2005:610)
- **Facilitators:** any factors in the environment, such as the physical environment, assistive technology, attitudes, services, systems and policies that through their absence or presence can improve function or reduce disability (World Health Organisation 2001).

- **Barriers:** those factors in a person's environment, such as the physical environment, assistive technology, attitudes, services, systems and policies that through their absence or presence can limit function or create disability (World Health Organisation 2001)

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Abstract

The process of compensation for injuries occurring at work is governed in South Africa by the Compensation for Injuries and Diseases Amended Act (COIDA) under the jurisdiction of the Department of Labour. Under this Act, financial compensation is provided to injured workers and, in the event of a fatal injury, to their families, and all medical and rehabilitation services rendered to the injured worker are paid. While the intention of the Act is to support injured workers financially, in her work as an occupational therapist, the researcher observed a number of clients who were disadvantaged by the compensation process.

This study focused on how injured workers experience the compensation process and aimed to make recommendations to the Department of Labour about possible amendments to the Act to ensure that both employees and employers are effectively protected. The study also wanted to raise awareness amongst health professionals about how injured workers experience their role in the compensation process.

A qualitative research approach with a collective case study design was used. Six participants from the Cape Town Metropole were selected through purposeful sampling, while maximum variation sampling ensured that a variety of experiences were included. In-depth interviews were carried out to gather data. Then a within case analysis was done and through the process of inductive analysis themes emerged for each participant. This was followed by a cross case analysis in which the interrelatedness of the various roles of the injured worker and the context of the roles merged as central to the findings. Within these role-context relationships, barriers and facilitators emerged from the participants' experiences of the compensation process.

Recommendations were made for the injured worker, the family, health professionals, employers and, lastly, for COIDA.

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Chapter 1

Introduction

1.1 Introduction

Work related injuries and diseases in South Africa are managed by the Compensation for Occupational Injuries and Diseases Amended Act (COIDA) (Republic of South Africa 1997b) which falls under the jurisdiction of the Department of Labour. Formerly known as the Workman's Compensation Act 1941 (WCA) (Act No. 30 of 1941), it was replaced in 1993 by the Compensation for Injuries and Diseases Act and was amended in 1997 by the Compensation for Occupational Injuries and Diseases Amended Act. For the purpose of this study, the researcher will refer to this document as 'the Act'. The stated purpose of the Act is:

To provide for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, or for death resulting from such injuries or diseases; and to provide for matters connected therewith (Republic of South Africa 1997b:1).

This statement implies that workers injured on duty should receive compensation if they are disabled. However, it does not guarantee that they will be re-employed or that reasonable accommodation will be applied to ensure that they return to their former employment or to any form of employment.

The Act requires employers to make regular contributions to the Compensation Fund (Republic of South Africa 1997b) on behalf of their employees. These revenues are then used to pay benefits to employees injured during the course of their work. When a worker is injured on duty, all medical and rehabilitation expenses (referred to as 'medical aid' in the Act) are paid for as stipulated in the Act. The employer is liable for paying the employee 75% of his/her wages or salary for the first three months of sick leave (Republic of South Africa 1997b). Theoretically then, the employee is losing 25% of his/her monthly or weekly income which is in itself a substantial loss. Wages paid to the injured worker are refunded to the employer by the Director General, but there is no stipulation as

to when this will occur. If the employee's sick leave extends beyond three months, the employer either continues to pay the employee or 75% of the wages/salary can be claimed by the employee from the Director General. The employee has to complete the prescribed form (Ref: W.Cl.132) and send it to the COIDA office in Pretoria. The employer is also responsible for providing transport for the employee to attend medical or rehabilitation appointments (Republic of South Africa 1997b). Transport costs may also be claimed back from the Compensation Fund by the employer.

However, occupational therapists working with injured employees report that although the Act states that 75% of the salary should be paid by the employer, over and above transport to and from appointments, this is often not occurring and injured employees are being disadvantaged. As a result, they are not receiving any income for that period. Employees attending a private practice in Cape Town reported that their employers neglected to pay them 75% of their wages/salary during their sick leave (Personal Communication 2006). Employees experience very long periods of waiting for financial compensation. One worker reported having to wait for ten months, after he claimed his salary from the Compensation Fund while still on sick leave (Personal Communication 2005). The loss of regular income results in employees and their families suffering financially. For example, one worker was unable to pay his child's school fees. Employees also report having to wait for long periods before their telephone calls to the office in Pretoria are answered, if at all. Similarly, there are reports of some employers not assisting their employees with transport (Personal Communication 2005). This results in further financial difficulty or employees not being able to attend their rehabilitation appointments. This in turn affects their prognosis and ultimately their return to work. The occupational therapists reported that employees experience a general feeling of being deserted despite the provisions promised them in the Act. There seem to be problems related to the enforcement of some aspects of the Act, as well as a lack of efficiency in the Department of Labour. The system appears to be failing the very people it should be supporting.

Occupational therapy (OT) is concerned with enabling and empowering individuals and groups of people to live life optimally through valued occupations (University of Cape Town 1972) and in the case of the injured

worker, to assist in the return to work, whether it be to the job the worker held at the time of the injury, or another job in the same company or alternative employment. The Act, which was specifically developed to address issues around compensation, does not make provision for the return to work of the injured worker. Although the Annual Report of the Compensation Commissioner (Mkhonto 2007) mentions that as a performance measure programmes were developed and piloted in two provinces for workers' reintegration and early return to work, this very valuable initiative needs to be integrated into the Act. Furthermore, the Act does not specifically regulate the type of intervention that the Department of Labour or employers should make available to employees to ensure continued employment and productivity. Being injured on duty requires far more than compensation and more often than not it involves more than just the worker and the workplace. Wall, Ogloff and Morrissey (2006:514) refer to compensable injuries as a "complex biopsychosocial phenomenon rather than simply a medical injury ..." Therefore, it may be of benefit to the injured worker if this complex process of medical treatment, rehabilitation and return to work were dealt with in more detail. This would benefit the occupational therapy profession as it could provide formal guidelines that are supported by the Act to deal with facilitating the return to work of an injured employee.

The Government of South Africa implemented the Employment Equity Act, No. 55 of 1998 (Republic of South Africa 1998) and the Basic Conditions of Employment Act, 1997 (Republic of South Africa 1997a) to address equality, as well as to establish a foundation of basic human rights in the workplace. Neither of these Acts makes specific reference to the injured worker or COIDA. Even though as citizens of the Republic of South Africa, workers have access to the support provided by these Acts, occupational therapists have experienced in practice that employees and rehabilitation practitioners cannot rely on these Acts to get a timely response from either employers or the Compensation Commissioner.

The management of an injured employee is also subject to other legislation, amongst others, the Labour Relations Act and the Code of Good Practice (Botha, Huyser and Schonken 2000). The Labour Relations Act states the following with regards to the incapacitated worker:

If the employee is likely to be absent for a time that is unreasonably long in the circumstances, the employer should investigate all the possible alternatives short of dismissal. When alternatives are considered, relevant factors might include the nature of the job, the period of absence, the seriousness of the illness or injury and the possibility of securing a temporary replacement for the ill or injured employee. In cases of permanent incapacity, the employer should ascertain the possibility of securing alternative employment, or adapting the duties or work circumstances of the employee to accommodate the employee's disability (Republic of South Africa 1995:153).

This Act therefore implies that employers are liable to accommodate injured workers.

Section 10 of the Bill of Rights (Republic of South Africa 1996) states that "everyone has inherent dignity and the right to have their dignity respected and protected" and Section 23 states that "everyone has the right to fair labour practices" (Republic of South Africa 1996). The injured workers' rights may be compromised when their employment or re-employment is not secured. Their dignity is also affected when they cannot care for their families if the injury has left them unemployed. In Section 33 the Bill of Rights continues that "everyone has the right to administrative action that is lawful, reasonable and procedurally fair" (Republic of South Africa 1996). This implies that the citizens of the country should receive reasonable and procedural administrative action. This section also relates to administrative difficulties that injured workers are facing. Despite this legislation that is intended to protect citizens of South Africa, numerous workers who are injured on duty are still denied the right to reasonable accommodation and employment.

This research therefore set out to investigate the experiences of the compensation process by employees who were injured at work. The purpose of the research is to inform the Department of Labour about injured workers' experiences of the compensation process and to make recommendations about possible amendments and suggestions to ensure that employees and employers are protected effectively. Furthermore the occupational therapy

profession could benefit from the research by creating awareness of clients' experiences of the compensation process thus to enable therapists to be more sensitive to the needs of their clients who were injured at work.

1.2 Motivation for the study

Occupational therapists who work with injured workers have seen how the current compensation system places these workers at a disadvantage financially and possibly in other ways that are not immediately obvious. Financial constraints may occur as a result of their wages/salaries not being paid as stipulated by the Act and also because some employees are unable to return to work. Therapists have found that the Act makes no provision for assisting the employee to return to work. This makes the facilitation of return to work difficult in practice as there is no policy to support it. The Act therefore seems to be failing those it is meant to serve. The experiences of injured workers and health practitioners with the compensation process, as well as information presented in the literature review (see Chapter 2) have provided the impetus for investigating the experiences of injured workers. Furthermore, there also seems to be limited research published on the experience of injured workers in South Africa.

Chapter 2

Literature review

2.1 Introduction

The literature review presents a critical analysis of the compensation process in South Africa and internationally and explores the workers' perspectives of the compensation process. It considers the psychological effects of injury on the worker, financial loss and the social and functional implications of a work injury. The concept of return to work is described. Finally, occupational therapy as an enabler of work and productivity post injury is considered.

2.2 The compensation process in South Africa

Fultz and Pieris (1999) published an overview of compensation schemes in Southern Africa and commented on the administrative difficulties of the compensation process. One of the biggest problems raised was that the processing of applications tends to be paper driven and the multilayered procedures (compensation paid out to the employer who in turn pays the employee) can cause extended delays for claimants and their dependants. The authors also claim that schemes lack a customer service mentality and are marked by long queues and publicly listed telephone numbers either going unanswered or being continuously engaged. Fultz and Pieris (1999:190) recommended worker-orientated administrative reforms to improve scheme administration stating that although this is not easy to orchestrate "such attitudinal change is most likely [to happen] when the clients themselves demand improved service".

In an article published in the *Mail and Guardian*, Groenewald (2006) reported that doctors in South Africa are boycotting the compensation process and refusing to treat workers injured on duty because payment from the Compensation Fund can be delayed for up to two years. She furthermore reported on the administrative delays that injured workers experience, citing the example of a worker who lost an arm and both legs in an accident at work in 1977. He applied for bilateral prostheses in 2004 but due to the fact that his

case had been classified as 'temporary' he was not entitled to claim the cost of artificial limbs from the fund. The Act differentiates between temporary and permanent disablement (Republic of South Africa 1997b). Temporary disablement implies in short that a worker should in effect be able to return to work, whereas permanent disablement is the permanent inability of an employee to perform any work.

In a press release by the Democratic Alliance (DA), the official opposition party in South Africa, Kohler Barnard (2006) listed three aspects that are problem areas with regards to the Compensation Commission. These are claims that are being processed at a slow pace; the deliberate placing of obstacles in the way of claimants in order for them to give up; and staff being more likely to minimise their workload than help injured workers. Kohler Barnard reported these problem areas to the Minister of Labour and a reply was released by the Department of Labour (Pela 2006) who responded that the

Compensation Fund acknowledges its problems and is working hard to overcome them. Improved service delivery and client satisfaction are of utmost importance and everything will be done to ensure that we are in line with Batho Pele Principles.

2.3 The compensation process internationally

The situation in other countries seems to be very similar to South Africa. Sager and James (2005) investigated injured workers' perspectives in Australia and found they lacked knowledge and understanding of the rehabilitation process following an injury at work and experienced lack of support, unsatisfying return to work duties and a negative attitude by co-workers, employers and insurance company officials towards injured workers.

McLean (2000) reported the story of a worker in Alberta, Canada, who sustained a back injury at work. He was initially labelled a malingerer by his case manager (an official with no medical training) at the Workman's Compensation Board. After enduring many painful therapy and work hardening sessions, he was later diagnosed correctly and received surgery four years after the injury. Six months after the operation he was back at work. This story

is an example of how a case manager with no medical training decided on the worker's fate and how his misdiagnosis wasted four years of the worker's life.

Canada developed an early return to work policy in 1993 as part of the Commission de la Santé et de la Sécurité du Travail (CSST) (Quebec Occupational Health and Safety Commission) (Baril, Berthelette and Massicotte 2002). It was designed to increase the percentage of workers returning to their former employer following an occupational accident or disease. The target population is workers who were absent for more than 45 days. The authors maintain:

The concrete manifestation of this policy has been the implementation of a professional service, which identifies temporary or permanent return to work measures in collaboration with workers, union representatives and attending physicians (Baril, Berthelette and Massicotte 2002:280).

2.4 Workers' perspectives

Sager and James (2005) reported on the perspectives of injured workers of their rehabilitation process in Australia. It emerged that workers have a lack of knowledge and understanding of the rehabilitation process. This is supported by Kirsh and McKee (2003:229) who investigated the needs and experiences of injured workers in Canada. Their study recommended that the "workers' knowledge of their rights and access to information must be improved". Strunin and Boden (2004) support this when they report that workers in Florida and Wisconsin in the USA had little understanding of the system and felt that they were not in control of the situation. Lack of support by all stakeholders for the injured worker also emerged as a theme in the study by Sager and James (2005). Kirsh and McKee (2003:229) recommend in this respect that "efforts should be made to create a more supportive climate for the injured worker". The authors commented on the fact that employers should increase their responsibility for the worker. Strunin and Boden (2004) reported that some workers who participated in their study mentioned that personnel of the insurance company were helpful which resulted in timely outcomes of the process. The contrary is also true as the study by Strunin and Boden (2004) proved. Workers experienced difficulties receiving benefits to which they were

entitled besides feeling mistreated, frustrated and helpless when dealing with the system. Kirsh and McKee (2003) recommended that legitimacy of workers' claims and issues must be fully recognised. Soeker (2004) investigated the perceptions and experiences faced by workers in South Africa who were diagnosed with back injuries on returning to work and reported that workers experienced that they felt doubted, that their rehabilitation was a team effort and that as workers they have to take responsibility for themselves. The issue of workers taking responsibility themselves was also highlighted by Friesen, Yassi and Cooper (2001). They investigated barriers and facilitators that helped the return to work in Canada and reported that workers commented that their own attitude towards their injury and their recovery was important.

2.5 The psychological effects of work injuries on workers

Stone (2003) examined the extent to which injured workers in North-western Ontario, Canada, would rather look to each other for help as they dealt with recovery. It became evident that injured workers who were unable to return to work were forced to re-evaluate their sense of identity. Workers complained that they were not treated with respect when they applied for compensation. Many had to fight for years to be adequately compensated. Workers mentioned that an injury at work affected all the areas of their life, for example, divorce, lack of sympathy from family members, relationships that suffered and being shunned by former friends and co-workers. Keogh, Nuwayhid, Gordon and Gucer (2000) did a survey on the impact of occupational injury on the injured worker and family. The authors indicate that 38% of workers in Maryland, United States of America (USA), who participated in their study (n=537) reported job loss and 31% of the workers reported depressive symptoms.

Work injuries also seem to have an impact on the mental health needs of injured workers. A study done by Cacciocarro and Kirsh (2006) explored the mental health needs of injured workers in Toronto, Canada. Four themes emerged from this study. The first theme related to life changes after the injury and workers mentioned how drastically their lives had changed after the injury. Workers also discussed feeling alienated from society as they were unable to continue with their worker role. They felt abandoned by the compensation system as claims were rejected. Workers mentioned that family support,

related upper extremity and lower back injuries. This study revealed that over half of the participants (N=208) reported residual effects on their ability to perform the activities of daily living after the injury. Participants experienced a change for the worse in their relationships with family and friends, co-workers and others after their injury as they were now regarded in a new, less favourable light. Participants also tell how being an injured worker had a psychological effect on their family members (Stone 2003).

2.8 Return to work

Work has been described by various occupational therapy authors as beneficial in many ways. Meyer (1922) explains the value of work already experienced at the beginning of the twentieth century especially with psychiatric patients. Work is of great importance in the industrialised societies and apart from providing an income, it also provides an arena for social life and has been associated with personal development, self-esteem and identity (Jakobsen 2004). Stone (2003) reported on the effect of not being able to work on injured workers in Ontario, Canada. The research revealed that workers had to get used to the new identity of the injured worker and this often meant that many were not treated with respect. They also had to deal with the stigma attached to having a work injury. For several participants being unable to work was the most devastating experience of their lives.

Foreman and Murphy (1996) indicate that return to work is dependent on a variety of factors, such as demographic, individual, social and occupational factors. Shaw, Segal, Polatajko and Harburn (2002) comment on the complex interaction that exists between factors that account for the variation in return to work behaviour. Friesen et al (2001) investigated the barriers and facilitators that existed for return to work in Canada. The participants in the study included stakeholders like managers, union representatives, health professionals, workers and government departments. Friesen et al (2001) developed a conceptual model consisting of micro, meso and macro systems based on the themes and relationships found in the data. The worker represents the micro system. Workers' attitudes, motivation and behaviour, as well as worker participation and involvement in the process were indicated as both barriers and facilitators in the process of return to work. The meso systems consist of the

workplace, insurer and health care systems. Workplace organisation, communication, trust and credibility, as well as workplace initiative were highlighted as both barriers and facilitators in the process of return to work. Communication between the treating physician, the workplace and the insurance company, delays in the way claims were processed and conveying forms, as well as the need for education of all stakeholders were also identified as barriers and facilitators (Friesen et al 2001).

Galizzi and Boden (2003) did an analysis of return to work in workers with job related injuries in Wisconsin, USA. The authors were aware that delayed return to work would result in loss of earnings, as well as skills and work habits which in turn could lead to a decline in future productivity and earnings. Long periods off work could also cause employers to find replacements to maintain continuity of production. Workers could be stigmatised, thus making them less successful applicants for future jobs. The findings of Galizzi and Boden's (2003) study show that the longer people took to return to work the less likely they were to remain employed one year afterwards and that absences of longer than six months amongst workers suffering a temporary disability appeared to have a larger negative effect on future employability. Strunin and Boden (2000) describe three paths of re-entry for workers when returning to work in the USA after a work related injury. The first path they describe is labelled 'Welcome back', where the worker is acknowledged by the employer and is provided with accommodation. 'Business as usual' is the path of re-entry where the injured worker returns to the pre-injury job but is neglected by the employer and is expected to do the job as if nothing had happened. The final path described is 'You're out' where workers return but the employer finds fault with everything they do and the workers feel undervalued.

The report of the Health Systems Trust (South Africa) comments on the absence of rehabilitation and reintegration of the injured/diseased worker:

The lack of compulsory rehabilitation or vocational training programmes to assist injured/diseased workers and to reintegrate them back into the workforce results in a huge loss to the economy as skilled workers who become injured/diseased at work invariably leave employment (Adams, Morar, Kolbe-Alexander and Jeebhay 2007:119).

This highlights the problem that injured workers have to face and makes occupational therapists ideally situated to assist injured workers in their return to work.

2.9 The role of occupational therapy

The World Federation of Occupational Therapy (WFOT) defines occupational therapy as follows:

Occupational therapy is a profession concerned with promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by enabling people to do things that will enhance their ability to participate or by modifying the environment to better support participation (World Federation of Occupational Therapists 2004).

Buyss and Van Biljon (1998) mention that in South Africa one of occupational therapy's unique contributions is when employability is negatively affected by injury and/or disability. Occupational therapy as a profession is concerned with occupation and well-being. In South Africa it is challenged to play a role in the employability of injured workers and as such this situates the profession as an important role-player.

In a Canadian study by Westmorland, Williams, Strong and Arnold (2002), the perspectives on work (re) entry of persons with disabilities of six stakeholders, namely, employers, supervisors, co-workers, persons with disabilities, union representatives and human resources personnel were investigated. The participants suggested that occupational therapists should act as advocates and influence policies. They recommended that good communication between clinicians, employers, union representatives and others is very important and that occupational therapists should have a good knowledge of the workplace and the specific job the client is returning to.

Friedland (2001:266) argues that occupational therapists have not met the challenge "to prepare, facilitate, and advocate for [their] clients' entry or re-entry

to the workforce". Occupational therapists in South Africa can become even more involved in ensuring that clients who have been injured at work can return to work. The researcher firmly believes in the place and the value of work in an individual's life and agrees with Friedland (2001) that occupational therapists can do much more for their clients especially in a society where employment and financial security are of so much importance.

2.10 Conclusion

This chapter discussed the compensation process in South Africa and internationally. The literature review examined the psychological, financial, social and functional implications that a work injury has on the worker. Finally, the chapter dealt with the issues of return to work and the role of occupational therapy. From the literature review it is evident that there are some problems with regards to the compensation process. Occupational therapy as a profession seems to be well positioned to deal with the return to work issues specifically of injured workers. However, the reality is that not enough is being done by the profession with regards to return to work issues.

Chapter 3

Method of inquiry

3.1 Introduction

This chapter discusses the problem statement, research question, purpose, aims and objectives of the study. The study design, study population and sampling are outlined and the method of data collection and analysis are dealt with. Lastly, it discusses issues of trustworthiness and ethical considerations.

3.2 Problem statement

Work related injuries and the resulting consequences of the injury are different for every worker. In South Africa the compensation process is regulated by legislation. However, it appears that there are difficulties with the system in that some workers experience administrative difficulties with the process and that return to work after the injury is not guaranteed. Workers generally experience financial difficulty following an injury. The Act, which was specifically developed to address issues around financial compensation, does not make provision for the return to work of the injured worker. It does not regulate the type of intervention that the Department of Labour or employers should make available to employees to ensure continued employment and productivity. Being injured on duty requires far more than compensation and more often than not involves more than just the worker and the workplace.

3.3 Research question

How do injured workers experience the compensation process?

3.4 Purpose

The purpose of the research is to inform the Department of Labour about injured workers' experiences of the compensation process. It further attempts to advise the Department of Labour about possible suggestions and amendments that can be made to ensure that the Act effectively protects employees and

employers. The profession of occupational therapy should also benefit from the research as it will create an awareness of the experiences of clients who are injured at work. Other professions benefiting from this research include physiotherapy and psychology as they are involved in the rehabilitation of injured workers. Improved awareness on the side of health professionals will create a better understanding of the experiences of the process and also help them to plan intervention more effectively.

3.5 Aim

To describe the injured workers' experiences of the compensation process.

3.6 Objectives

- To identify the barriers and facilitators experienced by injured workers in relation to employers and health professionals.
- To identify barriers and facilitators influencing the injured worker's return to work.
- To determine the barriers and facilitators that injured workers experience in role performance in the family and in the community.

3.7 Study design

A qualitative paradigm was used to gather data about how the injured workers experience the compensation process because

qualitative methods can be used to obtain the intricate details about phenomena such as feelings, thought processes and emotions that are difficult to extract or learn about through more conventional research methods (Strauss and Corbin 1998:11).

This method of research is particularly suitable for gathering rich data about the experiences of workers.

The methodology of collective case study design was used to gather information. A collective case study is an instrumental study extended to several cases (Stake 1998). An instrumental case study provides the

researcher with insight into an issue, as in the case of the research and the experience of the compensation process (Stake 1998). This type of design also allows for more representation of different experiences.

3.8 Study population and sampling

The study population included all clients injured at work who were treated since 1997 at a private occupational therapy practice in the Cape Town Metropole. Access to the participants was gained through the owner of the occupational therapy practice. This particular practice, although mainly involved in treatment of clients with upper limb injuries, was selected because the therapists were willing to assist by providing names and details of possible participants and contacting them to gauge their willingness to participate in the study. A letter requesting permission to conduct the study was sent to the owner of the practice and verbal consent was obtained (see Appendix 1).

The participants were selected using purposeful sampling. In purposeful sampling the researcher selects elements from the population who will be representative or informative about the topic of interest (McMillan and Schumacher 2001). Maximum variation was used to ensure that the participants reflect as wide a variation in descriptive characteristics as possible (Laliberte-Rudman, Cook and Polatajko 2001). The procedure for sampling was as follows:

1. Potential participants were selected by the therapists working at the private practice based on specific descriptive characteristics. Participants of the study should
 - have sustained an injury at work and therefore be registered with COIDA;
 - be conversant in either English or Afrikaans to facilitate good communication with the researcher who is fluent only in English and Afrikaans;
 - be 18 years or older as this represents the age of majority;
 - have undergone rehabilitation for a period of four months or longer because this period is longer than the three month period when

- employers are liable to pay workers at least 75% of their salary or wages; and
- have completed the full process (received compensation from the Commissioner if appropriate and the case should be closed) in order to have had a complete experience of the process.
2. The names of all participants who fulfilled the characteristics were entered onto a capture sheet by the therapists. To assist the researcher in selecting the study sample, therapists were asked to add specific information, that is, date of birth, race, gender and date of injury, in order to facilitate the inclusion of a variety of perspectives (see Appendix 2).
 3. Participants were selected using the following characteristics to ensure maximum variation sampling:
 - Employees who had different experiences of the compensation process, for example, participants who experienced difficulties with the compensation process such as not being paid on time and experiencing administrative problems with COIDA and those who did not experience these. This was based on what was subjectively communicated by the clients to the therapists of the private practice.
 - Males and females were included.
 - Workers who returned to work after their injury as well as those who became unemployed were included to show both perspectives.
 - Black, coloured and white participants (at least one of each grouping) were included as these groups represent South Africa's population.
 4. Therapists at the practice contacted the potential participants and gained permission to disclose their details to the researcher. They also informed participants in broad terms about the reasons for the researcher wanting to make contact with them.
 5. After receiving the list of possible participants from the practice, selected participants were telephoned by the researcher to enquire whether they would be willing to participate in the study. Six participants out of a possible 14 who were selected by the therapists agreed to participate. In order to select participants, the researcher did not contact all possible

participants but rather went through the list provided by the therapists of the private practice until she had a sample of participants representing the characteristics listed previously. Two of the participants whom she contacted were not included because she was unable to contact the one telephonically. The other one who was contacted had just been diagnosed with cancer and was coming to terms with it and was therefore not included. Table 3.1 indicates the characteristics of the participants.

Table 3.1 List of participants

Name ¹	Gender	Age	Race W=White C=Coloured B=Black ²	Rehab period	Employment status post injury	Problems experienced with process
Buddy	M	48	W	12 months	Unemployed	Yes
Daniel	M	55	C	4 months	Employed	Yes
Rosaline	F	53	C	14 months	Employed	Yes
Abby	F	38	C	6 months	Employed	Yes
Thunder	M	36	C	5 months	Employed	No
Charity	M	27	B	14 months	Employed	No

3.9 Data collection method

Data were obtained through in-depth semi-structured interviews. Stake (1995:64) describes the interview as “the main road to multiple realities”. Fontana and Frey (1994:361) maintain that interviewing is “... one of the most common and most powerful ways we use to try to understand our fellow human

¹ Self-chosen pseudonym

² As classified by the South African government during the apartheid regime

beings.” Therefore, interviews were decided upon as the data collection method of choice.

An interview guide (see Appendix 3) was drawn up to help the researcher to remain focused during interviews. Another advantage was that it provided the ethical review board with a sense of the types of issues that would be discussed (Laliberte-Rudman and Moll 2001). The interview guide was used to give some direction to the interview but was not followed rigidly; instead the researcher followed the flow of the interview and what the participant was talking about. The interview guide included questions on how the incident had happened as well as questions related to the compensation process, the employer and also family and community participation.

The researcher contacted all participants and reminded them that the reason for the telephone call was the research study, about which they had already been informed by a therapist. The reason for the study and the participant’s rights were explained. They were then asked if they would like to participate. Any issues that were vague to the participants were clarified by the researcher. Once the participants had confirmed their willingness to participate, the researcher arranged a meeting at a time and venue that was most convenient for them. Three participants were interviewed at the researcher’s office, two at the participants’ workplace and one at the participant’s home. All interviews were audio-taped with the participants’ consent.

The researcher explained the purpose of the study before the interview commenced. The participants were given a letter explaining the research and including the researcher’s contact details (see Appendix 4). Participants’ permission to participate in the research was confirmed by way of completing a consent form (see Appendix 5). Interviews took place between May 2007 and January 2008. Five of the six interviews were conducted mainly in Afrikaans but the participants used a mixture of English and Afrikaans as is common in Cape Town. One interview was conducted in English. This participant whose home language is Xhosa was accompanied by his cousin who acted as a translator when he had difficulty understanding. Three of the six participants were interviewed on two occasions; the fourth participant did not come for the second interview even though the researcher made three appointments with the

participant; and the last two participants were interviewed once only as a follow-up interview would not have elicited any new information. Each participant received R50 towards transport costs.

3.10 Analysing the data

The data analysis included the aspects of data management, analysing the data and doing within case and cross case analyses.

3.10.1 Data management

Data management commenced with a verbatim transcription of interviews by two research assistants. The researcher listened attentively through each interview in an attempt to ensure that transcriptions were correct. This, together with reading through all transcribed interviews (data), helped the researcher get a general sense of the information (Creswell 2003) before analysis commenced.

3.10.2 Data analysis

Prior to the analysis of the data, a description of each case was written up in which a chronology of the major events surrounding the injury is described. The context of the case, as well as details about a few incidents as told by the participants, is described (Creswell 2003).

A within case analysis (Creswell 2003) was done for each case to provide a detailed description of the case with themes. This is documented in Chapter 4. Then a cross case analysis was conducted whereby the researcher examined all the themes across the cases to determine issues/themes that were common to all of them (Creswell 2007). This is presented as the discussion of the research findings in Chapter 5. For both analyses the researcher was informed by the objectives of the research project as they emerged over the six cases. The aim of the analyses was to search for experiences that would cut across cases as well as to look for those that were unique (Stake 1995).

3.10.3 Within case analysis

In an attempt to organise the data, the researcher first grouped data for each case in pre-determined categories (McMillan and Schumacher 2001) which

were derived from the interview schedule. These categories were the injury, the employer, the process, medical aid, the worker's abilities and roles outside of work and other. Each category was marked in different colours on the interview transcripts for each participant. This helped to make the interview data more manageable. In an attempt to further organise the data, the researcher proceeded to put the data into a table with the headings: positive, negative and mixed. The researcher used the objectives which focus on barriers (that represented the negative) and facilitators (that represented the positive) to determine data and she used her intuition when deciding under which heading to place data. This form of identifying trends in data is described by Field and Morse (1996) and was used to organise the data further.

Through the process of inductive analysis, data and subcategories that emerged from the interviews were identified. These were eventually grouped together so that categories and themes emerged. The researcher proceeded in this fashion for each case. An analysis audit is presented in Appendix 6 as an example of the inductive analysis process that was followed by the researcher.

3.10.4 Cross case analysis

The within case analysis was followed by a cross case analysis. The diagram discussed in chapter 5 was developed through a process over time similar to The Cycle Model described by Reason (1981). The researcher examined all the themes across the six cases and determined the issues that were common to all (Creswell 2007). Through the process of inductive analysis the researcher determined issues that acted as barriers or facilitators during the compensation process over all six cases. Through the processes described by Reason (1991), as well as extensive peer debriefing where intuitions and realisations were discussed with the peer debriefer, the diagram was developed. This is presented as the discussion of the research findings and serves to interpret the findings as they emerged over the six cases.

3.11 Trustworthiness

For qualitative research to be trustworthy, a good measure of rigour has to be followed during the research process (Krefting 1991). According to Mays and Pope (1995:110) rigour entails that the researcher

create[s] an account of method and data which can stand independently so that another trained researcher could analyse the same data in the same way and come to essentially the same conclusions.

Various strategies are utilised by qualitative researchers to establish trustworthiness, for example, credibility, transferability, dependability and confirmability. These elements enhance the rigour in the research (Krefting 1991). In this study, the strategies of member checking, peer debriefing and an audit trail were applied.

3.11.1 Member checking

Member checking establishes credibility and involves a “formal or informal review of the researcher’s findings and interpretations by the individual who provided the data in the first place” (Gliner 1994:86). Follow-up interviews with the participants were arranged once the data analysis process had started. In these interviews the researcher discussed her findings with the participant in question to ensure that she had captured the meaning of the data accurately. This strategy allowed the researcher to minimise the chances for misinterpretation of the data.

3.11.2 Peer debriefing

Krefting (1991:219) uses the term peer examination which “involves the researcher discussing the research process and findings with impartial colleagues who have experience with qualitative methods”. Insights and problems that the researcher experienced were discussed as a form of debriefing and to establish credibility and dependability with two colleagues who possess extensive research knowledge.

3.11.3 Audit trail

This strategy helps to establish confirmability. It is described by Streubert (1995:26) as “a recording of activities over time which can be followed by another individual”. A record was kept of the method of data analysis that the researcher followed. The trail in Appendix 7 illustrates the processes that led to the researcher’s conclusions.

3.12 Ethical and legal considerations

Stake (1998:103) maintains that “qualitative researchers are guests in the private spaces of the world. Their manners should be good and their code of ethics strict”. The researcher ensured due consideration of ethical issues by following the strategies and techniques of informed consent, confidentiality and respect.

3.12.1 Informed consent

Each participant received a letter (see Appendix 4) prior to the first interview containing information about the purpose and procedures of the study as well as its the benefits to the participants. The letter contains information regarding confidentiality and the selection and use of a pseudonym. All participants completed an informed consent form (see Appendix 5) that included

- the confidentiality statement and protection of the participant’s identity;
- the right to participate voluntarily;
- the right to refuse to answer questions and withdraw from the study at any stage;
- the right to ask questions;
- the signatures of the participant and researcher (Creswell 2003); and
- the use of pseudonyms.

3.12.2 Confidentiality

Throughout the study the researcher aimed to uphold the confidentiality of the participants. All participants were asked to choose a pseudonym that was used throughout by the researcher. Two research assistants who did the transcriptions were used and a verbal agreement exists between the researcher and the transcribers that all information would be treated confidentially.

3.12.3 Respect

The researcher behaved in a respectful way towards the participants and endeavoured to use language that was not biased in terms of gender, sexual orientation, racial or ethnic group, disability or age (Creswell 2003).

3.13 Approval to conduct the study

The research protocol was submitted to the Health Sciences Faculty Research Ethics Committee at the University of Cape Town and approval to conduct the study was granted on 19 March 2007 (REC REF: 084/2007).

3.14 Conclusion

This chapter framed the research process and situated it within the qualitative paradigm. The methodology of collective case study and the interview and data analysis processes were described. Trustworthiness and ethical considerations were also discussed.

University of Cape Town

Chapter 4

Findings

4.1 Introduction

The findings from the inductive within case analysis are presented in this chapter. An analysis of each of the six participants is given separately in the following order: Buddy, Daniel, Rosaline, Abby, Thunder and Charity. The presentation of findings starts with a description of each case study, followed by the themes as they emerged from the data (Creswell 2007). Afrikaans quotes used by participants are presented followed by a free translation into English.

4.2 Buddy's story

Buddy³ was 44 years old and employed as a cash-in-transit guard at a company in Cape Town when he was shot during a violent robbery. This event changed his life.

Buddy and his colleague were picking up cash on a routine trip to one of the industrial suburbs of Cape Town. When Buddy saw the robbers and realised that it was a cash-in-transit heist, he was not alarmed and assumed that they would be safe, as they were in a public place next to a petrol station and they were driving a bullet-proof vehicle. However, he was hit seven times in the chest and right arm through the 'bullet-proof' windscreen of the vehicle. Buddy then decided to get out of the vehicle as he thought he would be safer outside. He managed to open the door with his uninjured left hand and fell out; by this time his upper body and face were covered in blood. He crawled around the vehicle and looked for somewhere to hide from the robbers. He also talked to the robbers and asked them not to shoot him anymore as he could do them no harm in his condition. They fired more shots on the pavement but miraculously left him alone. The robbers left with the money before the police arrived. Buddy's colleague was not injured and was hiding somewhere. He did not come to help him.

³ Self-chosen pseudonym

The ambulance arrived and took Buddy to the closest hospital. According to Buddy, the mismanagement by the medical team exacerbated his ordeal. Buddy had to endure severe pain constantly and during treatment sessions. He said he was denied answers and explanations by various members of the team about his condition and felt that he was a burden to them. He also reported that he was labelled as being paranoid and disrespectful to the team.

Buddy contacted the Medical Board requesting a second opinion as he was concerned about the pain and the bullet still lodged in his arm. This obliged the overseeing medical practitioner to refer him for a second opinion to another surgeon. The intervention by the second team was a turning point for Buddy as he felt that they cared for him and his mental condition by listening to him and showing him respect.

The owner of the cash-in-transit company never came to see Buddy. His manager came to visit him once in the hospital to find out if he would be back at work before the three month sick leave period was over. Buddy felt that he received no support from his employers with the administration of COIDA. He had great difficulty getting forms from them to submit to COIDA and making sure all his paperwork was in order.

He felt disregarded when trying to contact the offices of COIDA in Pretoria; a disregard to the extent that they admitted to having lost his file. He finally met a certain official at the COIDA regional offices in Cape Town, whom he described as a 'go-getter'. This official helped him with all the administration and made sure all forms were completed.

Buddy was paid his wages by the company for the initial three months of his sick leave. He then claimed his wages from COIDA. He should have received a monthly payment from them but only started receiving payments ten months after submitting his first form to COIDA. The issue of compensation was another dead end for Buddy. He was unable to return to work and relied on some money from the Fund to help him get back on his feet. He received only R29 000 in compensation.

The financial difficulties Buddy endured because he did not earn an income for so many months also affected his family. Buddy, a single parent of a daughter and a son, who were 18 and 15 years respectively at the time of the incident, was unable to provide for their everyday needs.

Buddy was told that if he could recover sufficiently he would be able to return to his job. However, there seemed to have been a total breakdown in communication between Buddy and his former employer despite numerous attempts from his side to contact them. Buddy did not return to his previous job and two years and two months after the injury, he got a job at a small security business in a small town for a percentage of the salary he used to earn. Buddy's new employer actually felt sorry for him and therefore offered him the job. Approximately nine months later he left the job due to the poor salary and the high cost of living. He moved back to Cape Town and got a job as an armed response officer at a large security firm. At the time of writing this thesis, Buddy is still working and enjoys his work. He gets positive feedback from the clients whom he serves. He experiences some difficulty, however, when having to access properties over high fencing as he still lacks power in his right arm. However, he does manage, although it takes him longer to get over the fence. At times he experiences pain in the arm while climbing over the fence.

4.2.1 Themes that emerged from interviews with Buddy

Three themes emerged from the data, namely, **Up against odds**, **A lonely path** and **Getting there**. The themes, categories and subcategories are presented in Table 4.1. Each theme will be discussed in detail.

Table 4.1 Themes that emerged from interviews with Buddy

Themes	Categories	Subcategories
Up against odds	Disillusionment	Unmet expectations
		Unmet support needs
	Frustration	Difficulty accessing information
Administrative blocks		
A lonely path	Facing scepticism	Convincing professionals
		Convincing family
	Devalued	Unacknowledged
		Rights ignored
	Falling apart	Feeling helpless
		Unable to provide
Getting there	Being valued again	Respected
		Cared for
	Internally motivated	Hopeful
		Responsibility for self
		Responsibility for others

4.2.2 Theme 1: Up against odds

This theme captures Buddy's journey of disappointment and frustration and his constant mission to gain access to and understand the systems he was dealing with. Buddy assumed his employer and COIDA would have structures in place after the shooting incident to protect and support him. He also experienced frustration when he tried to access information about the process. He experienced difficulty in making and maintaining contact with COIDA officials in Pretoria. Unfortunately, as the theme suggests, these structures proved to be a disappointment to him as he always experienced some form of difficulty when engaging with them.

Disillusionment

Buddy had expectations about the physical protection in the form of the bullet-proof window that he was under the impression his employer had provided for him. Furthermore, he also thought that his employer would take care of the

administrative process should he get injured at work. These expectations were unfortunately not met and left Buddy feeling disillusioned.

“Ek het aanvaar dat ek sou, ek sou veilig wees binne in die voertuig en die skok was net soveel groter deur geskiet te word deur wat ek gedink het is ’n koeëlvaste venster.”

“I accepted that I would be safe inside the vehicle and the shock was just so much greater when I was shot through what I thought was a bullet-proof window.”

Buddy was left feeling disillusioned with the lack of support he received from both his employer and his family and friends. He was under the impression that his employer would visit him in hospital, call to find out how he was doing and care about his well-being. On the other hand, he also expected his friends and family to care about him and support him, yet he found them to be non-supportive.

“So bietjie menslikheid sou ek van gehou het. Maar dit het nie bestaan nie. Ek kan nie glo dat veral in daai maatskappy die eienaar nie ’n kaartjie stuur nie, nie vir my gebel het nie of vir [naam van vriendin] om te vra hoe gaan dit of byt vas, ons dink aan jou ons doen vir jou gebed ... glad nie. Dit was vir my net so groot skok, eintlik ’n groter skok as die skietery.”

“I would have liked some humanness. But it did not exist. I cannot believe that especially in that company the owner did not send me a card, did not phone me or ask [name of girlfriend] how she was or we think of you and pray for you ... No. That was a big shock, even bigger than the shooting.”

Frustration

Buddy felt frustrated by the lack of information offered by COIDA and his employer. He also had to go through a lot of trouble to access information about the process.

“Ek moes alles van, ek kan onthou ek wakker geword by ICU tot, tot vandag toe, moes ek alles uitvind deur vrae, government gazette of by mense adres te kry, ek was nog nooit deur niemand gehelp veral by die werk.”

“Since I can remember waking up in ICU, I had to find out everything, by asking questions, the government gazette or asking people for addresses. I was never helped by anybody, particularly not anybody at work.”

He was also frustrated by the variety of administrative difficulties including telephones not being answered, officials admitting to losing his file and officials not returning his calls whenever he communicated with COIDA officials at the Pretoria office.

“Wel, jy het geweet as jy die dag gaan probeer bel, jy is gelukkig as iemand sou optel. As iemand sou optel en jy gee vir hulle ’n verwysing, dan is dit: ‘Hou aan’; of ‘Ons kry nie jou lêer nie’; of ‘Die persoon met wie jy werk is nie hier nie. Ons sal jou terugskakel’. Die lyn van verskonings wat hulle al uitgedink het is ’n boek op sy eie.”

“Well, you know, if you try to call you are lucky if somebody picks up. If somebody picks up and you give the reference, then they ask you to hold on, or they are unable to find your file, or the person dealing with your case is not there, we will call you back. The list of excuses they have thought of is a book in itself.”

4.2.3 Theme: 2 A lonely path

This theme describes Buddy’s journey after his injury. Buddy’s feelings of unimportance and not being acknowledged are a thread through his whole experience. This theme deals with the scepticism he faced, the feelings of being devalued as well as with how his life seemed to have fallen apart. Buddy experienced feelings of dealing with so many aspects of the process on his own without receiving any help or support from health professionals, his family and employer.

Facing scepticism

Buddy described his efforts in trying to convince the health professionals who initially were responsible for his treatment when he was experiencing pain. He also tried to convince them to take an x-ray as he felt that there was something wrong with his arm.

“Dit was net vir my een swart tyd daai. Ek moes soveel moeite doen om te sê, ‘Wag, hierso sê julle gaan my nou stuur na iemand, na ’n

spesialis toe?’ Ek kon ook nie verstaan; wat my ook absoluut mal gedryf het is om vir ’n chirurg te vra en vir ’n fisioterapeut, ‘Mense, ek is drie maande terug geskiet, my bietjie kennis sê vir my julle het been uit my heup uitgehaal ek het die x-strale gesien, julle het ’n stukkie van die humerus vervang. Is daar ’n manier wat julle gaan bepaal of hy aangegroei het?’”

“It was a dark time. I had to go through so much trouble to say, ‘Wait, are you not going to send me to a specialist?’ I could not understand, what drove me absolutely crazy was to ask a surgeon and a physiotherapist, ‘People, I have been shot three months ago, you have taken bone from my hip and I saw the x-rays where you have replaced a part of the humerus, is there no way that you are going to find out if it had healed?’”

His family also questioned his efforts to change his situation as they believed that he was not doing anything constructive to change his situation while he was trying his best to fight the system. He described it as a battle to convince his family of his efforts.

“Maar is snaaks, hoe meer ek gesukkel het met die proses by die dokter en WCA⁴, so meer het hulle gedink, ‘Maar hoor hierso, hy doen nie iets aan sy omstandighede nie’. Dit was vir my ’n persoonlike battle om vir hulle te convince dat ek is besig met WCA.”

“Surprisingly, the more I struggled with the process with the doctor and WCA, the more they thought I was not doing anything about my circumstances. It was a personal battle to convince them that I am busy with WCA.”

Devalued

Buddy’s experience of feeling devalued was aggravated by his employer when no one helped him with the forms for COIDA as well as the general experience during his visits to his employer of being ignored and not acknowledged.

“Hoekom is die mense so wreed teenoor my want wat het hulle om te verloor deur vir my die nodige papierwerk in te vul? Ek kos hulle niks

⁴ Workmen’s Compensation Act. Many people still refer to COIDA as WCA as it was known before.

nie. Die geld was recover alles. Dit is net dat na die skietery was dit totale houdings verandering en jy moet maar op jou eie regkom.”

“Why are these people so nasty because what do they have to lose by not completing the necessary paperwork? I am not costing them anything. All the money was recovered. After the shooting incident there was a total change in attitude, I had to manage on my own.”

Buddy felt that his rights were ignored. He experienced that his right to ask questions of the health professionals was ignored and he felt that the robber had more rights than he because of the way he was treated.

“Dis nie dat hulle vir my op die skouer moet kom pat nie, maar wat sou dit hulle gekos het om net by die hospitaal om te kom, te kom sit langs die bed en sê, ‘Buddy, ons gaan jou adviseer hoe jy moet maak’. Ek het net gevoel dat die rower is soveel gelukkiger as ek in die sin dat behalwe dat hy nou geld gesteel het, is dat ek dink amper, hy meer regte as ek gehad.”

“It is not that I wanted them to pat me on the shoulder but what would it have taken them to visit me in hospital, sit next to my bed and say, ‘Buddy, we will advise you what to do’. I just felt that the robber is much luckier in the sense that apart from the fact that he stole the money, I almost think he had more rights than I.”

Falling apart

Buddy described various losses he endured as a result of the injury he sustained at work. These losses included the loss of income, his health, as well as the loss of earning an income in future. These losses made him feel helpless and as if his life has fallen apart.

“Ek sit nie by die huis omdat ek by die huis wil sit nie. Ek was ’n gesonde ou wat gehardloop het die dag voor ek geskiet is. Die lys van wat ek verloor het is oneindig lank.”

“I am not sitting at home because I want to. I was a healthy guy who ran the day before I was shot. The list of things I lost is infinitely long.”

He was unable to provide for his own or his children’s material needs as he was struggling financially. This feeling of helplessness and inability to care for his family made him feel as if everything was falling apart.

“Om nie te kon voorsien in daai tyd nie, was vir my erger as die skietery, rêrig, dit was bitter, bitter, bitter. En ek dink hulle het, jy kan sien die kinders het twee en 'n half jaar, as jy mooi vat van die skietery tot nou is 'n twee en 'n half jaar tydperk amper wat, hulle gewoon is aan 'n pa wat nie kan voorsien nie. Ek kon nie vir my iets kleins koop nie. Jy kon nie as gesin uitgaan nie, jy kon nie.”

“Not to be able to provide during that time was worse than the shooting, really it was bitter, bitter, bitter. You could see my children got used to a father who was unable to provide in the two and a half years since the shooting incident. I was unable to buy anything small. We could not go out as a family.”

4.2.4 Theme 3: Getting there

This theme describes how Buddy was able to manage in the end due to the fact that he felt cared for and respected which made him feel valued again. He also demonstrated internal motivation by taking responsibility for himself and others and by demonstrating personal agency.

Being valued again

Buddy managed to thrive and felt valued again when he received personal attention from people like the health professionals and the official who helped him on a personal level and took an interest in his case. Buddy told how these people took time with him and listened to him. This resulted in his feeling respected again.

“Dit was lekker om by 'n plek in te stap waar jy kon eerlik wees van die begin af. En die mense was met jou eerlik. En jy is rêrig behandel, nie omdat jy dit demand het nie, dit het net vanself gekom uit hulle harte uit. Ek hoef nooit aangedring op perfekte behandeling nie, dit was normaal van hulle, om mense net die beste te gee.”

“It was good to walk into a place where you could be honest from the beginning. And the people were honest with you. And you were really treated well, not because you demanded it, it just came from their hearts. I never had to insist on perfect treatment it was their norm to give people only the best.”

Experiencing real concern in him as a person and his problems by the health professionals was another way in which Buddy felt valued again.

“Net die mense se vermoëns om pyn in my raak te sien hetsy fisies of geestelike pyn. En dan met my te sit en gesels, nie asof ek ’n babatjie is nie. Maar rêrig luister na my probleem en ook agterkom as ek dalk iets terughou of nie.”

“The people had the ability to see my physical and spiritual pain, and then to sit and talk to me not as if I am a baby, but they were really listening and also to realise whether or not I am holding back.”

Internally motivated

Buddy experienced an eventual change from feelings of disillusionment and frustration to experiencing internal motivation. He was hopeful that his situation would get better again and he took responsibility for his own well-being as well as for his children.

Buddy described how he would not give up hope and also described his feelings of anticipation that his situation would improve and that he would get a job again that is based on his abilities and not because somebody feels sorry for him.

“Hoekom moet ek nou moed opgee? Jy weet, so wat ek nou, my lewe is, ek sal nie moed opgee nie. En saam met daai kan ek dalk ’n leefbare salaris êrens verdien wat nie net gaan oor die jammerkry situasie nie, jy weet, oor my vermoëns.”

“Why should I give up now? The way my life is now, I won’t give up. Along with that maybe I can earn a sustainable income somewhere that is not about pity but about my abilities.”

Buddy reported numerous incidents where he motivated himself to stay positive and focused. It is clear that he was aware that he could still get depressed in his situation but he tried to avoid it by talking positively and engaging in occupations like reading, going for a walk or playing with his pets. He also expressed that his emotional well-being is not other people’s responsibility.

“Of ek sal vir myself sê, ‘Jisso, as jy nog ’n halfuur so gaan sit dan is jy vir niemand ’n plesier nie. Nommer een, hoe kan jy rêrig focus terwyl jy in so ’n bleddie slegte mood is?’ Nie mood nie, maar hier bo

nou. En hoe moet dit mense om jou raak? Want ek kan nie vir mense kwaad wees; weet omdat ek geskiet is nie. Dit is 'n verskriklike unfair situasie. Ek kan ook nie verwag hulle moet my elke dag jammer kry nie."

"Or I will say to myself: 'Jeez, if you sit for half an hour like this, you are no pleasure to anyone. First of all, how can you really focus if you are in such a bad mood?' Not mood, but like in your head. And how it affects people around me. Because I can't be angry with people because I was shot. It is a terribly unfair situation. I can't expect them to be sorry for me everyday."

Buddy also described how he knew that his emotions could affect his children. He was aware of his responsibility towards them and that he should be an example to them.

"Ek het nog 'n seun, is 18 en my dogter is 21. Hoekom moet ek nou vir hulle 'n negatiewe houding gee? Hulle gaan dit basies; ek is so bang hulle copy my en ek wil nie negatief raak nie. En as ek vir hulle kan wys, hoor hierso, 'n ou kan darem deur dit gaan en op jou voete kom, dan is die lewe nie ..., want as ek nou sou moed opgee, sal ek baie mense beïnvloed, veral my twee kinders."

"I have a son, he is 18 and my daughter is 21. Why must I give them a negative attitude? They're basically going to; I am so afraid they will copy me and I don't want to be negative. And if I can show them, listen here, one can go through it and get back on your feet, then life is not ... because if I give up hope now I will influence many people, especially my two children."

4.2.5 Concluding Buddy's story

Buddy's journey after his injury has been filled with disappointment in so many ways. He also experienced being devalued as part of the process and he experienced that he had to do so many things by himself. However, Buddy's personal strength seemed to have been the characteristic that pulled him through in the end.

4.3 Daniel's story

Daniel⁵ was 54 years old and employed as a slitting operator in the paper processing and manufacturing industry when he was injured. As he started his shift, he switched on the machine and then realised that the meter on the machine was loose. He was sitting on his haunches to set the meter on the machine, lost his balance and as he fell, he grabbed onto the machine with his left hand to prevent his head from hitting it. His left hand was pulled in between the rollers on the machine. Although he called out, nobody heard him because of the noise levels in the factory. Fortunately, the main switch was in reach of his right hand and he switched off the machine; otherwise his whole left arm would have been pulled into the machine. Daniel's assistant and other workers came to his rescue and Daniel indicated how they should turn a specific wheel on the machine so that he could release his hand. It took three of his colleagues to turn the wheel on the machine to release his hand.

Daniel was taken to the Occupational Health Sister on the premises who bandaged his hand and arranged that he be taken to a nearby hospital. Although the doctor initially tried to save his hand, some time later it became gangrenous and two of his fingers had to be amputated. Despite anticipating the loss of part of his hand, it was a shock when he woke up from the operation and realised that his left middle and ring finger had been amputated. Since then Daniel has had four further procedures including debridement of the wounds and skin grafts.

Daniel did not experience any problems while undergoing medical treatment and was treated well. The hospital arranged transport for him every time that he had to go for therapy.

His employer helped him and was supportive throughout the process. His employer completed all the required forms and submitted them timeously to the Compensation Commissioner. Daniel received his full wages for the period of seven months that he was on sick leave. His technical manager telephoned him

⁵ Self-chosen pseudonym

at home and enquired about his well-being and encouraged him to take it easy. He also received support from his colleagues.

Daniel returned to work seven months after the injury but in a different capacity. As a sorter, he was only required to use one hand to sort small packets into bundles and to check the quality of each packet. Then he was informed by the managing director that the company would not be able to keep him on in this capacity for ever. He received compensation to the amount of R57 000 from the Compensation Commissioner and felt that this amount did not compensate for his losses. He subsequently appealed this decision and was paid an additional R16 600. He is concerned about his future employability and his capacity to care for his family should his current employer inform him that he would not be able to work there anymore. He is now 55 years old; he fears that nobody will employ him should he lose his job now.

4.3.1 Themes that emerged from interviews with Daniel

Two themes emerged from the data, namely, **Hoe gat jy lewe? (How are you going to survive?)** and **My life turned upside down**. The themes and categories are presented in Table 4.2. Each theme will be discussed in detail.

Table 4.2 Themes that emerged from interviews with Daniel

Themes	Categories	Subcategories
Hoe gat jy lewe?	Disillusionment	Expected system to care
		Expected more compensation
	Trepidation	Changed abilities
		Uncertainty
My life turned upside down	Devalued	Redundant at work
		Feeling helpless
	Altered self	Personality changes
		Functional changes

4.3.2 Theme 1: Hoe gat jy lewe? (How are you going to survive?)

This theme describes Daniel's disillusionment and trepidation as to how he was going to survive following the injury to his hand. He expressed concern about

his future employment as well as how he would manage to care for his family should he not be employed by the company anymore.

Disillusionment

Daniel described his disillusionment with his expectations of the Compensation Commissioner to look after him:

“Soos ek het verstaan, as jy seerkry dan moet die workman’s compensation jou onderhou. Hulle moet jou uitbetaal in jou wages en sê as jy enige iets verloor, dan moet hulle jou uitbetaal, as jy ’n besering gekry het.”

“As I understood it, if you get hurt the workmen’s compensation must support you. They have to compensate you for your wages and if you have lost anything, they have to compensate you if you had an injury.”

Daniel expected more compensation for the losses he had incurred and was disappointed when he was only paid R57 000. After his appeal, he was only paid an additional amount of R16 600 in compensation.

“Laat ek dit so stel: Ek het gedink, nou sê soos ek wat nou twee vingers verloor het, my hand kan ek nie meer gebruik nie, my linkerhand kan ek nie gebruik nie, hulle sal my soveel, sê onderhoud toelaag betaal wat darem die moeite werd sal wees vir die besering, maar tot my teleurstelling – eintlik was dit ’n groot teleurstelling gewees – want hulle het my ’n belaglike bedrag, het hulle my uitgebetaal. Ek was baie geskok gewees oor die bedrag wat hulle my uitgebetaal het, want dit was maar net R57 000 gewees, wat nie eintlik geld is nie.”

“Let me put it like this: I thought, now say like me who lost two fingers, I can’t use my hand anymore, I can’t use my left hand, they will pay me so much say, maintenance, that will be worth something for the injury. But to my disappointment, it was a big disappointment, because they paid me a ridiculous sum of money, I was very shocked by the amount they paid me, because it was R57 000, that is actually nothing.”

Trepidation

Daniel was concerned about his ability to continue working in future as he is unable to use his left hand. He described how his ability to use his hand since the injury has changed.

“Die duim is eintlik, hy’s eintlik seer en styf van die crush van die rollers. Nee, hy was nie gebreek nie. Maar hy voel ook seer en styf en seer, die duim van my, want kyk, ek kan nie my linkerhand gebruik nie. Ek gebruik dit nie, dis why dit so seer is.”

“The thumb is actually, it is sore and stiff from the crush of the rollers. No, it was not broken, but it also feels sore and stiff, and sore, my thumb, because I cannot use my left hand. I do not use it, that’s why it is so painful.”

Daniel also described his concerns about whether he will manage to look after his family if he is unable to work again. He is 54 years old and he feared that nobody will employ him again should he lose his job.

“En jy kan niks doen sonder jou ander hand nie, jy moet altwee hande het om iets te kan doen, om ’n living te kan verdien. Because nêrens in die wêreld, hierso in die land, sal jy iemand kan kry met my ouderdom van 54 jaar oud wat sal vir my aanneem, aanvat as ’n werker nie.”

“And you can’t do anything without your other hand, you must have both hands to do something to earn a living. Because nowhere in the world, here in the country, will you get someone who would take anybody with my age of 54 years on as a worker.”

4.3.3 Theme 2: My life turned upside down

In this theme it is described how Daniel’s life has changed since the injury. He experienced feelings of being devalued because he is unable to do his work again and he feels helpless. He also felt that his personality has changed and he experienced a change in his physical abilities as a result of the injury.

Devalued

Daniel felt devalued because he experienced that he was made to feel redundant at work because they do not always have work that he can do with

his one hand. He was also informed that the company would not be able to keep him on for ever if he only has the use of one hand.

“Man, ek voel omtrent sleg daarom, because vir my voel dit asof ek nie werk nie, en ek is in die pad. Weet nie wat om te doen nie, in die environment wat ek is, in die fabriek, is daar nie werk vir ’n persoon net met een hand nie. Daar is nie werk nie, jy moet kan fisies betrokke wees by jou werk. Jy moet altwee jou hande kan gebruik om die werk te doen.”

“I feel really bad because of it, because it feels as if I do not work and I am in the way. Don’t know what to do, in the environment where I am, in the factory, there is no work for a person with only one hand. There is no work. You must be physically involved with your work. You must be able to use both hands to do the work.”

He also described feeling helpless and fearful as he will not be able to look after himself in the future. This made him feel devalued because his role as provider for his family was compromised by the injury.

“Ek voel eintlik baie bedroef because as ek nie kan sorg vir myself nie, daar is niemand anders wat sal kan sorg vir my nie. En dit is eintlik ’n aaklige gevoel. Ek is vreesbevange, as ek so ’n woord kan gebruik. Because wat gaan word van my?”

“I feel very sad because if I can’t look after myself, there is nobody else who can look after me. It is a terrible feeling. I am panic-stricken, if I can use such a word, because what is going to become of me?”

“Sê die werk betaal my nou af, daai is nie wat ek kan ’n lewe voer nie. Ek is nou 54 jaar oud, my hele lewe lê nog voor en ek het ’n familie wat ek moet onderhou. Ek is die broodwinner tot nou nog toe.”

“Say the work now lays me off, that is not what I can make a living off. I am 54 years old, my whole life is ahead of me and I have a family that I have to support. I am the breadwinner until now.”

Altered self

Daniel described the experience of an altered self when he related how his personality has changed. He explained that he had become temperamental and

that his relationship with his wife had changed because he took his frustrations out on her.

“Man, by die huis, ek het heelwat verander, ek is nie meer dieselfde mens nie. Ek is moody, kyk, ek is opvlieënd as iemand my iets sê, ek is nie meer dieselfde persoon nie.”

“At home I changed a whole lot, I am not the same person anymore. I am moody, see. I am quick tempered. I am not the same person anymore.”

Daniel reported on all the things that he is unable to do at home since the injury. He used to help his wife in and around the house but is unable to do so anymore.

“Kyk, ek kan nie eers meer tuin maak nie, of gras sny nie. Ek moet altyd iemand vra om dit vir my te doen. Of sê my jaart, om daar by my huis skoon te maak, ek kan dit nie met die graaf meer doen nie, of ek kan nie eers vee en vir my vrou help om die huis, kamers uit te vee, beddens op te maak, skottelgoed te was, whatever, saam met haar wat ek gewoonlik gedoen het, kan ek nie meer doen nie.”

“I can’t even work in the garden anymore, or mow the lawn. I must always ask someone to do it for me. Or say, my yard, to clean at my house, I can’t use a spade anymore, I can’t sweep or help my wife in the house, sweep the rooms, make the beds, do the dishes, whatever, together with her that I usually did, I can’t do it anymore.”

4.3.4 Concluding Daniel’s story

Daniel’s experience of the compensation process since his injury has been dominated by his fear of how he will survive in future as a man of 54 years should he lose his job, as well as by all the changes that he has suffered since the injury.

4.4 Rosaline's story

Rosaline⁶ was 53 years old and worked as a multi-quilt operator in the furniture industry when she was injured at work. She was busy threading a needle on her machine, a heavy industrial type machine, when the needle bar of the machine came down on her right hand. Her fingers started bleeding and swelling and she initially did not feel any pain but she was taken to a nearby hospital where she was examined by a doctor. After x-rays were taken, it was established that she had sustained a fracture to her middle finger and a crush injury to her index finger. She was discharged and sent home as the doctor wanted the swelling to settle down. She returned to the doctor the following Monday, and he informed her that he would have to operate on the finger as she had also damaged the nerves and blood vessels. After the surgery, she was referred for physiotherapy. Rosaline attended this practice for treatment over a period of six months. Rosaline mentioned that during this time the physiotherapist was hurting her and she could not see any improvement. After six months the doctor referred her to an occupational therapist. Since then many things have improved.

Her employer took care of the administration for the compensation process and she was paid 75% of her wages while she was on sick leave as stipulated in the Act. Her employer supported her in that transport was arranged for her to and from the hospitals where she received her therapy and she was paid for the time that she was away from work at therapy. They also employed somebody to assist her and often enquired whether she was coping at work.

Rosaline is back at work with the help of an assistant. She copes with her job but there are days that she gets frustrated when objects drop out of her hand. She also mentions that her hand tires easily and she struggles to cut her nails with a pair of scissors, like she used to. She has difficulty peeling more than three potatoes at a time. Rosaline also mentioned that she is experiencing periods of anxiety but is trying to manage this.

⁶ Self-chosen pseudonym

4.4.1 Themes that emerged from interviews with Rosaline

Two themes emerged from the data, namely, **Insult to injury** and **Adjusting after injury**. The themes and categories are presented in Table 4.3. Each theme will be discussed in detail.

Table 4.3 Themes that emerged from interviews with Rosaline

Themes	Categories	Subcategories
Insult to injury	Not taken seriously	Wasted time
		Endured pain
	Changed self	Unacknowledged
		Dealing with emotions
		Functional loss
Adjusting after injury	Getting help	Support at work
		Support by health professionals
	Making things easier for myself	Doing things differently
		Positive talk

4.4.2 Theme 1 Insult to injury

This theme describes how Rosaline's problems after the injury increased. Apart from having to deal with the injury she also had to deal with the experience of not being taken seriously, as well as all the changes that happened in her.

Not taken seriously

This category describes Rosaline's experience of her contact with the health professional initially responsible for her rehabilitation. She felt that her time was wasted as she went to the physiotherapist for a period of six months and she did not see any improvement.

"Toe moet ek nou vir hom gaan besoek, toe gee hy my oor na die fisiotherapist toe daar in [naam van hospitaal]. Daar het ek geloop seker vir ses maande. Enne, ek weet nie of dit nodig was gewees om my direct na hulle toe te gestuur het of, en ek het by hulle seker geloop ses maande toe moet hulle weer aansoek doen vir nog, maar dit verbeter nie."

"Then I had to visit him and he referred me to the physiotherapist in [name of hospital]. I am not sure if it was necessary to refer me

directly to them because I went there for six months and they reapplied but it did not improve.”

Rosaline also reported having to experience pain despite telling the health professional that she was in pain while undergoing treatment.

“Want as hulle vir my sê, ‘Push, push’ – Oo, and I couldn’t stand it. En die dag het ek ook vir haar gesê maar sy moet nie my vinger so druk nie want my vinger kry seer.”

“When they tell me, ‘Push, push’ – Oo, I couldn’t stand it. One day I told her that she should not push my finger so hard because she is hurting me.”

Rosaline experienced feeling unacknowledged as an individual because she felt that she had no voice. She told of how she did not like going for treatment but that she felt that she had to go otherwise they would think she was defiant.

“I didn’t like it, want ek moes gaan, want dit was vir my gesê ek moet gaan. As ek nie gaan nie, dan lyk dit ek, ek, ek gehoorsaam nie, my, ek gaan nie my terapie na nie.”

“I didn’t like it because I had to go because I was told to go. If I did not go for therapy it would look as if I am disobedient.”

Changed self

Rosaline experienced a change within herself as she had to deal with emotions of anxiety after the injury. She also feared that she would injure herself again on the machine. She had to deal with frustration when she was unable to do things as before.

“Net wat ek, toe ek begin op die masjien werk, was ek ’n bietjie bang, ek dink, ek het dit gemention, ek was ’n bietjie baie skrikkerig. Ek is nou nog ’n bietjie skrikkerig. Ek is baie, ek is baie skrik, dan was ek ’n bietjie bang, dan voel ek partydae ek wil maar nou nie worry met die masjien nie, dan wil ek maar vir hulle, vra iemand anderste, toe dink ek, nee man, dit gaan mos nou ook nie werk nie.”

“When I started working on the machine again I was a bit scared and I mentioned it. I am still a bit scared, some days I feel scared and I want to ask them for help but then I think that won’t do either.”

Another change was all the losses that she suffered in terms of her functional abilities. She told of how she often had to rest her hand or do tasks in a different way. She was unable to peel potatoes for the first six months and had to get help with her tasks at home.

“Ek kan nie vir ’n halfuur wat ek voorheen somer baie dinge kon gedoen het, daar was niks fout met my hande nie, maar nou kon ek nie, ek moet dan die ding neersit waarmee ek besig is, en dan kan ek weer later begin met dit.”

“Before I could do a lot of things in half an hour, there was nothing wrong with my hands, but now I have to put the thing down that I am busy with and try again later.”

4.4.3 Theme 2: Adjusting after injury

This theme describes how Rosaline was able to adjust after the injury by getting support from her work and health professionals. She also helped herself by trying to do her tasks at work and her domestic tasks differently and by engaging in positive talk to motivate herself.

Getting help

Rosaline reported that she was supported at work after the injury when they arranged transport to and from the hospital and provided her with an assistant.

“As ek dokter toe gegaan het, of as ek fisio toe gegaan het, en dan betaal die werk my. Dan laat hulle nie vir my in en uit teken nie. Transport, kyk hulle vat, hulle laat my, hulle sê vir my ek moet werk toe kom en dan van die werk af vat hulle vir my, en daarvan vat hulle vir my, hospitaal toe gevat en hulle het my kom kry by die hospitaal.”

“If I go to the doctor or the physiotherapist, the work paid me, they did not let me sign in or out. They also arranged transport. They would take me from the work to the hospital and back.”

The treatment offered by the occupational therapist helped Rosaline on her way to recovery. She was taught how to use her injured finger again and received splints and assistive devices and she reported improvement every time she saw the occupational therapist.

“Toe ek by die arbeidsterapeut kom, toe kom leer ek nou hoe om my vinger te bewerk met alle apparate, elke keer het hulle vir my ’n different apparaat gegee om te gebruik en om elke keer het hy meer en meer verbeter tot op nou toe, wat hy baie meer, hy is beter as wat hy gewees het.”

“When I got to the occupational therapist, they taught me how to use my finger and gave me various devices and every time my finger improved.”

Making things easier for myself

This category describes Rosaline’s agency in trying to make things easier for herself. Rosaline taught herself how to do tasks differently as she did not always want to rely on others for help.

“Ek leer myself hoe om dinge vir my gemakliker te maak. Want mens kan nie altyd net probeer vir ander mense vra om vir jou ’n ding te doen nie.”

“I am learning to make things easier for myself. Because you cannot always be asking other people to help you.”

Rosaline engaged in positive talk to motivate herself. This also helped her on her way to healing and especially towards overcoming her fear of the machine that fell on her hand and caused the injury.

“Dis net by tyde wat ek ’n bietjie bang voel, ek: Haai jinne, gaan die masjien nie weer op my val nie? Maar dan, dan sê ek, ‘Swyg satan, gaan!’ ... Ek is die masjien, ek is mos die masjien se baas, nie die masjien my baas nie.”

“Sometimes when I felt scared then I would think: Is the machine going to fall on my hand again? But then I say, ‘Be silent, devil, go!’ I am that machine’s boss, the machine is not my boss.”

4.4.4 Concluding Rosaline’s story

Rosaline experienced that after the injury she was not taken seriously by health professionals and she also had to deal with changes in herself. However, she received a lot of support from her work and another team of health professionals and also tried to make things easier for herself.

4.5 Abby's story

Abby⁷ was 38 years old and worked as an administrative manager at a large department store in Cape Town when she was injured at work. That evening Abby was manager on duty and just before closing time, she was called by a cashier who suspected one of the customers of wanting to pay with a stolen credit card. Abby compared the signatures, found that they were incompatible and subsequently confronted the customer. He tried to run away and Abby pulled on his sweater. He pulled away with such force that one of the flexor muscles of the middle finger on her right hand was pulled off from the bone. She initially felt no pain and did not think her hand was injured. Later that night her hand became swollen and ached. The next day she went back to work and saw a doctor who referred her to a hand surgeon. Two days after the injury she underwent an operation and the muscle was repaired. She returned to work two days after the operation. Initially, she struggled at work as she was essentially one handed. Management did not offer any support and at work things were not the same as before the accident.

At first, she struggled with everyday activities such as brushing her hair but received a lot of support from her mother and family with whom she lives. Abby also received support from the medical team who was responsible for her rehabilitation. She tells how the physiotherapist made her feel relaxed and that she felt as if the team was like family to her. Abby completed her own forms for the compensation process as she always had to do it for other workers in her capacity as administrative manager. She seemed to have no problems with the administrative side of the process.

Abby is back at work as an administrative manager for the same company but in another store. She feels that her injury is not acknowledged by her employers. Her hand has recovered and she is able to do everything she did before.

⁷ Self-chosen pseudonym

4.5.1 Themes that emerged from the interview with Abby

Two themes emerged from the data, namely, **Things changed** and **Getting there**. The themes and categories are presented in Table 4.4. Each theme will be discussed in detail.

Table 4.4 Themes that emerged from the interview with Abby

Themes	Categories	Subcategories
Things changed	Not valued	Lack of practical help
		Lack of understanding
	Being pressured	Dealing with own feelings
		Unreasonable expectations
Getting there	Support	Family assistance
		Medical assistance
	Doing my bit	Self-help
		Sharing information

4.5.2 Theme 1: Things changed

This theme tells of how Abby, despite being injured in the line of duty, experienced that many things changed for the worse at work after the injury. Her employer did not offer her any assistance and her regional manager and colleagues did not understand the extent of her injury. This made her to feel undervalued as a person. She also felt pressurised as she had to deal with feelings of depression as well as unreasonable expectations at work.

Not valued

Abby felt undervalued as she was not given any assistance by her employer. She had to carry on working despite the injury to her hand.

“Maandag moet jy jou figures deursit. Jy moet tik en alles en jy moet jou expenses inhandig en alles en daai het vir my 'n bietjie, was 'n bietjie swaar, want ek het nie iemand gehad wat dit vir my kan doen nie of as ek die persoon verduidelik, hulle vat te lank om dit te doen, en sulke dinge man.”

“On a Monday you have to forward your figures. You have to type and hand in your expenses and that was a bit difficult because I had nobody to help me and if I explain to them they take too long to do it.”

Abby reported that her employer did not understand the extent of her injury or how it affected her work. She felt that she was just trying to do her work but that it was not appreciated by her employers. This made her feel that she is not valued.

“Alles was fine. Maar net na daai besering, wat dji nou nie jou werk kan doen nie; half werk, jy weet. Rêrig ek glo dit is vandat ek beseer is. Dit is amper so, kyk dji probeer om mense te keer om fraud te pleeg soos dit, maar dit word nie appreciate nie. Sê hulle vir jou maar jy is nie security nie. Ek sê maar ek was daar; ek moet die kaart deur gesit het, die security kan nie 'n kaart deursit nie.”

“Everything was fine, but after the injury if you cannot do your work or do your work half. I really believe it is since the injury, it is almost as if you are trying to prevent fraud and then they tell you you are not security. I say, I was there I had to put the card through.”

Being pressured

Abby felt pressured at work because she had to deal with feelings of depression because she was unable to do her work as before.

“Ek wil my ding doen en ek het dit gedoen. Hoekom kan ek dit nie nou doen nie? Jinne, ek het so depressed geraak.”

“I wanted to do my work and I did. But why can't I do it now? I got so depressed.”

Abby also felt pressurised at work because of the unreasonable expectations of her employer. Her employer expected her to be at stock taking three days after her operation.

“Toe het ek nou nie ingegaan die Sondag na werk toe nie. Enne toe ek nou die Maandag by die werk kom, toe sê my, ek weet nie, daai het my totaal afgesit, totaal afgesit. Toe sê my regional vir my, uhm, uhm: ‘So dji besluit nou net jy kom nie vir jou stock taking?’ Toe sê ek maar ek was in die hospitaal. Ek weet nie of sy 'n joke gemaak het nie maar vir my was dit ernstig.”

“I did not go to work that Sunday. When I go to work the Monday they told me and that put me off totally. My regional said, ‘So you just decided not to show up for stock taking?’ I told her that I was in hospital. I don't know if she was joking but for me it was serious.”

4.5.3 Theme 2: Getting there

This theme describes how Abby managed to get better with support from her family and the health professionals as well as how she tried to do her bit by helping herself and keeping her supervisors informed at all times.

Support

Abby received support from her family in that her brother helped her by massaging her hand and her mother helped to wash her as she was unable to do it herself after the injury.

“En dan het my broer altyd so massage vir my want hy het harde hande en whatever. Ek kon nie, ek kon nog links vir my gewas het, my ma het my rug gewas en alles en whatever.”

“My brother always used to massage my hand because he has strong hands. I could still wash my left side; my mother washed my back and everything.”

Abby felt she received support from the health professionals who were responsible for her rehabilitation. Abby specifically mentioned the physiotherapist and reported that she was able to talk about anything to the physiotherapist and therefore her emotional support needs were met by the physiotherapist.

“Die dokter het mos nou net mooi kom kyk en vir my verduidelik wat het gebeur. Maar die meeste van die mense wat gehelp het was die fisio, [naam van fisioterapeut]-hulle. En toe sy, ek weet nie, ek het altyd net gegaan en dan sit ek daar en so aan en gepraat. Hulle, hulle is so goed né, hulle laat vir jou praat, en dan vertel djy vir hulle die hele wêreld. Van jou kinders tot ek weet nie wat nie, hulle is so goed.”

“The doctor examined me and explained what happened to me. But the people who helped me the most, were the physio, [name of physiotherapist] and them. I don't know, I always went and I sat there and so on and talked. They, they are so good, they let you talk and then you tell them the whole world, from your children and I don't know what, they are so good.”

Doing my bit

Abby did her bit by trying to do her work despite her injury and she also tried to do her best.

“Dit is hoekom, uhm toe ek probeer, ek probeer nou, my hand reg kom of half reg kom, toe probeer ek nou om alles te gee wat ek moet doen.”

“This is why, when I tried, I try now, my hand will heal, now I try and give everything in order to be able to do what I must do.”

Abby also realised the importance of keeping her supervisors informed about her injury and tried to keep them informed.

“Want ek het vir hulle van die begin af, Mr [naam van bestuurder] was op hoogte van alle sake en hy neem mos oordra, as ek nie daar is nie moet hy die regional sê.”

“Because I had from the beginning, Mr [name of manager] was aware of everything and he had to convey the information, if I am not there, he has to inform the regional.”

4.5.4 Concluding Abby’s story

Abby experienced pressure at work after the injury and did not feel that her employer had supported her. She mentioned that everything changed at work after the injury. On the other hand, she felt as though from her side she had tried to keep her employers informed and also tried to recover and do more at work. She received support from the health professionals and her family.

The data collected for the last two participants appeared to be shallow but nevertheless the information derived from the data supported or enriched the findings already presented in this chapter.

4.6 Thunder’s story

Thunder⁸ was 33 years old when he injured his right hand at work. He was trying to release a bearing on a machine while it was running, when his glove was pulled into the machine and his index, middle and ring fingers were

⁸ Self-chosen Pseudonym

fractured. He reported it to his boss and was taken to a nearby doctor. He waited there for two to three hours before he was helped. The doctor then put plaster of Paris on his hand, gave him painkillers and referred him to a hand surgeon. From there he was referred to a physiotherapist and occupational therapist for rehabilitation.

After the injury he was placed on sick leave for two weeks but he decided to stay at home for four weeks because the trains were full at the time that he had to travel and he was concerned that all the pushing in the full trains would hurt his hand and he would not be able to protect himself. He requested more sick leave from his doctor.

His employers initially supported him but when he did not return to work after two weeks his employer was upset. Thunder felt that they did not support him but also mentioned that he understood that his employer would be upset because one of his workers was at home.

At home he received a lot of support from his family. Thunder is doing private work over weekends to earn an extra income. During the period that he was recovering, his private work suffered as a result and he was unable to earn the extra income he bargained on.

Thunder is back at work and can do all tasks as before. His hand has recovered fully and he only mentioned that his hand is painful when it is cold. He also continues to do his private work.

4.6.1 Themes that emerged from the interview with Thunder

Two themes emerged from the data, namely, **A trying time** and **A positive outcome**. The themes and categories are presented in Table 4.5. Each theme will be discussed in detail.

Table 4.5 Themes that emerged from the interview with Thunder

Themes	Categories	Subcategories
A trying time	Feeling stressed	Employer support dwindled Strain on family
	Impacting on my work	Private income affected
		Production affected
A positive outcome	Support from others	Support from health professionals
		Family support
	Getting there	Trying
		Moving on

4.6.2 Theme 1 A trying time

This theme describes the period after the injury when Thunder experienced some strain because his employer, who was supportive initially, started getting impatient. Also his family, especially his wife, experienced his injury as a stressor. The injury affected both his formal job as well as his part time work over weekends.

Feeling stressed

This category describes the time after Thunder's injury when his employer, who initially supported him and accommodated his injury, started to lose patience and he felt that their support for him had diminished.

"Maar toe ek nou vir therapy vir die derde week gaan, toe begin hulle nou dik te raak vir my. Ja; ek moet nou klaarmaak, ek moet nou klaarmaak, die werk wag, die werk wag."

"But when I went for therapy for the third week then they started getting upset, I must get finished, I must get finished, the work waits, the work waits."

Thunder reported that the injury influenced him in that it put a strain on his family and especially his wife as she was concerned about the severity of the injury. She worried about whether he would be able to return to work and whether he would be compensated for the injury.

"Dit het baie vir my beïnvloed by die huis veral want my vrou, my familie het baie gestres, nie kan ek sê vir inkomste nie, is net om te"

sê: Sy hand is nou gebreek, hoe nou? Is dit ernstig? Hoe lank gaan hy by die huis wees? Gaan hulle hom betaal?"

"It affected me a lot at home, especially my wife. My family stressed a lot, not about the income, but about if my hand is fractured, what now? Is it serious? How long is he going to be at home? Are they going to pay him?"

Impacting on my work

Thunder, who was doing private work over weekends to earn an extra income, mentioned how the injury affected his ability to do this.

"Want dit was eintlik my werkhand, hoe kan ek nou sê, dit is nie my werkhand vir die werk hier nie, dit is my werkhand vir my private jobs. So, as dit vir my aan 'n klomp geld laat verloor dan in 'n maand se tyd."

"Because it was my work hand, how can I put it, it is not my work hand at work, but for my private jobs. In a month's time I've lost a lot of money."

His production at work also declined after the injury. He expressed concern about this and despite the fact that they employed somebody in his place, the production was still a concern to him.

"Ja, toe ek my hand seergemaak het, kon ek sien die werk het hier by die company, het agteruitgegaan. Toe ek hier gewerk het, het die werk uitgegaan. Toe moet hulle 'n ander man in my plek sit en die werk wat hy uitstoot is nie dieselfde as wat ek uitgestoot het nie."

"When I injured my hand, I could see the work at the company deteriorated. When I worked there the production was good. They employed another guy in my place but he was not as productive."

4.6.3 Theme 2: A positive outcome

This theme describes how Thunder also found positive experiences in the process because he received support from others and how through trying hard at work and moving on he managed to get there in the end.

Support from others

Thunder described the support that he received from the health professionals who were responsible for his rehabilitation. He felt that he received quality treatment and that he could see how his hand improved:

“Ek het vordering gesien in my hand ja, tot nou toe kan ek sien nie dit was, hulle was goed gewees, die vordering en die oefeninge wat ek gekry het, ek doen dit nog tot op hierdie datum. Die oefeninge wat hulle my gegee het, die stretch en die stresballe, al die handgoete wat ek gekry het, nie die werk is uitstekend.”

“I saw improvement in my hand, yes, up to now I can see they were good, the improvement, the exercise. I am still doing it to this date. The exercises, that they gave me, the stress balls, all the splints that I got, no, their work was good.”

Thunder’s family and especially his wife also proved to be a great support in the time following his injury. He related how his wife cared for him and would not allow him to carry anything heavy like the shopping bags.

“Sy het gesorg dat ek my medikasie vat, gesorg dat ek slaap en dan het sy vir my soos ’n pil gegee wat ek moes weggesit het wat die pyn weg moet kry uit my hand uit. En vir die afgelope maand as ons inkopies gaan doen het, het sy vir my gesê: Nee, dra jy dit, dra lig.”

“She took care that I took my medication and that I sleep and she gave me a tablet for the pain. And for the month when we did shopping, she said I must not carry the heavy stuff.”

Getting there

Thunder explained how he resumed his previous tasks and functional levels at work by always trying to do a little bit more as his hand recovered.

“Ek was eintlik op light duty gewees maar toe sê ek vir myself: Nee, ek moet beginne vasgryp. My voorman het vir my gesê ek moet eintlik op light duty gaan, toe sê ek vir hom: Nee man, ek kan, ek voel ek kan op normale duty gaan.”

“I was actually on light duty but then I said to myself I must start gripping. My supervisor said I should be on light duty, but then I said I feel I can go on normal duty.”

Thunder was motivated by the fact that he was surprised by the recovery of his hand. He thought that he would not recover and was surprised when the professionals informed him that he would. He was also surprised by the fact that he could use his hand again.

“Die ervaring vir my was, hoe kan ek sê skrikkerig, en ’n groot verassing vir my. Die skrikkerig was gewees toe ek my hand gebreek het, en die verassing was gewees ek het gedink my hand sal nie regkom nie. Maar toe ek gegaan het vir terapie, toe sê hulle vir my nee, dit is amper soos ’n klein probleem, dit gaan regkom en jy gaan weer jou hand gebruik. Dit was vir my ’n groot verassing gewees.”

“The experience was scary and a big surprise. The scary side was when I fractured my hand and the surprise was when I thought my hand won’t recover. I went for therapy and they said it is a small problem and it will improve and I will be able to use my hand again. That was a big surprise.”

4.6.4 Concluding Thunder’s story

Thunder experienced the compensation process both as a difficult time in his life, but eventually as a positive experience in that he had support from others. He also tried to move on in the sense that he realised that the injury was not as bad as he had anticipated and he was surprised when he recovered from the injury.

4.7 Charity’s story

Charity⁹ was 28 years old and working in a factory that manufactures window frames when he was injured at work. He was busy trimming a round frame with an aluminium cutting machine when the machine pulled on the frame and his hand was cut by the blade. He sustained injuries to the extensor tendons of his left hand. He was taken to a nearby hospital where the tendons were repaired.

Charity was paid his full wages for six months while he was on sick leave recovering from his injury. His employers visited him in hospital and also

⁹ Self-chosen Pseudonym

completed all his forms timeously. He did not experience any problems with the administrative side of the compensation process.

His family supported him and they were initially concerned about his condition. His hand recovered fully. Charity received physio and occupational therapy and felt that he received good treatment. He is back at work in the same capacity as before the injury but he is doing mainly lighter work since he has some difficulty lifting heavy objects. Charity has only one concern remaining, namely, he felt that he should have received compensation for the injury.

4.7.1 Themes that emerged from the interview with Charity

Two themes emerged from the data, namely, **People cared** and **Experiencing obstacles**. The themes and categories are presented in Table 4.6. Each theme will be discussed in detail.

Table 4.6 Themes that emerged from the interview with Charity

Themes	Categories	Subcategories
People cared	Feeling support	Employer cared
		Quality treatment received
Experiencing obstacles	Having functional difficulties	Difficulties at work
		Difficulties at home
	Feeling uninformed	No compensation paid
Limited knowledge		

4.7.2 Theme 1: People cared

This theme describes how Charity felt that people cared for him because of all the support he received from different people.

Feeling support

Charity felt supported by his employer because he visited Charity in hospital, he was aware of his difficulties and he accommodated him at work by putting him on light duty.

“Like, he said, especially like my supervisor, now he know about my injury, even my boss, he know about this injury, so it’s like now I am doing a light duties.”

Charity also received support in the form of the quality treatment he received from the health professionals who were responsible for his rehabilitation.

"I want to say it was good because all my finger was not working and I get some exercising there and from there I see things, a things start to change, I come to be better."

4.7.3 Theme 2: Experiencing obstacles

Charity experienced a few obstacles during the process. These obstacles included functional difficulties as well as the lack of information available.

Having functional difficulties

Charity experienced some changes in the way he is using his hand at work. He mentioned that he cannot work as quickly as before and that he had difficulty grasping objects like screws.

"Ja, the difference is like now some or other thing I can't do it quick, my fingers takes a long time, like when I select maybe screws, takes a long to take it properly."

Charity found that his ability to do things at home had changed and that it was difficult for him to lift heavy objects. When using tools like a shovel and a pick he had pain.

"At home it is only that actual if I do my work or something at home I can't do something which is heavy. Even to dig, to use a pick, I can't use it, because it, when I use a pick or something, a shovel I am gonna get a pain."

Feeling uninformed

Charity acknowledged that he was inadequately informed about the compensation process.

"Ja, it is like you just ask from the person because it is like maybe a lack of knowledge, whatever to know which steps to take, whatever."

Charity was under the impression that he was going to be compensated for the losses that he incurred as a result of the injury. This indicates a lack of information about the process as not all injuries are compensated with a financial payout.

“Ja, I think so because it is like I lose, I lose how it affect my hand it does not work proper, so I lose, I am sure, some percent, 50% so, I think I always I gonna get something for 50% which I lose.”

4.7.4 Concluding Charity’s story

Charity experienced the compensation as a time when people, including his employer, as well as the health professionals who were responsible for his rehabilitation, cared for him. At the same time he also experienced obstacles in that he had functional difficulties and he felt uninformed because he had limited knowledge of the compensation process.

4.8 Conclusion

This chapter presented the findings of the within case analysis in the form of themes, categories, subcategories and data from the interviews as they emerged for each of the six participants. The themes that emerged for the six participants vary because they represent the overall experience of the workers as both negative and positive experiences.

Chapter 5

Discussion

5.1 Introduction

This chapter presents the cross case analysis and explains the most important roles that the injured workers had assumed and how they facilitated or obstructed the course of the compensation process in the specific role related context. The chapter offers a graphic presentation of the compensation process (see Figure 5.1) and explains the diagram. Then there is a description of the important concepts of role and context and their interrelatedness. The barriers and facilitators as they emerged from each role in context are discussed.

EXPERIENCE OF THE COMPENSATION PROCESS

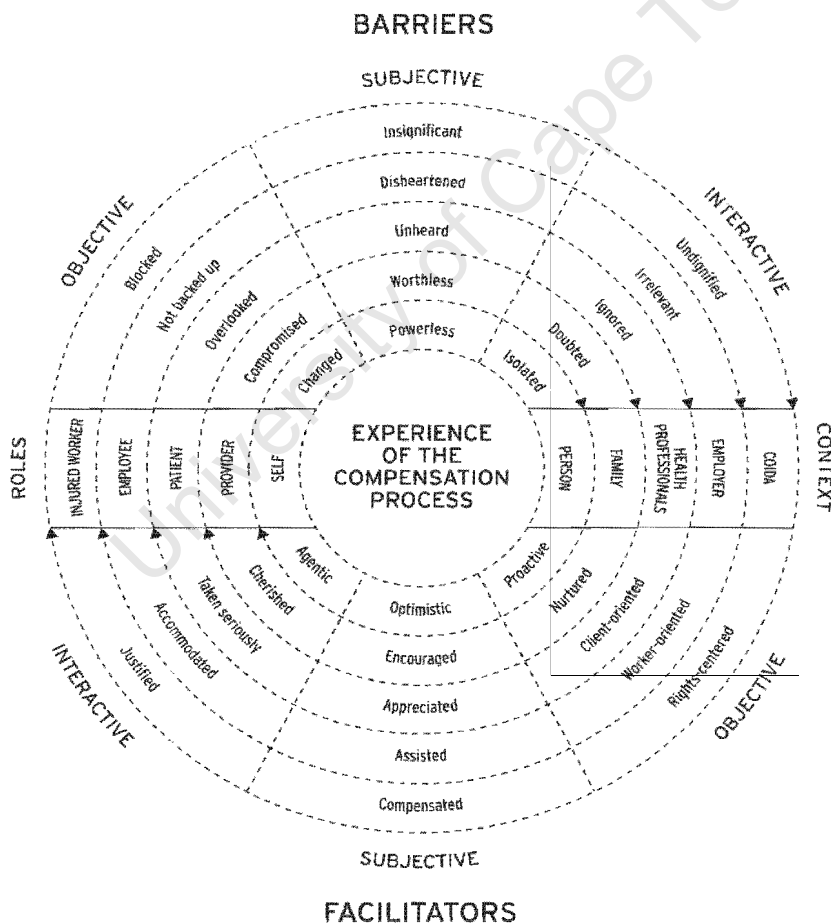


Figure 5.1 Experience of the compensation process

5.2 Explanation of the diagram

The experience of the compensation process is represented by a circular diagram (see Figure 5.1). The cross case analysis describes the participants' experiences of the compensation process as it emerged over the six cases. On the left-hand side, horizontally, the diagram shows the roles that emerged from the interviews as self, provider, patient, employee and injured worker. On the right-hand side, on the horizontal level, the contexts in which the worker experienced these roles are depicted. These contexts are the person, family, health professionals, employer and COIDA.

The top half of the diagram shows the barriers experienced at three levels: objective, subjective and interactive. The bottom half of the diagram shows the facilitators experienced at three levels: objective, subjective and interactive. The objective experiences describe the external intentions and realities of the compensation process. Subjective experiences would be the internal emotive and cognitive dimensions of the person's journey through the compensation process. The interactive experiences are the nature of exchange between the parties engaged in the compensation process. The barriers and facilitators are identified according to the environmental factors of the International Classification of Function where applicable, namely, physical environment, assistive technology, attitudes, services, systems and policies (World Health Organisation 2001).

The arrows and dashes indicate that the experience is fluid and continues throughout the interaction between barriers and facilitators, emerging progressively as the person moves forward from the point of injury towards eventual resolution of the compensation process.

5.3 The interrelatedness of roles and contexts

During the compensation process, the worker assumes numerous roles, namely, the self, provider, patient, employee and injured worker. The concept of roles is broad and described in the theories of many disciplines. Authors in occupational therapy provide specific definitions of roles. Punwar (1994:265) asserts that roles are

those functions that one assumes or acquires in society, that is, the roles of worker, parent or student, etc.

During the compensation process the functions of the worker were intimately bound to the various roles that the participants had to fill provided that they were able to fulfil these functions.

Creech (2002:588) defines roles as

the set of expectations placed on an individual in a particular social context that become part of his identity and influence his behaviour. Each person plays a large number of roles, such as worker, parent and friend.

The findings of this study identified that a different set of expectations were placed on the injured worker in relation to the demands of different roles during the compensation process. This led to a change in the individual's identity and influenced his/her behaviour.

Dickerson and Oakley (1994) who compared the role profiles of persons without disabilities to those with disabilities in Florida, USA found that when a person becomes disabled, the normal role cycle (role acquisition, role change and role exit) is disrupted. This can lead to the risk of role dysfunction as well as problems with self-concept. The finding supports those of the current study where injured workers experienced a change in their role performance. Versluys (1980) suggests that hospitalisation and disability can contribute towards individuals struggling to maintain role responsibilities and reduced role skills. Individuals could also suffer from depression, lack of motivation as well as the development of a poor self-image. Workers who experienced the compensation process described varying events that related to a difficulty in meeting their responsibilities, a change in personality and a feeling of being left to their own devices.

Many authors use environment and context as interchangeable terms and so there are different definitions of environment and context in the literature. Moyers (2005) defines environment as consisting of the physical, geographical,

cultural as well as the societal environments. Gillen and Burkland (1997) defines context as the

circumstances associated with a particular environment or setting.

The interrelatedness between a person's role performance and the context is important. Dunning (1972) identified the effect of the environment on social interaction and role performance as one of the five fundamental environmental issues. Participants in the current study all indicated how the effect of the injury and resultant changes in their environment affected their social interaction and role performance in many ways. Kielhofner (1995:64) describes the position of roles within the various contexts of our everyday lives:

Together, habits and roles weave patterns with which we typically traverse our days, weeks and seasons; our homes, neighbourhoods, and cities; and our families, work organisations, and communities. In each of these temporal, physical and social contexts we perform a wide range of occupations. Habits and roles give regularity, character, and order to those occupations.

During the compensation process workers held subjective and objective expectations of the interaction between themselves and the context, that could be the person, family, health professionals, employer or COIDA. When these expectations were not met by the process in terms of support, information or adequate compensation, the role performance of the individual was disrupted.

5.4 Roles and context of the injured worker as barriers and facilitators

Each role will be discussed, namely, the self, provider, patient, employee and injured worker, as experienced by participants within the contexts of the person, family, health professionals, employer and COIDA. The role-context relationships will be discussed in terms of barriers and facilitators as they emerged from the cross case analysis.

5.5 The self in relation to the person

5.5.1 Barrier: Changed→Powerless→Isolated

The injured workers who participated in this study experienced changes within themselves ranging from feelings of loss, to a change in the way they do things and having to deal with emotions of anxiety and depression, as well as changes in personality. This led them to feel powerless and ultimately isolated. These findings are corroborated by Cacciaccaro and Kirsh (2006:185) who found that workers in Canada experienced abrupt changes and an inability to carry out simple activities, leaving them feeling frustrated and depressed.

In this study it was also found that the personality changes which injured workers experience are similar to those reported by Stone (2003:9). Stone indicated that after a workplace injury one of the changes that takes place is the loss of gainful employment [that] challenges a worker's own internal sense of well-being and a general decreased sense of well-being after injured workers were deprived of their meaningful occupations.

These changes in the workers' view of themselves appeared to be a barrier in the compensation process.

5.5.2 Facilitator: Proactive→Optimistic→Agentic

Being proactive emerged as a facilitator for many participants and included participants who helped themselves, attempted tasks differently, engaged in positive talk, were hopeful and who took responsibility for themselves. Acts of doing led to feelings of optimism and demonstrated the personal agency that was common in the participants' lives. Cochran and Laub (1994) describe an agent as an active person who makes things happen. They list eight core ingredients of personal agency, namely, self-determination, self-legislation, meaningfulness, purposefulness, confidence, active striving, planfulness and responsibility. Elements of these core ingredients described by Cochran and Laub (1994) came to the fore in the stories of the research participants as referenced in Figure 5.1. Planning is the link between the actual and the ideal and to achieve a goal people will assess their realities and devise ways to achieve the goal (Cochran and Laub 1994). Participants demonstrated various instances of agency as they tried to continue doing their work and everyday

chores despite injuries to their hands. Responsibility was another element that unfolded in the stories told.

Another way in which participants managed to move forward in this study was through engagement in meaningful occupations like going for a walk, reading or playing with pets. The importance of continuing to engage in meaningful occupations after a work injury has been highlighted in a Canadian study by Cacciaccaro and Kirsh (2006). They mention that the majority of participants in their study discussed how engagement in occupations that were meaningful and enjoyable, such as reading, writing poetry and gardening, helped them to cope with the stress of unemployment.

The positive attitude of workers also acted as a facilitator. This is supported by Friesen et al (2001) who report that workers remarked that their own attitude towards the injury and recovery was important. One of the participants in this study reported that he would rather go for a walk, read a book or play with his pets than succumb to negative thoughts.

Shaw et al (2002:191) noted the following about injured workers in Canada and their subjective perceptions on the issues that influenced return to work:

Getting better involved the exploration and discovery of information, the exploration of recovery strategies, the implementation of personal strategies to develop new work skills and ways to minimise disabilities and maximise capacities.

Injured workers in this study also displayed a variety of ways in which they demonstrated the will to get better as well as making practical plans to enable them to participate especially in their work activities again.

5.6 The role of provider in the context of the family

5.6.1 Barrier: Compromised→Worthless→Doubted

The role of participants as providers for their families was compromised and considered a barrier if they were unable to meet their family's needs. One participant was not believed by his family because it seemed to them as if he was doing nothing to improve his fate. This led to him feeling worthless and

doubt was prevalent. The experience of doubt was twofold thus prompting one participant to tell how he doubted his own abilities to fulfil his family's material needs as a result of the injury. This experience is similar to that noted by Stone (2003) who found changes for the worse in family relationships as injured workers were regarded in a new and less favourable light.

Roberts-Yates (2003:905) examined the perceptions of injured workers in Australia and commented on the effect of the injury especially on the family life of the injured worker.

Unfortunately the primary focus of claims/injury management and rehabilitation is only the compensable condition, that is, the work injury. Typically little effort is made to break down the barriers which tend to build up in the work and home domains and, thus, influence how injured workers reconstruct their future work and life.

This resonates with the findings of this current study where injury compromised the role of the injured worker as a provider in relation to the family.

5.6.2 Facilitator: Nurtured→Encouraged→Cherished

Participants felt nurtured by their families when they were supported emotionally as well as physically. This encouraged them to carry on despite the injury and made them feel cherished within the family unit. Isaksson, Lexell and Skär (2007:26) report that for participants in their study social support led to motivation, which enabled participation in occupation. These participants also indicated that they became motivated through feelings of confidence and togetherness with people in their social network.

Cacciocarro and Kirsh (2006) found in their Canadian research that family support proved to be an important enabler of positive mental health. Their findings concur with the findings of this research.

5.7 The role of the patient in relation to the health professional

5.7.1 Barrier: Overlooked→Unheard→Ignored

Participants experienced the role of the patient as a barrier because they felt they were not listened to and not clearly communicated with. They also felt that

their rights as patients were ignored and some of the participants endured pain that health professionals simply ignored or overlooked. This made them feel unheard and ignored by health professionals. The research conducted by Friesen et al (2001:15) support the findings of this research:

Some participants spoke about 'disempowerment' or an imbalance of power between the worker and the insurance system, or between the worker and the health care or the workplace system. This sense of disempowerment appeared to be tied up with the sense of being unable to understand 'the system' or to 'negotiate the system'.

These feelings of disempowerment are similar to what was experienced by one participant in this study who told of how she felt that she had to go for her therapy appointments despite the fact that she did not want to go. She also indicated that she went for therapy simply because she did not want to appear to be disobedient to the health professional.

The barrier of poor communication highlighted by participants in this study was also mentioned by Sager and James (2005). Participants in this current study generally felt that information about the compensation system was limited and that they had difficulty accessing information about the process.

In South Africa the National Patient's Rights Charter declares that everyone has the right to health care services that include

treatment and rehabilitation that must be made known to the patient to enable the patient to understand such treatment or rehabilitation and the consequences thereof;

and

a positive disposition displayed by health care providers that demonstrates courtesy, human dignity, patience, empathy and tolerance (Health Professionals Council of South Africa 2002:2).

By neglecting the rights of injured workers the health professionals were not honouring the Patient's Rights Charter as set out by the Health Professionals Council of South Africa (2002).

The relationship with health professionals proved to be a barrier in this current study and research by Roberts-Yates (2003:903) supports this. Roberts-Yates studied the perceptions of injured workers in Australia and reported:

Treatment and rehabilitation were perceived by the workers to be threatening and something over which they had little, if any control. Some of the interviewees commented on their inadequate understanding of their medical condition. They found the diagnostic tests to be exhausting, inconclusive and often irrelevant. Frequently, poor communication and hurried consultations with indifferent treating medical experts resulted in misunderstandings, anxiety, frustration and hostility.

5.7.2 Facilitator: Client-centred→Appreciated→Taken seriously

The role of patient in relation to the health professionals also acted as a facilitator in the process. Participants felt appreciated when health professionals listened to them and treated them with respect. Ultimately, it implied that the relationship was taken seriously by both parties. Research done by Cacciocarro and Kirsh (2006) confirm this. They found that participants noted how health professionals helped them and gave them hope and also how they validated their feelings of pain and provided ongoing encouragement.

5.8 The role of the employee in relation to the employer

5.8.1 Barrier: Not backed up→Disheartened→Irrelevant

Participants were made to feel disheartened when they were not given physical as well as emotional support by employers, denied help with administration issues, were not accommodated at work after their injury and generally when their injuries were ignored. This led to an experience whereby they felt irrelevant in the whole process.

The Act is specific in its expectations of the employer and states:

An employer shall at the request of the employee or the dependant of an employee furnish such employee or dependant with a copy of the notice of the accident furnished by the employer to the commissioner in respect of a claim for compensation by such employee or dependant (Republic of South Africa 1997b:21).

Fultz and Pieris (1999) commented on the fact that compensation schemes in Southern Africa lack adequate resources to enforce the law and specific reference was made to the failure of employers in South Africa to report accidents. In the case of one participant in this research, the accident was reported, but the employer refused to assist him with any administrative matters and refused to give him a copy of the accident report.

These examples of lack of support by the employers towards injured workers are supported by Strunin and Boden (2000:377) in their description of 'Business as usual' as one of the three paths to re-employment:

The 'business as usual' path is characterised by a sense of the employer's benign neglect. The injured worker returns to the pre-injury job, but the employer makes no adjustments and expects the worker to do his job as if nothing has happened. Eventually the worker either sticks with the pre-injury job, is fired or leaves. Workers in this path may translate the benign neglect as a message that they are undervalued.

The injured workers in this study had expectations of their employers that were not met. Bezuidenhout (2007) refers to this as the psychological contract and defines it as an unwritten, individual agreement between the manager and the employee that encompasses the work's expectations of the employee and the employee's attempt to meet these expectations. Furthermore, it incorporates the employee's expectations and the employer's willingness to realise them. Bezuidenhout (2007) continues to say that if the expectations are not met the relationship between the employee and employer deteriorates. This was evident in the relationship that broke down between one participant and his employer apparently when the employee was seeking assistance and support from his employer and did not receive it.

5.8.2 Facilitator: Worker-oriented→Assisted→Accommodated

A worker-oriented approach where workers are accommodated at work, given time off to attend rehabilitation appointments and generally are made to feel understood, makes workers feel as if they are supported and ultimately accommodated at work after the injury.

Support demonstrated by employers in various ways gave the injured workers in this study a sense of being valued and workers felt acknowledged and appreciated. Strunin and Boden (2000:377) support this view and refer to the stance as the 'Welcome back' path of re-employment:

The employer acknowledges the worker's injury related limitations and provides accommodations to permit the worker to return. In this part of re-entry the employer's behaviour indicates that the workers are valued as employees, and the workers know that the employer is gladly welcoming them back to work and wants them to stay.

5.9 The role of the injured worker in relation to COIDA

5.9.1 Barrier: Blocked→Insignificant→Undignified

The relationship between the role of an injured worker and COIDA seemed to be a barrier as the participants found they were blocked in many ways when they tried to access information, make and maintain contact with COIDA officials as well as the experience of receiving late payments and disappointment with the compensation paid out to them. Also participants were under the impression that they would receive more administrative support as well as a substantial wage from COIDA. This led to their feeling insignificant in the process as well as the negative impact that the process had on their dignity.

A study by Parrish and Schofield (2005) in New South Wales echoes the findings of the current research. They refer to administrative difficulties with the claims process because many of the respondents in their study highlighted administrative inefficiency and miscommunication when they were asked about their relationships with claims officers.

The participants in this current study experienced feelings of being blocked in their interactions with the process. Lippel (2007) found something similar in Canada when participants in her study experienced the process as a fight against a big machine.

The practicalities of administrative difficulties, such as unanswered telephones and messages not being returned, files and faxes going lost, as experienced by

the participants in this study are supported by Fultz and Pieris (1999:186). They report that many schemes in Southern African countries lack a customer service mentality and are marked by long queues of claimants awaiting attention. This seems to be the norm in some agencies and publicly listed telephone numbers often go unanswered or are continuously engaged. Similar experiences of injured workers were documented by Strunin and Boden (2004) who note that participants' encounters with the system in the USA often left them feeling mistreated, frustrated and helpless.

Fultz and Pieris (1999) suggest that the basis of poor service delivery in Southern African countries happens because disabled workers and their families do not exert direct pressure and demand an improvement in service coupled with a culture of accepting poor government service as the norm. Likewise participants in this study found their rights ignored during the process. The Bill of Rights, Section 33 protects the worker's right to fair and reasonable administrative action and states that everyone has the right to lawful, reasonable and procedurally fair administrative action (Republic of South Africa 1996).

Furthermore the eight principles of Batho Pele (Department of Public Service and Administration 2002) were accepted so as to transform service delivery in the public service. The fourth principle of courtesy is described as follows:

This goes beyond a polite smile, 'please' and 'thank you'. It requires service providers to empathise with the citizens and treat them with as much consideration and respect as they would like for themselves. The public service is committed to continued, honest, transparent communication with the citizens. This involves communication of services, products, information and problems which may hamper or delay the efficient delivery of services to promised standards.

By not answering telephones, losing files and being unhelpful to injured workers who need support, public service officials are not honouring their commitment to the Constitution of South Africa and to the Batho Pele principles.

The undignified interaction described by participants in this study resonates with Strunin and Boden (2004) and Cacciocarro and Kirsh (2006). Both studies document how participants felt humiliated and that the process contributed to increased feelings of sadness and frustration.

5.9.2 Facilitators: Rights-centred→Compensated→Justified

The interaction between the injured worker and COIDA was experienced as justified and workers felt compensated when the process supported them and when the process happened smoothly. It is interesting to note the issue of individual attention that led to results for one specific participant. This is supported by Strunin and Boden (2004) who report that some workers described helpful relations with insurance company personnel and that this kind of behaviour resulted in timely outcomes. These agents were also seen as acquaintances or friends by the injured workers and not as nameless representatives of a faceless organisation. One participant in this current study mentioned the personal attention and help he received from one official in the Cape Town office of COIDA. He referred to her as a 'go-getter'.

5.10 Limitations of the study

One of the limitations of the study is that it comprised but a small sample of only six participants and was conducted only in the Cape Town Metropole which means that the findings cannot be generalised to the general population.

Another limitation in the study was the language barrier that existed between the researcher and one participant. Although he was able to converse in English, which is not his home language, this may have affected the depth of the information uncovered in the interview.

The population only included workers with upper limb injuries. This may affect the transferability of the findings to workers with other types of injuries.

5.11 Conclusion

This chapter described the interrelatedness of the role-context relationships that involved the injured worker during the compensation process. The chapter also expanded on the barriers and facilitators as experienced by the worker in each role and its context.

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Chapter 6

Conclusion and recommendations

This chapter summarises the most important findings of the study in the conclusion and makes recommendations that transpired from the research.

6.1 Conclusion

This collective case study research sought to gain an understanding of the experiences of injured workers of the compensation process in South Africa. Several issues that acted as barriers and facilitators emerged from the data. Barriers and facilitators had a specific influence on the roles and performance of the injured workers within the role-context.

In the role of the person in the context of the self, workers experienced a feeling of isolation which posed as a barrier in the compensation process. However, injured workers also demonstrated personal agency by being proactive in many ways. As providers for their families, the workers were affected when, as a result of the injury and the compensation process, they felt doubted by their families. They also experienced feelings of self-doubt in their ability to care for their families. In contrast, when injured workers were nurtured by their families, they felt cherished in this role. Another role-context relationship that emerged was that of being a patient in relation to the health professionals. Some health professionals ignored the injured workers. Conversely, others took the injured workers seriously. Injured workers experienced that they were not supported by their employers and this made them feel irrelevant. However, there were workers who felt accommodated as their employers took a worker-oriented approach with them. Finally, injured workers found themselves blocked in their dealings with COIDA. This resulted in their feeling undignified. When the workers' rights were acknowledged, it led them to feel that they were accommodated by COIDA as injured workers.

6.2 Recommendations

Recommendations from this study are extended to the injured worker, the worker's family, health professionals, employers and COIDA.

6.2.1 The individual worker

It is evident from the research that workers' rights can be influenced negatively by health professionals, employers and officials at COIDA. Workers need to be aware of their rights and be informed as to what steps they can take when they feel that their rights are ignored. OT's can play a role in informing injured workers of their rights.

6.2.2 The family

The families of the study participants were identified by the injured workers as both a barrier and a facilitator in their post injury experiences. Families need to be aware of the immense effect an injury at work has in the life of the worker. OT's can play a role in informing families of injured workers of the impact that a work related injury has on a worker.

6.2.3 Health professionals

Injured workers experienced health professionals as facilitators and barriers. Health professionals involved in the treatment of injured workers, such as general practitioners, specialists, physiotherapists, occupational therapists and psychologists need to be aware of the effect that an injury has on the worker in order to know how their own behaviour, their practice and their manner of communication can facilitate or constrain the recovery of the injured worker. The researcher plans to approach the private practice from which she selected her participants in order to arrange a presentation and thus raise awareness of the research findings. Furthermore, the local branches of the professional societies of occupational therapy, physiotherapy and psychology will be approached in order to arrange possible presentations of the research findings.

6.2.4 Employers

The behaviour, support and interest of employers towards the injured worker or their lack thereof seemed to be a major factor in the compensation process. Employers need to increase their awareness of the effect that their support has

on the injured worker's recovery and future employment prospects. OT's can play a role when communicating with employers to raise awareness as to the effect a work injury has on a worker as well as raising awareness of how the employer can facilitate return to work.

6.2.5 COIDA

The Department of Labour and the Compensation Commissioner specifically play a major role in the life of the injured worker. The Compensation Commissioner should be aware of the effects of a work injury and the researcher would like to recommend the following:

- Officials serving the interests of injured workers need to be aware of the effect that such an injury has on the worker. They need to strive towards service excellence and professionalism as promised in the Bill of Rights and the Batho Pele principles.
- The issue of return to work needs to be investigated and dealt with further. Although the Annual Report of the Compensation Commissioner for 2006/2007 stated that return to work programmes were piloted in two provinces, this very valuable initiative needs to be communicated to all parties involved and the findings of the pilot disseminated as an amendment to the Act so that all parties can act upon them and that the workers' right to employment be acknowledged.
- The monitoring of the Act also appears to be problematic. The Compensation Commissioner needs to take steps to ensure that the Act is monitored effectively.
- The Compensation Commissioner needs to communicate effectively with workers about their rights and with family members and employers about the effect of a work injury on the injured worker.
- The Compensation Commissioner should draw up a database to determine the return to work profile of injured workers so that the Commissioner will be able to monitor injured workers' employment prospects as well as the effectiveness of the Act.

In order to implement these recommendations the researcher will make an appointment with the local office of the Department of Labour in Cape Town as a starting point to find out what the most appropriate strategy will be for getting these findings put into practice.

6.3 Further research

There is room for further research to be conducted into the effectiveness of awareness raising measures amongst families, health professionals, employers and officials working for COIDA about the impact that a work injury has on an injured worker. Effective awareness raising can improve service delivery for the injured worker at all levels, as well as create a better understanding of the complexities of work related injuries.

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University of Cape Town

Appendix 1 Letter requesting permission

23 January 2007

Dear *****

Re: Permission requested to undertake a research study

I hereby request permission to carry out a research study in partial fulfilment of the requirements for the M Sc degree in Occupational Therapy at the University of Cape Town. Approval from the Faculty of Health Sciences Research Ethics Committee is pending.

The study will try to understand the experiences of injured workers of the workman's compensation process. The study objectives are:

- To identify the barriers and facilitators experienced by injured workers in relation to employers and health professionals.
- To identify barriers and facilitators influencing return to work of the injured worker.
- To determine the barriers and facilitators that injured workers experience in role performance in the family and in the community.

I would like to do interviews with 6 clients that have been seen at your occupational therapy practice. These participants will be selected using the criteria as set out in the research proposal. The final research proposal will be made available to you.

The findings of the study will be made available to your practice and the information should inform the therapists of the experience of the injured workers and can inform planning of treatment programs.

The study will be conducted in a manner that complies with the ethics of confidentiality and the practice will be appropriately acknowledged in the research.

Thank you for considering my request.

Yours sincerely

Susan Landman
(gnssus001)

Appendix 3 Interview guide

Interview guide

Semi-structured interview guide

The interview will commence with an explanation of the purpose of the study and an overview of the research process. The participant will be given information regarding confidentiality and will be asked to sign the consent form after it has been explained. The interview will consist of open-ended questions. The following topics will only be used as a guide:

Injury

How and when did it happen?
What happened after the injury?

The process

Knowledge of how the process works prior to injury
How did the process work since injury?
Opinion on the process
Who gave advice and assistance?
Positive aspects of the process
Barriers in the process

Work

Changes at work
Changes in ability

Family and Community

Experience of family
Support from community
Changes in family/community participation

Appendix 4 Participant information letter, English and Afrikaans copies

28 February 2007

Dear Sir/Madam

Participation in a research project about injured workers' experience of the compensation process (Reference: REC.REF 084/2007)

I am conducting a study as part of my MSc degree in Occupational Therapy to investigate how injured workers experience the compensation process. The study aims to understand the injured worker's experience of the workman's compensation process. Research findings will be used to inform both the occupational therapy profession as well as the Department of Labour of how workers experience the compensation process.

I obtained your name from the Occupational Therapy practice at the ***, where you have been treated for your hand injury.

Participation in the study will entail the following:

- You will be asked to participate in an initial interview which will be no longer than one and a half hours. During this interview we will be talking about your experiences after your injury. The interview will be audio-taped and after the interview I will be transcribing the data. The data will also be analysed in an attempt to summarise the main points.
- A follow-up interview will also be conducted which should be no longer than one hour. You will be given an opportunity to read through the data and the analysis of the data. The aim for this interview is to clarify that I have interpreted your words correctly. It also provides a further opportunity for us to discuss your experiences.

Both these interviews will be conducted at a place and a time convenient for you. These interviews should take place between April and July 2007.

Please note that your anonymity and the confidentiality of information will be guaranteed at all times. You will be asked to choose a pseudonym which will be used in the final report of the study if reference is made to you or quotes are used. You will have access to the final report. Participation in the study is strictly voluntary. You can also at any time withdraw from the study should you not wish to be part of it anymore.

There will be no personal benefit to you should you participate in the study. The study however attempts to raise awareness of people's experiences of the compensation process. You will be given an amount of R50 per interview towards you transport costs. Should your transport be more than R50, you will be asked to provide me with a receipt and you will be refunded.

Possible disadvantages of participating in the study are that you may feel uncomfortable discussing issues around your injury or the effects it might have had and still have on you.

Approval for the study has been obtained from the Research Ethics Committee of the Faculty of Health Sciences at the University of Cape Town.

Please do not hesitate to contact me if you have any questions or need further clarification.

I would be very grateful if you would support this study. If you are prepared to participate in the study, please sign the attached consent form and return it to me.

Thank you for your time and consideration.

Sincerely

Susan Landman
Occupational Therapist
Tel: ***
E-mail: ***

University of Cape Town

28 Februarie 2007

Geagte Heer/Dame

Deelname aan 'n navorsingsprojek oor die ervarings van beseerde werkers van die kompensasië proses (Verwysing: REC.REF 084/2007)

Ek doen 'n navorsingsprojek as deel van my Meestersgraad in Arbeidsterapie waarin ek die ervarings van beseerde werkers van die kompensasië proses ondersoek. Die projek het ten doel om die beseerde werker se ervarings van die kompensasië proses beter te verstaan. Navorsings bevindinge sal gebruik word om die professie van Arbeidsterapie sowel as die Departement van Arbeid in te lig oor hoe die werkers die proses ervaar.

Ek het jou naam gekry van die Arbeidsterapie praktyk by die **** waar jy behandeling ontvang het vir jou handbesering.

Deelname aan die studie sal die volgende behels:

- Jy sal gevra word om deel te neem aan 'n aanvanklike onderhoud wat ongeveer een en 'n half uur sal duur. Gedurende die onderhoud sal ons gesels oor jou ervaringe na jou besering. Die onderhoud sal op band opgeneem word en dan sal ek die onderhoud woord vir woord uitskryf. Die data sal geanaliseer word in 'n poging om die hoof punte op te som.
- 'n Opvolg onderhoud sal gehou word wat ongeveer een uur sal duur. Jy sal by die onderhoud die geleentheid gegee word om deur die data te lees asook die opsomming van die hoof punte. Die doel van die onderhoud is om te bepaal of ek jou woorde reg verstaan het. Dit is ook 'n verdere geleentheid vir ons om jou ervaringe te bespreek.

Beide die onderhoude sal gehou word op 'n plek en tyd wat gepas sal wees vir jou en my en sal plaasvind tussen April en Julie 2007.

Neem asseblief kennis dat jou naamloosheid en die vertroulikheid van alle inligting te alle tye gewaarborg sal word. Jy sal gevra word om 'n skuilnaam ('n naam anders as jou eie naam) te kies wat gebruik sal word in die finale verslag van die projek wanneer verwysing gemaak word na iets wat jy gesê het. Jy sal toegang gebied word tot die finale verslag. Deelname aan die projek is vrywillig. Jy kan ter enige tyd onttrek sou jy nie meer aan die projek wil deelneem nie.

Jy sal geen persoonlike voordeel trek uit die projek nie. Die projek poog egter om bewustheid te kweek van mense se ervaringe van die kompensasië proses. Jy sal voorsien word van R50 per onderhoud vir jou vervoer onkoste, indien van toepassing. As jou transport meer as R50 beloop, sal jy gevra word om my te voorsien van 'n kwitansië en jy sal dan van die res van die geld voorsien word.

'n Moontlike nadeel van deelname aan die studie is dat jy ongemaklik mag voel om sekere sake aangaande jou besering en die effek wat dit nog op jou mag hê, te bespreek.

Goedkeuring om met die projek voort te gaan is verkry van die Navorsings Etiese Komitee van die Fakultet van Gesondheids wetenskappe van die Universiteit van Kaapstad.

Moet asseblief nie huiwer om my te kontak indien jy enige vrae het.

Dit sal hoog op prys gestel word as jy die projek sal ondersteun. As jy bereid is om deel te neem aan die projek teken asseblief die meegaande Toestemmings vorm en besorg dit terug aan my.

Dankie vir jou tyd en oorweging.

Met dank.

Susan Landman
Arbeidsterapeut
Tel: ***
E-mail: ***

University of Cape Town

Appendix 5 Consent form, English and Afrikaans copies

Consent form

(Reference: REC.REF 084/2007)

I have read the information provided in the letter about the research study on the experiences of the injured worker of the compensation process.

I understand the purpose of the research study.

I understand that I will be asked to participate in two interviews (of which the duration will be approximately two and a half hours). In the second interview I will be asked to read through the transcribed interview and may be asked to clarify some of the data.

I understand that all information will be treated confidentially. If reference is made to me or something that I have said in the interview, a pseudonym will be used. I will have access to the final research report.

I understand that I chose to participate in this study voluntary. I understand that I can at any time withdraw from the study.

I have had an opportunity to ask questions and that my questions have been answered satisfactorily.

I agree / do not agree to participate in the research study.

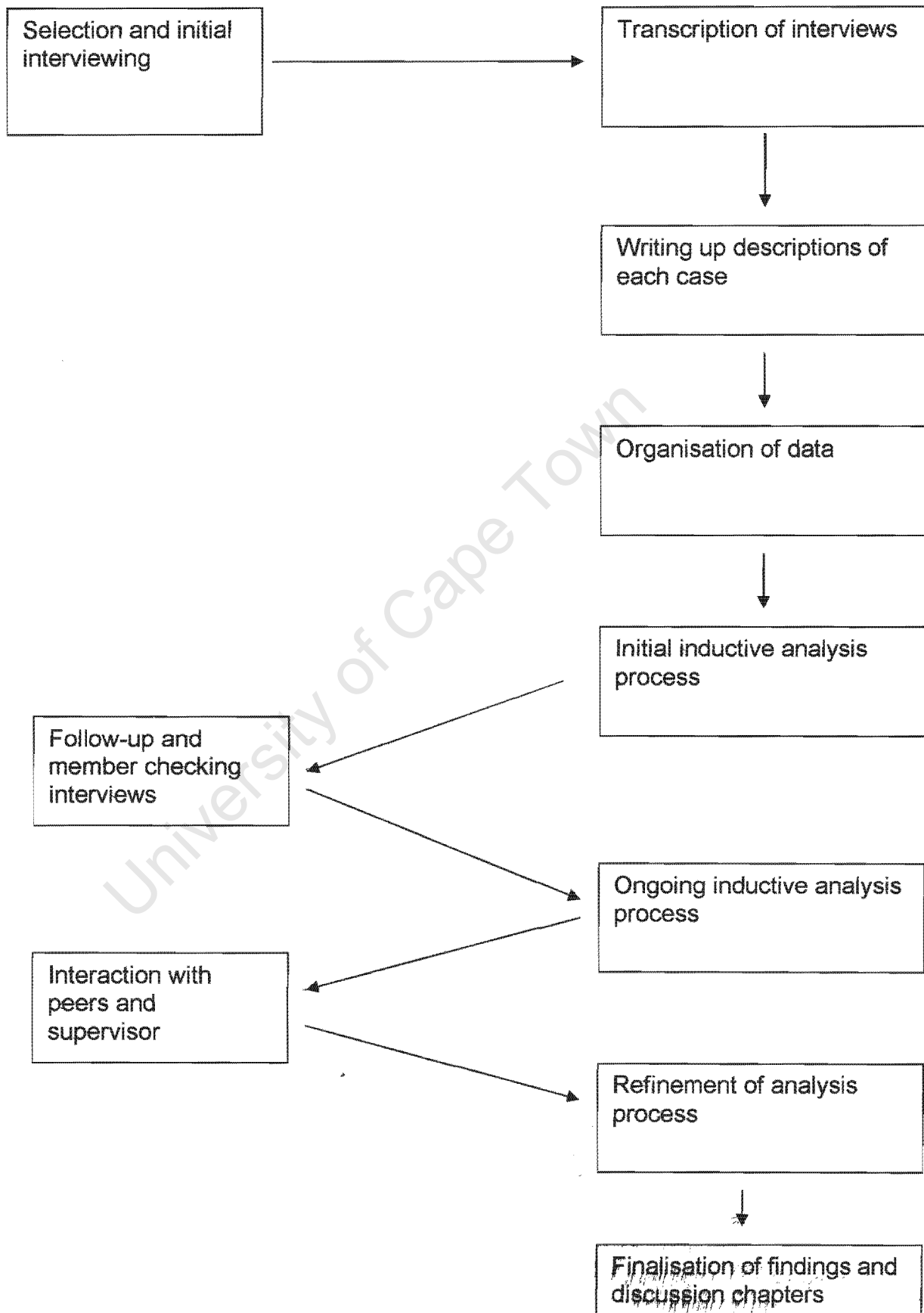
Name: _____

Signature: _____

Date: _____

Contact number: home: _____ cell: _____

Appendix 7 Audit Trail



Toestemmingsvorm

(Verwysing: REC.REF 084/2007)

Ek het die inligting gelees in die brief insake die navorsingsprojek oor die ervaringe van die beseerde werker van die kompensasië proses.

Ek verstaan die doel van die navorsingsprojek.

Ek verstaan dat ek versoek sal word om deel te neem aan twee onderhoude wat in total ongeveer twee en 'n half uur sal duur. In die tweede onderhoud sal ek versoek word om deur die opgeskryfde onderhoud te lees en ek mag gevra word om sekere punte te verduidelik.

Ek verstaan dat alle inligting vertroulik hanteer sal word. 'n Skuilnaam sal gebruik word indien verwysing gemaak word na iets wat ek in die onderhoud gese het. Ek sal toegang hê tot die finale verslag.

Ek verstaan dat ek vrywillig deelneem aan die projek en dat ek ter enige tyd kan onttrek.

Ek het geleentheid gehad om vrae te vra en my vrae is na my bevrediging beantwoord.

Hiermee stem ek in/stem ek nie in nie om aan die projek deel te neem.

Naam: _____

Handtekening: _____

Datum: _____

Kontak nommer: tuis: _____ sel: _____

Appendix 6 Analysis audit example

Theme: A Lonely Path

Category	Subcategory	Data
Facing scepticism	Convincing professionals	<p>Dit was net vir my een swart tyd daai. Ek moes soveel moeite doen om te sê wag, hierso sê julle gaan my nou stuur na iemand, na 'n spesialis toe.</p> <p>Ek kon ook nie verstaan; wat my ook absoluut mal gedryf het is om vir 'n chirurg te vra en vir 'n fisioterapeut Mense, ek is 3 maande terug geskiet, my bietjie kennis sê vir my julle het been uit my heup uitgehaal ek het die x-strale gesien julle het 'n stukkie van die humerus vervang. Is daar 'n manier wat julle gaan bepaal of hy aangegroei het?</p> <p>Hulle het gesê, Meneer * , dit is ons lyn van besigheid, moenie vrae vra nie.</p> <p>Die lack om net na my te luister, ek meen hoe dwing jy 'n dokter om vir jou x-straal te vat.</p> <p>Hoekom moet jy gaan en vir 'n chirurg convince vat x-strale om te kyk of dit aangegroei het.</p> <p>As ek gesien het hoe mense vir my afspraak vir my gemaak en dan goed aan my gedoen wat ek vir hulle sê, hoor hierso dit is rêrig seer wat julle nou aan my doen.</p> <p>Ek gaan, ek sê, ek soek nou antwoorde.</p> <p>Hoe meer ek daarvoor gevra het, hoe meer is daar vir my gesê ek moet ophou verwaand wees, hy weet wat hy doen.</p> <p>Ek wil vir, as jy dan 'n psigiater is, al wat ek vra is, wat gaan dit kos om almal van julle te convince dat ek ek gaan deur pyn wat jy nie aan kan dink nie, vat die ekstrale.</p> <p>Maar, dis net as die steke in jou arm in is die steke word uitgehaal deur die dokter en hy gaan vir jou sê maar hoor hier so, dit het baie mooi herstel. In my geval was die beserings binne en buite. En na ontslag uit ICU uit, lyk my het sy verantwoordelikheid gestop.</p>
	Convincing family	<p>Maar is snaaks, hoe meer ek gesukkel het met die proses by die dokter en WCA, so meer het hulle gedink, maar hoor hier so, hy doen nie iets aan sy omstandighede nie.</p> <p>Dit was vir my 'n persoonlike battle om vir hulle te convince dat ek is besig met WCA.</p> <p>Dan sê hulle, dis onmoontlik. Dit kan nie wees nie. Toe begin die mense twyfel in die sin dat is ek by die huis omdat dit vir my gemaklik is?</p> <p>Mense begin na die tyd te vra wat is die bydrae wat jy kan lewer?</p> <p>Dit is moeilik vir hulle om my te glo. Sê vir hulle, maar kom in my kamer in dan wys ek vir julle waarmee baklei ek.</p>

Category	Subcategory	Data
Devalued	Unacknowledged	<p>Gewoonlik glad nie met my gepraat nie, of nie op kantoor nie of sal terugkom na jou toe, wat nooit gebeur het nie.</p> <p>Jy het hulle eintlik gepla deur vir hulle raad te vra.</p> <p>En dis skokkend om te sien, die dag voor jy geskiet het is jy hulle nommer een of twee die dag daarna is jy non existant. Dis rêrig so. Ek het by die Admin kon ek nie probeer om raad te kry nie, want wie is ek nou om vir hulle te pla, ek het hulle eintlik gepla.</p> <p>Jy is eintlik enige tyd vervangbaar.</p> <p>Ek het dit eerstehands ondervind, ek meen, die belangstelling vir jou na jy geskiet is, is of non-existent of baie minimaal.</p> <p>Volgende dag stap daar 'n persoon in my pos in. So maklik soos dit.</p> <p>Ek het net besef dit wys eintlik hoe onbelangrik jy is in die skakel alhoewel ek glo daar is maatskappye waar die mense darem sekerlik iets vir mekaar omgee.</p> <p>En dan kry hulle gou 'n replacement. Jy kan hoe hard werk, dit tel nie vir jou as daar iets met jou gebeur nie.</p> <p>Nie die werk of die hospitaal goedgevind om miskien die psigiater na my toe te stuur of te kom sit en gesels met my en te vra hoe ek hier binne voel nie.</p> <p>Hoekom is die mense so wreed teenoor my want wat het hulle om te verloor deur vir my die nodige papierwerk in te vul. Ek kos hulle niks nie. Die geld was recover alles. Dit is net dat na die skietery was dit totale houdingsverandering en jy moet maar op jou eie regkom.</p> <p>Ek het die paadjie so alleen gestap.</p> <p>Hulle het nie opgevolg soos 'n ander maatskappy om te hoor wat is jou geestestoestand nie of jy weet, ten minste bietjie laat jy belangrik voel. Daar was niks van dit nie.</p>
	Rights ignored	<p>Ek het die reg gehad as 'n pasiënt en slagoffer om vrae te vra. En dit was, hulle hulle moes vir my antwoorde verskaf. Hulle het nie.</p> <p>Ek is in elk geval by die chirurgie, by fisioterapie en by arbeidsterapie ontwykende antwoorde, ek is geblameer vir over reaction. My sieltoestand is so, ek is so negatief dat ek nou my dinge verbeel waar ek in my hart weet kyk hierso, ek weet ek verbeel my nie. Ek soek net simpele antwoorde op simpele vrae. En behandel my net regverdig.</p> <p>Nie die werk of die hospitaal goedgevind om miskien die psigiater na my toe te stuur of te kom sit en gesels met my en te vra hoe ek hier binne voel nie.</p> <p>En die manier van praat met my, die manier van verbande opsit, steke insit verwyder, fisio is amper ek was rêrig vir die mense 'n las. Hulle is onvriendelik gewees.</p> <p>Ek is geregtig op om net sulke goeie behandeling as 'n ou met ('n) goue kaart mediese kaart.</p> <p>Ek het net gevoel dat die die rower is soveel gelukkiger as ek in die sin, behalwe dat hy nou geld gesteel het, is dat ek dink amper hy meer regte as ek gehad.</p>

Category	Subcategory	Data
Falling apart	Feeling helpless	<p>Ag ag, daar was soveel dinge. Jy weet en 'n, die die lack of money so sal ek sê, hoor hierso, dit is, jy het jong kinders jy weet en jy verwag jy kon in daai tyd nou al so gespaar het of. Alles, alles was in plek gewees voor die skietery, totaal in plek, en alles het net uit mekaar uitgeval na dit.</p> <p>As ek sê ek voel spyt ek was geskiet dan oordryf ek dit nie want dit het soveel weggevat van alle aspekte van my lewe.</p> <p>Nee, die skietery en soos ek nou is het gemaak dat ek soveel opsies nie kan neem nie. En ek kan ou, glo vir my as ek jou sê, ek het nou al by plekke aansoek gedoen.</p> <p>Ek sit nie by die huis omdat ek by die huis wil sit nie. Ek was 'n gesonde ou wat gehardloop het die dag voor ek geskiet is. Die lys van wat ek verloor het is oneindig lank.</p> <p>Oral waar ek aansoek doen, nou ek kan vergeet van my ou werk. Of armed response.</p> <p>Ek sit met 'n situasie waar ek die minimum salaris kry vir 'n ou wat voel kyk hier ek is seker so vrek verlee dat ek maar te bly is om vir hom te werk. Ek sit met 'n situasie waar my behuising amper twee derdes van my salaris is. En ek en *seun kry rêrig swaar.</p>
	Unable to provide	<p>Iets wat ek nie ek kon dit nie hanteer nie en as ek wel iets gekry het, is ek nie in beheer daarvan nie.</p> <p>Maar, jy't die die onvermoë om vir die kinders te kan sê, ek kon nie beplan, geensins nie, en dit is met kinders op skool. Skoolfonds, die skool, dit het hulle nie gepla nie. Dit het my broer gevat om vir hulle te sê, maar hoor hierso mense, julle is ongevoelloos; want die man's geskiet, hy moes, hy moes. En nog steeds op 'n dag, toe word ek aangekla vir daai tyd se skoolfonds tot vandag toe. Maar, jy, is is baie seer vir 'n pa om te weet daar's 'n skoolfunksie aan die gang, my dogter het dit nodig.</p> <p>Rerig waar en, en en as die mense jou beginne verkwalik daaroor, mense buiten jou jou gesin, jou kinders. Dan dink jy self hier, maar kan die mense nie hulleself in my posisie plaas nie. Ek, ek kon nie vir die kinders sê, hoor hierso ek gaan geld kry die maand nie, ek kon dit nooit sê nie.</p> <p>Dit was bitter. Jy weet, dit is my, dit is my plig om vir hulle goed te koop soos toiletries, en hier praat ek van normale toiletries.</p> <p>En ek kon nie. En, ek het die uh, as enkel ouer is dit nie vir my 'n problem om om so deur die lewe te gaan nie, maar as die enigste enkel ouer is wat daar is, kan jy nie sorg vir hulle nie.</p> <p>Om nie te kon voorsien in daai tyd nie, was vir my erger as die skietery,</p> <p>Rerig, dit was bitter bitter bitter. En ek dink hulle het, jy kan sien die kinders het twee en 'n half jaar, as jy mooi vat van die skietery tot nou.</p> <p>Is 'n twee en 'n half jaar tydperk amper wat, hulle gewoon is aan 'n pa wat nie kon voorsien nie. Ek kon nie vir my iets kleins koop nie. Jy kon nie as gesin uitgaan nie, jy kon nie.</p>

Appendix 7 Audit Trail

