

How Do Observers Understand Work-related Injuries?

J.A. Skelton, Emily Barrell, and Genielle Burrows
Dickinson College

People's understanding of illness is shaped by their mental models of the causes and consequences of health threats, and of the type of person who may experience such threats. For example, people are more likely to discount illness complaints they think have resulted from psychosocial distress (Baumann, Cameron, Zimmerman, & Leventhal, 1989; Skelton, 1995). They also are more likely to interpret disease symptoms as serious when these are reported by men rather than by women (Martin & Lemos, 2002). We seek to extend this representational approach to work-related injuries, specifically, the musculoskeletal aches and pains of persons whose work requires repeated hand and arm movements. Such cumulative trauma disorders (CTDs) have been reported by workers in industries ranging from meat processing to telecommunications (Moon & Sauter, 1996). The response to these reports has included research to identify biomechanical stresses contributing to injury and psychological characteristics of affected individuals, and legislation mandating attention to the ergonomics of repetitive tasks such as meat cutting and keyboarding.

The question we address here is, Do the same factors causing people to discount illness claims also apply to work injuries? An earlier study addressing this question showed that men who read a *Time* magazine-like story emphasizing psychosocial correlates of CTDs came to view the female office worker (a directory assistance telephone operator) described in the story as less credible and her injury as more psychologically-caused than did women, and that "psychological" attributions mediated the worker's perceived credibility.

In the experiment reported here, two hundred ninety-eight undergraduates (155 F, 143 M) participated in a 2 (Subject gender) x 2 (Worker gender) x 3 (Story version) design. In typical

newsmagazine fashion, all stories began by describing a (fictitious) office worker, her/his job as an operator on a technical support helpline, and the worker's increasing bouts with tendonitis. One version simply described the prevalence of CTDs among such operators. Another focused on working conditions that have been found to correlate with the occurrence of CTDs in this industry. The third version shifted focus from working conditions to workers' psychological response to those conditions. Following the story were 10 rating items, described below.

Worker gender and subject gender had consistent effects on ratings. When the worker was male, subjects rated the tendonitis as more psychologically caused and more stress-related, attributed more ulterior motives to the worker for complaining of symptoms, and indicated they felt less convinced he had a health problem than if the worker was female (d s range from .18 to .26). Male subjects made more "psychological" and "ulterior motive" attributions than women, were less convinced the worker had a health problem, were more likely to blame the worker and less likely to blame working conditions for tendonitis (d s range from .23 to .48).

Participants were more likely to believe the worker's tendonitis complaint was caused by stress and reflected ulterior motives when the story described work conditions or workers' reactions to their environment than when it merely provided prevalence information (d s = .35 and .28, respectively). A story that described work conditions was also more likely to attract psychological attributions than the other two versions (d = .25).

These results replicate earlier findings showing that male respondents seem less sympathetic than females to complaints about work injuries (Skelton, 1996). They provide an interesting extension by demonstrating that injured working men elicit less sympathetic and more skeptical responses than do working women, from both female and male respondents; this contrasts with research on gender-based discounting of disease symptoms, which is more likely

for complaints by women. Have we discovered a distinction between representations of disease versus injury? Are these, instead, unique reactions to the occupational category used in our research program? Is the sedentary occupation described in our stories somehow implicated in males' relative lack of sympathy, and for the general lack of sympathy toward injured men in this occupational category? We hope to find out in our next study.

References

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