

Ethnic Differences in Satisfaction with Workers' Compensation Relationships

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Research has demonstrated vocational rehabilitation service disparities based on ethnicity, or race. Research conducted investigating health care disparities has identified relationship dynamics as a possible contributory factor. This study explored the differences in levels of satisfaction with Workers' Compensation parties between Caucasian and non-Caucasian claimants. Survey data collected the claimants' self-reported ethnicities, as well as their present levels of satisfaction with their employers at the time of injury, their Workers' Compensation insurance carriers, and if retained, their Workers' Compensation attorneys. Non-Caucasian claimants reported significantly less satisfaction with their Workers' Compensation attorney. No significant differences were found for the other two relationships. This discrepancy may contribute to the discrepancies noted in vocational rehabilitation systems. Implications for future research are included.

Introduction

There is a body of literature that has suggested disparities within the vocational rehabilitation process (Capella, 2002; Chibnall, Tait, Andresen, & Hadler, 2005; Dziekan & Okocha, 1993; Feist-Price, 1995; Kim-Rupnow, Park, & Starbuck, 2005; LeBlanc & Smart, 2007; Tait, Chibnall, Andresen, & Hadler, 2004; Wilson, 2005; Wilson, 2004; Wilson, 2002; Wilson, 2000). A key variable that has been examined regarding differences in rehabilitation outcomes is ethnicity, or race. Several studies have argued that ethnicity impacts vocational rehabilitation service delivery, including higher levels of rejection for services (Capella; Chibnall, Tait, Andresen, & Hadler; Dziekan & Okocha; LeBlanc & Smart; Tait, Chibnall, Andresen, & Hadler; Wilson). Another example is the way services are provided, as African Americans are more likely to receive vocational rehabilitation services that cost less, such as adjustment training and transportation services (Chibnall, Tait, Andresen, & Hadler). This is in contrast to services more commonly received by non-minority consumers, which may include physical restoration services and educational assistance.

It is no surprise then to see disparities within disability compensatory systems, including Workers' Compensation. Although the body of literature for Work-

ers' Compensation rehabilitation discrepancies is small, the existing literature reports that minority claimants have at times experienced different versions of the benefits typically provided during an occupational injury claim (Chibnall, Tait, Andresen, & Hadler). These benefit discrepancies include not only medical and wage loss, but vocational rehabilitation services. Minority claimants have also in effect experienced poorer vocational outcomes (Capella, 2002; Chibnall, Tait, Andresen, & Hadler; LeBlanc & Smart, 2007; Wilson, 2002; Wilson, 2000). Examples of less than favorable outcomes that have been analyzed to a factor based on ethnicity include greater reports of persistent pain, psychological problems, and financial difficulty compared to non-minority claimants (Chibnall, Tait, Andresen, & Hadler).

The role of professional relationships within the vocational rehabilitation process has also been examined (Al-Darmaki & Kivlighan, 1993; Betters & Shaw, 2006; Chan & Shaw, 1997; Koch, 2001). Most of the literature targets unmet expectations as the contributing factor for poor professional relationships, as the consumer does not receive what they expected out of vocational rehabilitation services. This may lead to overall dissatisfaction with the process. Although some of the studies conducted looked at ethnicity, there has not been a definitive examination of satis-

faction based on ethnicity for individuals within the Workers' Compensation system.

The purpose of this study was to examine the levels of satisfaction reported by Workers' Compensation claimants to see if any differences existed based on ethnicity or race. It was hypothesized that given the existence of ethnic-based discrepancies, negative reported levels of satisfaction would be reflected for minority claimants.

Methodology

This analysis utilized archival data from a previous study. The following methodology describes how the prior study was conducted.

A convenience sample was obtained from each of the two Bureau of Rehabilitation and Reemployment Services offices located in two North Florida cities, which differed in population and industry types. The research participants included injured workers entering the State of Florida Workers' Compensation system, the Bureau of Rehabilitation and Reemployment Services. Participants included both male and female claimants, and included a representative mix of ethnic backgrounds for Northeast Florida.

Participants were recruited at the Bureau's initial orientation attendance and assured of anonymity. For their voluntary participation, each individual was compensated ten dollars for their time.

All participants completed the Betters Injured Worker Inventory (BIWI), a ten-question survey that was developed to measure select demographic and forensic variables within the Workers' Compensation claimant population. The specific items considered for this follow-up analysis included four questions:

1. Which of the following represents your ethnicity?
 - A) Caucasian
 - B) African American
 - C) Hispanic/Latino
 - D) Asian American
 - E) Other
2. Which of the following represents your level of satisfaction with your former employer since your injury?
 - A) Very Low
 - B) Low
 - C) Neutral
 - D) High
 - E) Very High
3. Which of the following represents your level of satisfaction with your Workers' Compensation Insurance Carrier since your injury?

- A) Very Low
- B) Low
- C) Neutral
- D) High
- E) Very High

4. Which of the following represents your level of satisfaction with your Workers' Compensation or Personal Injury Attorney since your injury?
 - A) No Attorney Retained
 - B) Very Low
 - C) Low
 - D) Neutral
 - E) High
 - F) Very High

During its creation and utilization in a pilot study, the BIWI underwent expert review by eight individuals, including two academicians in research methodology and six vocational rehabilitation professionals working in Workers' Compensation rehabilitation.

In order to determine an adequate sample size, a power analysis was conducted using G*POWER, a power calculator software program. G*POWER has been determined to be statistically precise for providing a priori power analyses (Erdfelder, Faul, & Butchner, 1996; Thomas & Krebs, 1997). According to a power analysis with $\alpha = .05$, power = .80, and a desired medium effect size of $f^2 = .15$, an $n = 118$ was an appropriate target sample size for the use of the BIWI, as the power analysis was based on all ten variables examined during the initial study.

Results

Descriptive statistics were conducted for all of the variables. The following data is reported as the mean $\pm$ the standard deviation. A total of 111 participants volunteered. The mean age for the sample was 41.32 ± 8.60 years. The range was 19 to 62 years, although nearly half (48.6%) of the individuals were between the ages of 40-49. Seventy-two of the participants were male, representing 64.9% of the research sample.

Although ethnicity was measured with multiple options, the data was collapsed into two dichotomous variables. This was due to an overwhelming discrepancy in the number of participants per ethnicity. Prior to the collapse, the participants included 72 Caucasians (64.9%), 29 African Americans (26.1%), 3 Hispanics (2.7%), 1 Asian American (.9%), and 6 individuals who indicated Other (5.4%). Once collapsed into Caucasian and Non-Caucasian categories, 64.9% were Caucasian and 35.1% were Non-Caucasian.

The participants' levels of satisfaction with their former employers indicated that 51 participants (45.9%) reported very low satisfaction since their injury. Thirty-eight reported low satisfaction (34.2%), 20 reported neutral satisfaction (18%), and 2 reported very high satisfaction (1.8%). No participants reported high satisfaction.

Forty-four participants reported very low satisfaction (39.6%) with their Workers' Compensation insurance carriers since their injury. Forty reported low satisfaction (36%), 21 reported neutral satisfaction (18.9%), 5 reported high satisfaction (4.5%), and 1 reported very high satisfaction (.9%).

Regarding Workers' Compensation attorney retention, 93 participants had retained an attorney, representing 83.8% of the research sample. Of the 93 that had attorney representation, 35 participants (31.5%) reported a neutral level of satisfaction with their attorney. Twenty-four reported high satisfaction (21.6%), 23 reported low satisfaction (20.7%), 7 reported very high satisfaction (6.3%), and 4 reported very low satisfaction (3.6%). Table 1 presents the level of satisfaction percentages by ethnicity.

A one-way MANOVA was conducted to determine the effect of the participants' ethnicity on the three dependent variables of levels of satisfaction with their former employer, their Workers' Compensation insurance carrier, and, if one was retained, their Workers' Compensation attorney. MANOVA results indicate that participant ethnicity (Wilks' $\Lambda = .939$, $p = .129$) did not significantly affect the combined dependent

variables. Univariate ANOVA was conducted as a follow up test. The ANOVA results indicated that levels of satisfaction with attorney significantly differs for participant ethnicity ($p < .05$). Both satisfaction with former employers ($p = .15$) and insurance carriers ($p = .84$) do not significantly differ for participant ethnicity. Table 2 presents the MANOVA and univariate ANOVA results.

Discussion

Non-Caucasian claimants significantly reported higher levels of negative satisfaction with their retained attorneys. This may be one of several issues promoting disparities within the Workers' Compensation vocational rehabilitation process, influencing service delivery and vocational outcome.

A small body of literature has examined the impact of attorney retention during a disability claim, specifically in conjunction with noted negative trends (Betters & Shaw, in press; Blackwell, Leierer, Haupt, & Kampitsis, 2003; Chibnall, Tait, Andresen, & Hadler, 2005; Gilbert, 2005; Tait, Chibnall, Andresen, & Hadler, 2004). Individuals who have retained attorneys during Workers' Compensation claims have reported greater physical and psychological disability (Betters & Shaw; Blackwell, Leierer, Haupt, & Kampitsis; Chibnall, Tait, Andresen, & Hadler). These individuals have also reported greater financial burden, which is counterintuitive since most individuals typically seek representation to obtain Workers'

Table 1. Percentages for Levels of Satisfaction by Participant Ethnicity

	<u>Caucasian</u>	<u>Non-Caucasian</u>
Satisfaction With Employer		
Positive*	2.8	0.0
Neutral	20.9	12.8
Negative**	76.3	87.2
Satisfaction With Carrier		
Positive*	4.2	7.7
Neutral	20.8	15.4
Negative**	75.0	66.9
Satisfaction With Attorney		
Positive*	37.3	26.5
Neutral	42.4	29.4
Negative**	20.3	44.1*

Note: "Positive" includes both High and Very High satisfaction levels. ** "Negative" includes both Low and Very Low satisfaction levels.

Table 2. MANOVA and ANOVA Results of Satisfaction Levels Based on Ethnicity

MANOVA	Value	F	Significance
Wilks' Lambda	.939	1.941	.129
ANOVA		F	Significance
Attorney Satisfaction		4.470	.037

Note: *Satisfaction levels for employers and carriers were not significant.

Compensation benefits, including lost wages, medical care, and vocational rehabilitation (Chibnall, Tait, Andresen, & Hadler). It is unknown if all of these factors are magnified for a minority claimant who has retained a Workers' Compensation attorney.

There are two predominant theories in the healthcare disparity literature. These two concepts include minority distrust in the healthcare system (Cooper-Patrick, Gallo, Gonzales, Vu, Powe, Nelson, & Ford, 1999; Mayberry, Mili, & Ofili, 2000; Van Ryn, 2002), and overall communication barriers as a result of cultural considerations (Chibnall, Tait, Andresen, & Hadler, 2005; Feist-Price, 1995; LaVeist, Nickerson, & Bowie, 2000; Wilson, 2000). Although the following literature depicts the patient-provider relationship, it is conceivable that the same principles could apply to the client-attorney relationship.

Regarding the concept of mistrust, research has demonstrated a mutual mistrust between both minority patients and healthcare providers (Cooper-Patrick, Gallo, Gonzales, Vu, Powe, Nelson, & Ford, 1999; Van Ryn, 2002). The degree of mistrust also seems to be intensified when there are pain complaints and potential compensation involved (Mayberry, Mili, & Ofili, 2000). Although Workers' Compensation attorneys are involved with pain-invoking compensation claims on a daily basis, attorneys may directly or indirectly communicate a heightened level of mistrust in a minority claimant. Minority claimants, on the other hand, may also demonstrate greater levels of mistrust in their attorneys, which may be directly correlated with greater levels of dissatisfaction.

In regards to communication issues as a result of cultural differences, this theory would stipulate that the patient and provider are, in fact, culturally different. Research has provided the notion of cultural blindness, which occurs when an individual simply lacks the necessary information regarding another's culture (Van Servellen, 1997). In essence, the individual is "blind" to their cultural incompetence, and may even believe they are culturally sensitive. This is especially true when the individual claims that culture is irrelevant. It may be possible that attorneys that differ culturally from minority claimants may be unintention-

ally biased in their service delivery, which may explain reports of dissatisfaction.

It is important to mention the limitations of this analysis. First, the sample size is limited, and therefore the results may be influenced. The sample only included individuals within the Florida Workers' Compensation system, and therefore caution would need to be exercised in generalizing the findings to Workers' Compensation systems in other states. There was no data collected for the attorney's ethnicity, and therefore that variable could not be included in the analysis. All of the data was self-reported, which always maintains an inherent amount of random error.

Future research should be conducted to examine the specific reasons for negative satisfaction with attorneys for minority claimants. It would be interesting to examine if an attorney's ethnicity influences, either positively or negatively, a minority claimant's level of satisfaction. It would be presumable that if negative satisfaction is reported by minority claimants with minority attorneys, attitudinal and communicative barriers would be less likely. A qualitative component would also increase the likelihood of determining any specific reasons. It would be of great value to acquire why a certain level of satisfaction, where it be positive or negative, was reported. By identifying and alleviating minority claimant's concerns with their attorneys, minority claimants may experience more favorable vocational rehabilitation processes and more successful return to work outcomes.

References

- Betters, C. J., & Shaw, L. R. (in press). Establishing predictor variables for unmet psychological need in the Florida workers' compensation system. *Work*.
- Betters, C. J., & Shaw, L. R. (2006). Working alliance and workers' compensation: Implications of the working alliance model for rehabilitation counselors in the workers' compensation system. *Rehab Pro*, 14, 33-37.
- Blackwell, T. L., Leierer, S. J., Haupt, S., & Kampitsis, A. (2003). Predictors of vocational re-

- habilitation return-to-work outcomes in workers' compensation. *Rehabilitation Counseling Bulletin*, 46, 108-114.
- Capella, M. (2002). Inequities in the VR system: Do they still exist? *Rehabilitation Counseling Bulletin*, 45, 145-153.
- Chan, F., & Shaw, L. R. (1997). A model for enhancing rehabilitation counselor-consumer working relationships. *Rehabilitation Counseling Bulletin*, 41, 122-138.
- Chibnall, J. T., Tait, R. C., Andresen, E. M., & Hadler, N. M. (2005). Race and socioeconomic differences in post-settlement outcomes for African American and Caucasian workers' compensation claimants with low back injuries. *Pain*, 114, 462-472.
- Cooper-Patrick, L., Gallo, J. J., Gonzales, J. J., Vu, H. T., Powe, N. R., Nelson, C., & Ford, D. E. (1999). Race, gender, and partnership in the patient-physician relationship. *JAMA*, 282, 583-589.
- Dziekian, K., & Okocha, A. (1993). Accessibility of rehabilitation services: Comparison by racial-ethnic status. *Rehabilitation Counseling Bulletin*, 36, 183-189.
- Erdfelder, E., Faul, F., & Buchner, A. (1996). GPOWER: A general power analysis program. *Behavior Research Methods, Instruments, and Computers*, 28, 1-11.
- Feist-Price, S. (1995). African Americans with disabilities and equity in vocational rehabilitation services: One state's review. *Rehabilitation Counseling Bulletin*, 39, 119-129.
- Gilbert, P. (2005). Evolution and depression: Issues and implications. *Psychological Medicine*, 35, 1-11.
- Kim-Rupnow, W., Park, H., & Starbuck, D. (2005). Status overview of vocational rehabilitation services for Asian Americans and Pacific Islanders with disabilities. *Journal of Vocational Rehabilitation*, 23, 21-32.
- Koch, L. C. (2001). The preferences and anticipations of people referred for vocational rehabilitation. *Rehabilitation Counseling Bulletin*, 44, 76-86.
- LaVeist, T. A., Nickerson, K. J., & Bowie, J. V. (2000). Attitudes about racism, medical mistrust, and satisfaction with care among African American and white cardiac patients. *Medical Care Research and Review*, 57, 146-161.
- LeBlanc, S., & Smart, J. F. (2007). Outcome discrepancies among racially/ethnically diverse consumers of vocational rehabilitation services: Summary and critique of the literature. *Journal of Applied Rehabilitation Counseling*, 38, 3-11.
- Mayberry, R. M., Mili, F., & Ofili, E. (2000). Racial and ethnic differences in access to medical care. *Medical Care Research and Review*, 57, 108-145.
- Tait, R. C., Chibnall, J. T., Andresen, E. M., & Hadler, N. M. (2004). Management of occupational back injuries: Differences among African Americans and Caucasians. *Pain*, 112, 389-396.
- Thomas, L., & Krebs, C. J. (1997). A review of the statistical power analysis software. *Bulletin of the Ecological Society of America*, 78, 126-139.
- Van Ryn, M. (2002). Research on the provider contribution to race/ethnicity disparities in medical care. *Medical Care Research and Review*, 40, 140-151.
- Van Servellen, G. (1997). *Communication skills for the health care professional: Concepts and techniques*. Gaithersburg, MD: Aspen Publishing.
- Wilson, K. (2005). Vocational rehabilitation statuses in the United States: Generalizing to the Hispanic/Latino ethnicity. *Journal of Applied Rehabilitation Counseling*, 40, 116-134.
- Wilson, K. (2004). Vocational rehabilitation acceptance in the USA: Controlling for education, type of major disability, severity of disability, and socioeconomic status. *Disability and Rehabilitation*, 26, 145-156.
- Wilson, K. (2002). Exploration of VR acceptance and eligibility: A national investigation. *Rehabilitation Counseling Bulletin*, 45, 168-176.
- Wilson, K. (2000). Predicting vocational rehabilitation acceptance based on race, education, work status, and source of support at application. *Rehabilitation Counseling Bulletin*, 43, 97-105.

Biography

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