

Trust & Belief:

Critical Elements in Recovery from Injuries and Disability

“What is essential is invisible to the eye.”

In Antoine de St. Exupéry’s classic story, the Little Prince learns a powerful lesson from a wise fox, who shares a secret with his young friend: “One sees clearly only with the heart... You become responsible for what you have tamed.”¹ The same may be true with injured workers. When it comes to recovering from a disabling illness or injury, we may need to look beyond the visible—injury type and injury severity—and examine relationships.

Trust is key

In a recent series of reports, the Workers Compensation Research Institute (WCRI) sought to identify outcome predictors from workers’ compensation injuries. In addition to the predictable factors of injury type and severity, another strong predictive factor emerged from the statistical analysis: Low trust in the work relationship.² WCRI surveyed workers across eight states. Those who agreed with the statement, “I was concerned that I would be fired or laid off,” were twice as likely to have remained off the job at the time of the survey. Not trusting your employer turns out to be a significant predictor of not returning to work.

These findings raise challenging questions. What is it about the employee-employer relationship that makes trust such a critical variable? How does trust translate into recovery and return-to-work (RTW)? And—most important—what can employers do to earn employees’ trust?

Trust in business

In the 1950s, one of the most influential books on business culture was *The Organization Man*.³ It identified employees’ commitment and loyalty to the organization as the key value in the relationship. Faced with employers “exporting” jobs overseas, cutting back on health care coverage, and protesting proposed increases to the minimum wage, today’s employees still long for that commitment. Recent management books continue to emphasize the concept that employees respond much more to trust than they do to money. In a recent survey asking employees what causes them to

become engaged in their work, the top two answers still echoed those of the 1950s: Respect and Trust.⁴

After all, trust is a pillar that sustains all social relationships. We trust that the driver of the car in the oncoming direction will stay in his or her lane. We trust that our payroll deductions are being credited correctly to our account. We trust that the cables on the elevator we’re riding were inspected recently and are in good order. As Jim Porcarelli, executive vice president of Active International, put it in a recent blog post, “Relationships fostered by trust trump everything else.”⁵

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Trust in workers’ compensation

In the area of workers’ compensation, trusting that the employer is doing right by the employee requires extending trust to those involved in looking after the ill or injured employee. These include:

- Insurance company
- Third-party administrator (TPA)
- Doctor(s) and other treating providers
- Case management nurses

That’s a lot of trust. If the initial pillar of trust in the employer is shaky, it could involve a lot of mistrust.

Trust between the injured employee and the various treating providers is essential to dealing successfully with an injury. The patient who does not trust the provider is likely to drag his or her heels with the program, with obvious consequences. When a patient sees a doctor whom the patient hasn’t seen before, which may happen in workers’ compensation cases in some jurisdictions, trust cannot simply be assumed. Dr. Helge Skirbekk and colleagues from the University of Oslo’s Faculty of Medicine, Norway, found that

patients are willing to trust medical doctors—but only so far. The researchers called this distance, “the mandate of trust.” They noted that, “A mandate of trust limited to specific complaints was adequate for many medical procedures, but more open mandates of trust seemed necessary...for patients with more complex and diffuse illnesses.”⁶ It seems that for more complicated procedures, the doctor has to earn additional trust from the patient. He or she can do this by showing genuine interest and sensitivity and allowing time to address the patient’s concerns.

Each year, the Gallup Organization polls Americans on the professions they trust the most. Although doctors consistently rank high in these ratings of honesty and ethics, in the latest survey they came in fourth—behind nurses, pharmacists, and grade school teachers⁷—an indication that they can’t take their patients’ trust for granted.

Trust and belief

As an old Russian proverb, which Ronald Reagan borrowed in regard to nuclear disarmament, advises,

“Trust, but Verify.” Trust must be earned. What messages are employers sending that employees can verify in order to believe that the employer will do right by them when the chips are down?

Trust is intimately related to belief. If the employee does not trust the employer, it means that the employee disbelieves the information that comes from the Human Resources department, the adjustor and quite possibly the doctor(s). This lack of belief is based on a gut feeling that the source of the information is either lying or incompetent.

Researchers in the field of psychology have written volumes on the impact of belief on symptoms. Most people are familiar with the placebo effect; when patients receive sugar pills, symptoms (of whatever kind) typically improve by about 30 percent. This phenomenon occurs because believing that something will work usually helps it to do so. The opposite is also true. Unconscious factors can create or aggravate medical symptoms. This is not the same as malingering, or faking symptoms.⁸ In fact, a number

Honesty/Ethics in Professions

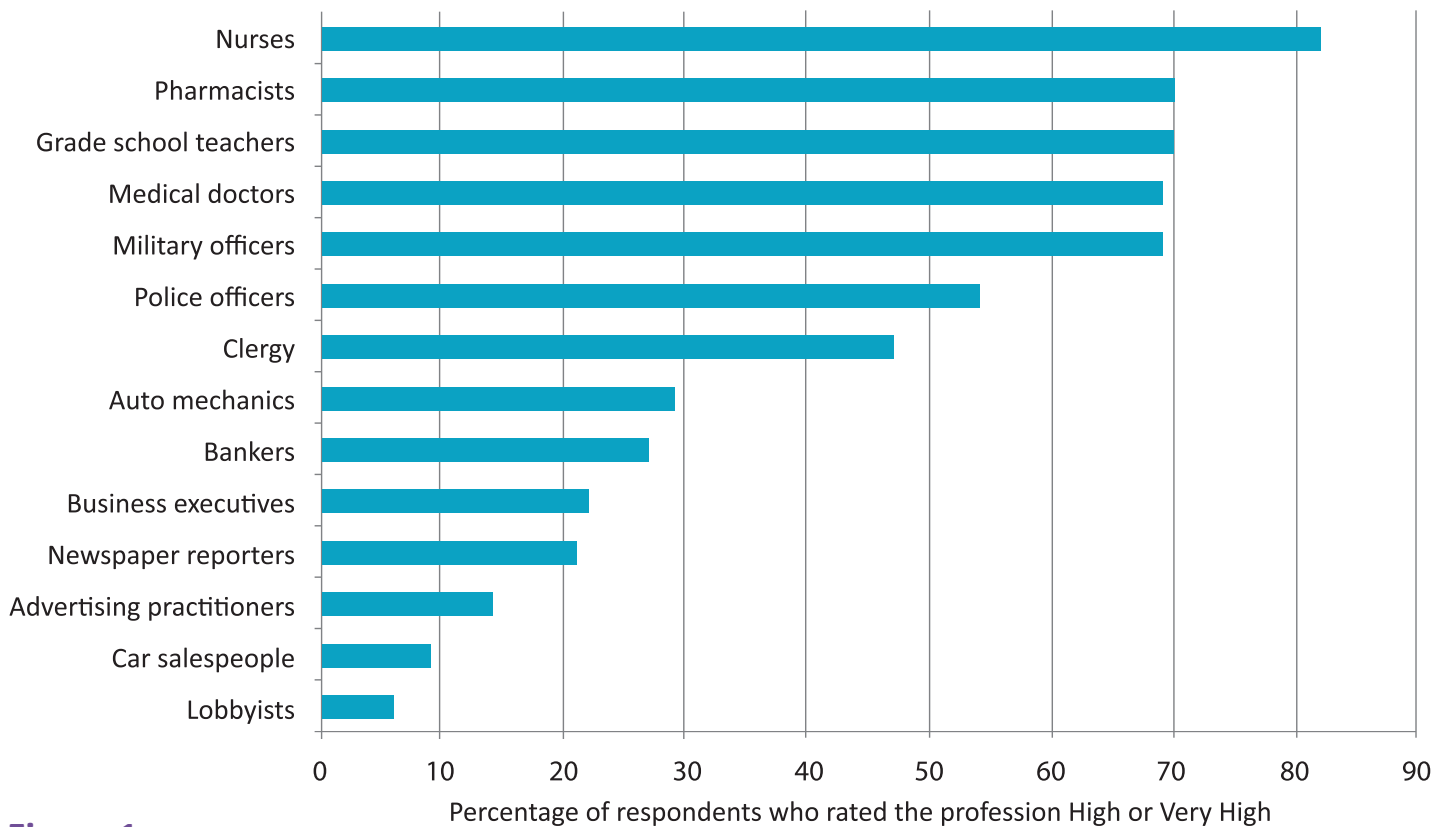


Figure 1.

Gallup® Survey of Honesty and Ethics in Professions. The Gallup Organization asked respondents to answer the question, “Please tell me how you would rate the honesty and ethical standards of people in these different fields—very high, high, average, low or very low.” The chart shows the percentage of respondents who rated the honesty and ethical standards of each profession High or Very High. Source: Gallup. Honesty/Ethics in Professions, Dec. 5–8, 2013.⁷

of psychological conditions are based on the idea that patients' conscious and unconscious beliefs can worsen or even cause medical issues. These conditions are in the realm of psychosomatic medicine, or psychosomatics, which lies at the intersection of psychology and medicine, of mind and body.

Trust and perception

When it comes to workers comp- and disability-related symptoms, patients' understanding or misunderstanding of their conditions can impact cooperation with treatment and, ultimately, return-to-work.^{9, 10} In general, patients' expectations about whether they will be able to manage returning to work seem to affect both time away from work and disability costs, even when studies have controlled for other variables.¹¹

After reviewing 101 studies on the impact of patients' perceptions of their medical conditions, Drs. Margeet Scharloo and Adrian Kaplan, of the University of Leiden in the Netherlands, concluded that patients' perceptions of 1) the extent of their control over their symptoms, and 2) the impact of their condition, significantly influenced:

- Medical outcomes (e.g., pain severity)
- Psychological outcomes (e.g., depression, life satisfaction)
- Behavioral outcomes (e.g., working time, levels of impairment, activity levels)¹²

The authors found that, in some cases, the perceptions accounted for more of the variance in pain and disability levels than did the physical/medical variables such as degenerative changes on X-rays, number of surgeries, etc.

In a different review, focused specifically on low back pain, Professor Chris Main and colleagues from the University of Manchester in the United Kingdom, observed that employees' reactions to—and perceptions of—the psychosocial aspects of work may be more important than the realities of job demands, job control, technology issues, etc.¹³ In their review, the authors identified a number of clinical perceptions predicting poor return-to-work and disability outcomes. These included patients' beliefs about pain and injury as well as preoccupation with somatic symptoms.



This all means that, when an injury occurs, the employee's level (or lack) of trust in the employer extends to the system that the employer uses to treat the employee's injuries. Trust requires belief, which in turn can impact perception of disability, cooperation with treatment and, ultimately, outcomes.

Trust and truth

Unfortunately, the choice to ignore objective evidence in favor of a gut feeling is not limited to employees with workers' comp injuries or disabilities. It seems to be a part of the human condition, and it affects all society. In a recent *New York Times* article, Brendan Nyhan, Ph.D., a political scientist and media critic and assistant professor at Dartmouth College, looked at whether those who disbelieve in evolution or climate change are simply ignorant of the science. From the available data, he concluded that most of these people are not ignorant at all. They simply choose not to believe the evidence. "...They aren't willing to endorse the consensus when it contradicts their political or religious views."¹⁴ Topical issues aside, if you don't believe the source, you won't believe the evidence, no matter how many experiments, supporting footnotes or other experts back it up.¹⁵

The problem of people choosing to believe regardless of evidence is captured in comedian Stephen Colbert's concept of "truthiness," which now rates a *Merriam-Webster* definition:

Truthiness (noun) 1. "truth that comes from the gut, not books" 2. "the quality of preferring concepts or facts one wishes to be true, rather than concepts or facts known to be true"¹⁶

Trust and credibility

How can employers replace “truthiness” with truth? How can they establish trust among workers who distrust their (and insurers’ and doctors’) good intentions? It’s not enough just to shout louder or send more emails reminding injured employees that the employer wants them back. Employers and other stakeholders must earn employees’ trust.

Earning that trust requires the support of a trustworthy source. In the world of workers’ comp, if the employer doesn’t have credibility with the injured employee, the insurance adjuster doesn’t either. The doctor might have credibility—unless the injured employee perceives him or her as an “insurance doctor.” Doctors can earn the individual’s trust, but to do so, they need to spend quality time with the patient.⁶ Unfortunately, time is the one thing that doctors have in shortest supply.

One role does have credibility. In survey after survey over many years, the Gallup organization has consistently found that the professionals whom the public at large trusts most, bar none, are nurses.

Case management nurses are at the hub of a workers’ compensation case. Typically, they know the doctors and other treating providers. They know the employer. They know the patient’s medical file, and they often know the patient’s family and the non-medical factors that could affect progress. Nurses have clinical knowledge, case-specific knowledge and credibility. Increasingly, their professional knowledge encompasses not only the medical, but also behavioral factors that can help bring about change.

At Coventry, all nurse case managers receive training in cognitive behavior therapy (CBT) concepts and strategies. They also are trained in Coventry’s proprietary LASER program, which uses active listening and CBT techniques to overcome injured employees’ non-medical, psychosocial barriers to RTW. This approach has resulted in a 14-percent improvement in our case managers’ RTW statistics, demonstrating how nurses’ high levels of credibility and skills can be leveraged to enhance the mandate of trust and bring about desirable RTW change.

Employers earning trust

In addition to calling on trustworthy doctors and nurses, employers can do a lot on their own to earn trust—particularly if they are proactive. Employers must mean what they say and give employees an opportunity to verify that they can, in fact, trust the employer. Here are some actions that employers might consider:

- **Communicate RTW expectations early and often.** If you have a formal RTW program, publicize it throughout the organization, so that everyone knows what to expect in case of an injury. If you don’t have a formal RTW program, at least make sure to have policies and procedures in place that outline both your commitments and your expectations regarding injured employees who are receiving workers’ compensation. Circulate the document widely.
- **Demonstrate your commitment to taking your employees back.** Make visible efforts to provide part-time and modified duties so injured employees can return to the workforce at the earliest opportunity. If the nature of your business is such that part-time or modified duties are not feasible, consider an offsite transitional duty program that places employees with a non-profit until they can come back to full duty.
- **Advertise your commitment to a safe workplace.** Take proactive steps such as ergonomic workstation evaluations.
- **Communicate with your injured employees while they are off work.** Remember that they are your people, not the insurer’s or the TPA’s. Send them a get-well card, invite them to company functions, call them to see how they are doing. Make them feel that they are still valued members of the organization even while they are away.

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Summary

Perhaps we should not be surprised that low trust in the work relationship is such a strong negative predictor of return-to-work. Trust in the employer extends to trust in the employer's agents. That field can become quite large after an injury, sometimes stretching the "mandate of trust" beyond the breaking point.

Trust implies a risk that the trust could be broken. Therefore, trust requires belief. Beliefs and expectations play a significant role in the injured employee's perceptions of symptoms and cooperation with treatment, consequently affecting outcomes.

Fortunately, judicious use of high-credibility sources, such as doctors and nurses, can set the trust meter in the right direction. Employers can also demonstrate their trustworthiness proactively through both words and actions, emphasizing their commitments and expectations regarding injured employees who are receiving workers' compensation. Success won't happen overnight, but it is possible to restore trust to the employer/employee relationship.

For more information on how to build trust and improve outcomes, contact Coventry.

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