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Identifying the Negative Social Environment as a Result of Having Carpal Tunnel Syndrome in the Workplace

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Abstract: Research for this study was aimed at learning how the effects of being socially ostracized at work by co-workers for having Carpal Tunnel Syndrome (CTS) affected an employee with CTS ability to complete an employer-sponsored Return to Work (RTW) program. Through the use of semi-structured interviews, open-ended interviews, and observations, 12 employees with CTS in three separate companies described the influence and impact their co-workers bullying efforts had physically, socially, psychologically and psychosomatically in their workday and brought individuality to the effects CTS has socially in the workplace. When seen through an interpretivist lens, the stories and recollections from the 12 participants in this study brought an undiscovered insight and individuality to the effects CTS has socially in the workplace.

Keywords: bullying, carpal tunnel syndrome, cyberpsychological, hierarchal bullying, psychosomatic, repetitive stress injury, return to work, sociological, workers compensation

1. Introduction

In the 1900's Return to Work (RTW) programs entered the United States as a way of re integrating injured employees back into the workplace. While previous studies have made the argument that RTW programs have increased an employees' self-confidence for doing their jobs (Schuhl & McMahon, 2006), past research has also shown that injuries, such as Carpal Tunnel Syndrome can also have strong psychological, sociological, and psychosomatic effects, and implications, which need to be addressed (Schuhl & McMahon, 2006; Opsteegh et al., 2009) and taken into account when creating RTW programs for employees with Carpal Tunnel Syndrome otherwise their effects can be "potential determinants" (2009, p. 253) which have been shown to impede the employee with Carpal Tunnel Syndrome progress within the RTW program.

Personal feelings were evident in research, which showed that Carpal Tunnel Syndrome places stress the employee inflicted with it. Employee stress involves the employee's balancing a combination of multiple fears while trying to regain a semblance of their former life back (Dale et al., 2003). Multiple fears for the employee occur in a cycle, which starts and ends with the fear of job loss and also includes job satisfaction and future employment opportunities. Encompassed in the employee's fear circle is the impact that the job loss, loss of job satisfaction, and future employment opportunities will have on their private life (Dale et al., 2003).

Studies have also shown that employees who felt pressured into returning to work have sabotaged their employer's efforts in RTW programs in what is known as "worker comp return-to-work drama" (Butler, 2002, para. 6). According to Butler (2002), this is a direct "psychological impact" para. 17) imposed by CTS, because employees feel helpless against their injury. Employees are afraid to return to work, because they are afraid that their injury will return, and that their careers will end (Pransky, Benjamin, Hill-Fotouhi, Fletcher, & Himmelstein, 2002). The employees now associate their injury with their employer and their place of work. Employees inflicted with CTS encounter disease-inflicted limitations. As a direct result of these limitations, employees with CTS work twice as hard to prove their self-worth to their employers and co-workers (Brouwer et al., 2009; Côté & Coutu, 2010; Gravel et al., 2010; Heijbel, Josephson, Jensen, Stark, & Vingard, 2006). In the employees' minds, they have to prove to everyone, including themselves, that they can still do their jobs (Pransky et al., 2002).

2. RTW Programs and Social Structure

Employees' experience a strong need to be accepted at work, because work provides social structure. Kirsh, Slack, and King (2012) and Kronstrom et al. (2011) argued that the importance of human interaction and social organizational acceptance in the workplace had a direct link on employees' mental and physical health, Kirsh et al. (2012) furthered Kronstrom

et al.'s (2011) argument when they stated that employees with CTS experience "a loss of identity" (Kirsh et al., 2012, p. 235) when work is forcibly taken away. It is the "loss of identity" that causes employees with CTS to have an internal, psychological panic attack (Kronstrom et al, 2011; Riach & Loretto, 2009). Riach and Loretto (2009) and Roscigno, Hodson, and Lopez (2009a) argued that when employees with CTS is socially accepted, they are able to focus and concentrate on doing their job. However, when an employee with CTS is socially ostracized at work, the employees' "behavior is the product of thoughts related to an activating event" (Roscigno, Hodson, & Lopez, 2009b, p. 729). The "activating event" (p. 729), in this instance, is the employee's loosing social grace at work. Thus, the employees with CTS concentrate all their efforts on regaining their social organizational acceptance in the workplace and less time and effort on doing their job (Roscigno et al., 2009b).

Because of this phenomenon, Riach and Loretto (2009) argued that employees with CTS's productivity decreased significantly, their employer lost trust in them, and other workers noticed their lack of productivity. Roscigno et al. (2009b) argued these trends lead to gossiping, rumors, and questions arising about the employees' future within the organization. All of these events can trigger another activating event for the employees with CTS and cause them to modify their behavior from gaining social grace and acceptance to outwardly promoting their self-worth in their organization. Research showed over extended periods of time that repeated activating events caused employees with CTS to experience high levels of stress, anxiety, and hopelessness because they were unable to concentrate their efforts solely on one thing during their day. The psychological effects of the activating events eventually manifested themselves into physical symptoms (Persson, Bernfort, Wahlin, Oberg, & Ekberg, 2014; Sullivan, Adams, & Ellis, 2013) for employees' with CTS.

The physical symptoms affected the employees' sleep (Lallukka, Haaramo, Rahkonen, & Sivertsen, 2013; Salo et al., 2010), and sleep deprivation has been shown to increase and intensify the effects of stress, anxiety, hopelessness, and increase the number of sick days (Idris et al., 2014; Lallukka et al., 2013; Salo et al., 2010) These effects are caused primarily by the psychological and physical exhaustion the body feels from constantly being stressed and not having the opportunity to disengage from the stress (Jacobsen et al., 2014; Lallukka et al., 2013; Mug Kang, Young, & Kim, 2011; Salo et al., 2010). Studies showed that the effects from "activating events" (Roscigno et al., 2009b, p. 729) eventually crept into every facet of the employees with CTS's personal lives (Kronstrom et al., 2011; Mug Kang et al., 2011), which caused employees with CTS to experience additional activating events, which increased the employees' sick days, reduced their productivity even further, and caused additional work stress. The strain of the psychological weight of the constant continuum of spiraling activating events eventually crippled and exhausted employees psychologically to a point where they were unable to perform at work and function at home. Feeling helpless against their injuries, employees with CTS quit their jobs (Knauf, Schultz, Stewart, Gatchel, 2014; Sullivan et al., 2013) and attempt to regain some form of normalcy in their lives. Research showed that it could take employees with CTS months or years to recover from this experience (W. Kong et al., 2012; Kronstrom et al., 2011; MacIntosh, 2012; Martin & Martin, 2010; McFarlane, 2013).

2.1 Laterial Bullying

Research shows that co-workers often target employees with CTS because they are both physically and mentally vulnerable (Charmaz, 2014, Creswell, 2009, Richardson, Ness, Doleys, Banos, et al., 2009), Rugulies 2012). Physically the employee with CTS is vulnerable because they are injured. Emotionally the employee with CTS is vulnerable because they were injured at work, while performing their everyday work duties. Research shows this tension is not only mentally but also emotionally draining (Idris, Dollard, and Yulita 2014). From a bully's perspective, the employee with CTS is the perfect easy target because they are mentally and emotionally intertwined in their injury and will not be able to defend themselves from the bullies' attacks (Glaso, Vie, Holmdal, and Einarsen 2011, Schuhl, and McMahon 2006).

The social realm is where the bullies begin their attack. Research showed that bullies start their attacks by spreading rumors and gossiping about the employee with CTS (Carbo, and Hughes 2010). The bully centralizes the focus of their rumors and gossip about the employee by concentrating on the employees' weakness. This helps to establish credibility for the bullies' rumors and gossip and to discredit the employee at work (Carbo, and Hughes 2010) by creating activating events. The activating events are meant to distract the employee with CTS from doing their job and focus their efforts on squashing the rumor. The bully now has proof positive that the employee with CTS is not doing their job effectively and is concentrating their efforts on other things. This evidence can be taken to the manager, and the employee with CTS is then questioned about their work habits and productivity. The second "activating event" (2010, p.395) has now occurred for the employee for now they have to prove they are performing at work in a professional manner.

The emotional impact of bullying on an employee with CTS has been shown to invoke negative responses towards their workplace (Brotheridge, and Lee 2010, Glaso et al., 2011). Anger, frustration, anxiety, and hopelessness are examples of negative responses (Glaso, Nielsen, M. Einarsen, Haugland, and Matthiesen 2009a), which when experienced over a long duration, "invoke feelings of irrevocable loss, and a sense of uncontrollability" (Glaso, Nielsen, Einarsen, Haugland, and Matthiesen 2009b). The irrevocable loss the employee with CTS feels is loss of their work well-being (Vie, Glasø, and Einarsen

2010). The employee remembers what it used to be like at work before they were injured and is saddened. Research shows when this occurs, the employee with CTS is now intertwined with their injury and must dodge the swirling affects that mentally seem to be all around them (Spielberger, and Reheiser 2009).

The psychological effects of bullying have now taken their toll on the employee with CTS's mental and emotional health (Brouwer, Krol, Reneman, Bultmann, Franceh, van der Klink, and Groothoff, 2009). The employee with CTS has been rendered inoperative and is confused and unable to understand what is happening (Glaso, Nielsen, M. Einarsen, Haugland, and Matthiesen 2009a, Vie, Glasø, and Einarsen 2010). Because of this, the employees blame themselves for getting injured and for their injury (Vie, Glasø, and Einarsen 2010) as well as for their current state of well-being. Research showed that the employees' feelings of hopelessness about their injury and the inability to stop it from reoccurring have been shown to cause severe depression in employees with CTS (Glaso, Nielsen, M. Einarsen, Haugland, and Matthiesen 2009a, Vie, Glasø, and Einarsen 2010). The bully continues this pattern until the employee is completely discredited in the eyes of their employer and the smallest of rumors and gossip sends the employee with CTS into panic attacks and "evolutionarily adaptive forms of action" (Glaso, Nielsen, Einarsen, Haugland, and Matthiesen 2009b, p.1328), such as the fight or flight response.

3. Research Question

How do co-workers psychologically affect an employee with CTS's completion rate in an employer-sponsored RTW Program?

4. Methods

The methodology used in this study was a Constructivist Grounded Theory, which used Strauss and Corbin's microanalysis techniques during the semi structured interviews and observations to focus attention on how the participants acted and reacted during the interviews. Study participants actions and reactions during the semi-structured interviews were used to generate open-ended interview questions. This methodology was chosen because people use their experiences to define and relate to their reality, and "constructivism is a research paradigm that denies the existence of an objective reality" (Guba & Lincoln, 1989, p. 43) and "asserts that realities are social constructions of the mind, and that there exist as many such constructions as there are individuals" (Guba & Lincoln, 1989, p. 43). Charmaz (2014) further added and argued that data does not provide a window on reality, but rather, reality is discovered from the "interactive process and its temporal, cultural, and structural contexts" (p. 524).

By using this methodology, the researcher had the ability to formulate theories through "the experience within embedded, hidden networks, situations and relationships" (Creswell, 2009, p. 65).

4.1 Laterial Bullying

This study consisted of 12 people in three separate companies who have Carpal Tunnel Syndrome and extensively missed work so their injury could heal. In order for employees with CTS to participate in this study, they had to provide proof of a previous licensed physician's diagnosis of CTS.

4.2 Data Collection

During a three-month period, semi structured and open ended interviews took place in person and over Skype with the 12 participants in this study who questions and provided intimate details about their experience with CTS in the workplace, how they dealt with having CTS in the workplace, how they were treated in and out of the RTW program by their co-workers, and why they felt their disease had a direct impact on how they were treated by their employer and co-workers. Open-ended interview questions were based on the participants' individual body language and responses to the semi structured interview questions.

4.3 Instrument

Three instruments were used in this study which consisted of (a) semi-structured interviews, (b) observations, (c) and open-ended questions. The semi-structured interviews provided the foundation for creating the follow up open-ended questions. The semi-structured interviews provided an initial insight into the background experience of having and dealing with Carpal Tunnel Syndrome in the workplace. Observing the participants helped to confirmed or supplemented the participants' responses and provided the background for creating the open-ended interview questions.

During the open-ended interviews, participants were allotted the means for disclosing and discussing personal and painful details about their experiences of having CTS in the workplace, how they were treated in and out of the RTW program, and why they feel they were treated the way they were. Direct questions were only used for clarification purposes.

Through the combination of the semi-structured interviews, observations, and open-ended research questions participants had the capability to open up about their experiences, which revealed how and why the psychological, psychosomatic, and sociological effects of this disease were directly related to each other. This also explained why a participant acted and reacted the way he or she did within the RTW.

5. Results

Employees with CTS stated their co-workers directly affected their psychological health psychosomatically, which means employees with CTS felt physical symptoms that were psychologically related. During their open-ended interviews, employees with CTS stated that the relationship with their co-workers affected them more physically and psychologically than the relationship with their employers because of the day-to-day interactions the employees with CTS had with their co-workers. During their open-ended interviews, employees with CTS reported internalizing the comments their co-workers made to a point to where they became physically ill. Employees with CTS also reported that the combination of the psychological and physical effects were so overwhelming at times that they were physically and mentally unable to perform at their jobs.

During their semi-structured and open-ended interviews participants inferred when they experienced negative psychological and sociological interaction, isolation, and comments from their co-workers regarding their injury, they experienced an increase in psychosomatic symptoms that would manifest themselves physically, psychologically, or both. Reoccurring themes found during the interviews were bowel disorders, stress, anxiety, depression, self-induced isolation, and increased sick days. Excerpts highlighting these emotions in the interviews follow and are separated into the categories of physical, psychological, and physical and psychological symptoms combined.

5.1 Physical Symptoms

Participants described bowel disorders that resulted from the stress they endured at work.

Remark 1. I began to notice after the third or fourth time after one of my co-workers made a nasty comment about me not having to work as hard as everyone else does that I can't go to the bathroom. The first time this happened, I used prune juice and suppositories. I ran to the bathroom and I began to spasm. I was scared. (P9)

Remark 2. To control my bathroom issues, I eat less than I used to. My doctor told me I have Irritable Bowel Syndrome and from what I read, if you do not overeat, then your symptoms are less. I drink tons of water now. When it does flare up, my leg muscles hurt so bad and so does my tummy. I feel like I am walking in slow motion and just to walk is an effort. (P3)

5.2 Psychological Symptoms

Participants discussed different psychological symptoms they endured, which included self induced isolation, depression, and anxiety.

Remark 1. After dealing with question after question about my injury, I just want to be left alone. I used to like going into work and talking to my co-workers. Now, I come in, sit down at my desk, and put my headphones on. It's my way of saying do not disturb me. It's the best way I can think how to deal with all of this. (P9)

Remark 2. My co-worker once said to me, you should be able to get these two pages typed before you leave today. Not like I asked you to do something complicated. I felt really deflated by that statement. I did the typing and e-mailed it to her. We used to talk over the cube wall all the time. After that, I didn't want to talk to her anymore. How can you be a team player after that? (P9)

Remark 3. I noticed the effects of my workday creeping into my personal life when I snapped at my husband, and he said, "Don't talk to me the way your boss talks to you." That's when it really hit home for me that I need to find another job and quit. (P7)

Remark 4. I have a really hard time getting out of bed in the morning and falling asleep at night. I wake up in the middle of the night and I can't fall back to sleep. I started taking sleeping pills, but they have stopped working. The only time I actually sleep is on Friday and Saturday because I don't have to go to work the next day. (P11)

Remark 5. The phone rang the other day shortly after I got home. I was ready to bet money on it that it was the office calling me to tell me not to come in tomorrow. (P12)

Remark 6. I don't want to get up in the morning anymore. I just lay there in bed and don't move until the absolute second that I have to. My husband told me to get up and go to work. He just doesn't get it that I just want the world to go away. (P5)

Remark 7. I keep thinking, what ways are my boss and co-workers going to screw with me today to make my life a living hell? I've actually started coming in at 6 a.m. just so I can leave before 3 p.m. and have to deal with them less. The hours without them are wonderful. (P5)

5.3 Physical and Psychological Symptoms

Participants discussed how their psychological symptoms caused them to experience physical symptoms. Participants physical and psychological symptoms were a combination of depression and anxiety.

Remark 1. My boss once said to me, ever think about going into another line of work? I just stood there. Later I felt like the walls were closing in on me and I couldn't breathe. I just kept thinking I had to get out of here. I left work early that day. (P5)

Remark 2. I get up for work every day and all I can think about is how am I going to make it through the next eight hours? They seem endless. The workdays feel like months. (P11)

Remark 3. I get nauseous as I drive into work. I can feel my stomach swell and I just don't feel good. I dread getting up in the morning. I lay awake at night watching my clock tick away. If I wake up before my alarm, I get depressed because I count the minutes until I have to get up. There are times when I panic about going to work and I come up with an excuse to call in. (P6)

Remark 4. I got a verbal warning about my job performance and all I could think about was, what is going to happen next? The entire scenario played out in my head. I could see myself getting fired. (P10)

6. Future Research

Additional research is recommended to examine how the effects of Carpal Tunnel Syndrome are experienced financially by an employer and co-workers who work with employees who Carpal Tunnel Syndrome. The purpose of this research would be to confirm or discount arguments made in other studies, that stated Return to Work programs have reduced an employers' workers' compensation claim insurance cost. It is also recommended that studies, which examine the physical, psychological, psychosomatic, and sociological realms Carpal Tunnel Syndrome has for employers with employees who have Carpal Tunnel Syndrome and their co-workers are also recommended in order to learn the effects this disease has for them in and out of the workplace. Multiple organizations and a larger sample size are recommended to measure these effects.

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