

**Challenges in the Present, Storied for the Future:
Men's Narratives of Planning to Return to Work
After a Burn Injury**

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Abstract

For burn survivors, return to work (RTW) is often viewed as the end of their healing journey. RTW represents returning to pre-burn life, resuming valued roles, and regaining workplace identities. Given that 70% of burn survivors are men, it is essential to consider the way men understand events in their RTW journey by drawing on their constructed masculinities. The aim of this thesis was to explore men's prospective RTW narratives in the context of their present healing from burns. Using an interview format, 15 employed men aged 19 to 55 who were due to RTW in the imminent future were interviewed twice. A narrative analytic methodology was used to analyze the interview transcripts. There were three interwoven storylines that the men told, each with a main narrative threaded with a counternarrative. In the first storylines, even though the men narrated pain and difficulties with physical functioning, scarring and mental health were not seen as a problem. The men also did not predict that any of these challenges would impact their work performance. In the second storyline, even though the men remarked on their struggle to heal from legitimate burn injuries, they feared that their highly-esteemed pre-injury work reputation was tarnished and they were being labeled as "lazy". The men wanted to RTW quickly, but also fully healed, to regain this reputation. In the final set of stories, the men relayed that the sole responsibility for making RTW plans fell upon their health care providers and WCB counsellors, but at the same time the men believed that they had unique work expertise which was needed for these decisions to be made. The men's narratives are discussed in the context of literature on masculinities, medical decision making, and burns. Men's narratives featured tensions related to taking time off work while injured which were influenced by their masculinities and societal stigma. Understanding these struggles may help RTW stakeholders promote best rehabilitation practices for burn survivors and smooth work reintegration.

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Dedications

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(Reproduced from Medved and Brockmeier, 2004)	

Chapter 1: General Introduction

Burn injuries have devastating implications in the lives of the people who survive them. Healing from a burn injury involves physical impairments, lengthy hospital stays, and numerous procedures and/or surgeries. The focus of care is survival, infection control, and rehabilitation during the early stages of recovery. As people progress through rehabilitation, they begin to turn their attention to envisioning what life will be like with their burn and planning their resumption of daily activities. This often involves considering their approach to accommodating and caring for the many chronic symptoms they may face, such as pain and itchiness, distress over the management of scars, and psychosocial challenges (Wiechman & Patterson, 2004). In facing such challenges, burn survivors¹ often must reconstruct and think about resuming the identities which they had to put on hold while healing from their injuries. One such common identity is that of a worker. Burn survivors dedicate time to considering this workplace identity, and their return to work during rehabilitation and recovery, as they are observing their healing in the context of continuing medical and physiotherapy interventions.

In many ways, return to work (RTW) can be thought of as the end of a burn survivor's story of healing, or at least the end of being primarily a medical or rehabilitation patient. Work is something many burn survivors look forward to resuming throughout their rehabilitation (Parsons et al., 2008). Re-entering the workforce is an important event for burn survivors as work can embody a large part of their identity. Returning to work can help burn survivors rebuild their workplace identities and regain a sense of independence which is lost as they are healing, particularly for male burn survivors (e.g., Rossi et al., 2009). Looking forward to returning to

¹ The term "burn survivor" is used rather than "burn victim or patient." Refer to the conceptual framework section of this thesis for more on this choice of terminology.

work may, however, be problematic as only 37% of burn survivors return to the same job, with the same employer, without modifications to their job (Brych et al., 2001).

While there have been investigations of barriers associated with returning to work after a burn injury (e.g., Schneider, Bassi, & Ryan, 2009), and on physical and psychological factors which can precipitate success in returning to work; the voices of burn survivors have largely been overlooked in the literature. For this reason, qualitative methodologies, which excel in helping us understand how individuals themselves experience and make meaning of events such as burn injuries, have been strongly recommended in the burn literature. Several qualitative studies about burn survivors' experiences of healing have started to emerge (e.g., Costa et al., 2008; Kornhaber, Childs, & Cleary, 2018; Kornhaber, Wilson, Abu-Qamar, & McLean, 2014; Thakrar et al., 2015; Williams et al., 2003). However, this research has failed to explore how burn survivors interpret and find meaning, specifically, in relation to planning to return to work after a burn injury. This dissertation aims to contribute to the expanding literature on burn survivors' subjective interpretations of healing from a burn injury by focusing on the stories men tell about planning to return to work.

To study a burn survivor's understanding of a sudden life changing event such as a burn injury, it is imperative to investigate his stories. Telling stories provides people with the opportunity to reflect on life events which have affected them, and allows them to plan their approach to coping with these difficulties in the future (Hydén & Brockmeier, 2008), such as when they RTW. Narrating stories and understanding the narratives which are influential to a person can be a powerful tool for injury survivors to overcome the disruptions that their injuries have caused in their daily lives, understand the chronic aspects of the injury which they must deal with throughout the rest of their lives, and guide their transition back to their normal way of

living (Hydén & Brockmeier, 2008). In short, narratives allow people to consider what life will be like after the rehabilitation stage of their recovery and as they return to work.

To construct stories about their future returning to work, which also includes their current experience of preparing to RTW, storytellers rely on narrative resources learned through societal norms and various (sub)culture(s) in which they are immersed (Smith & Sparkes, 2008). These intersectional cultures are then reflected in all aspects of the story (Brockmeier, 2012; Riessman, 2008). One way of interpreting the process of returning to work is through a person's gender. Gender orients the narrative resources available to a person, to inform men's (or women's) opinions on how they should understand their illness, and more broadly, their place in society (Brockmeier & Carbaugh, 2001; Riessman, 2008; Smith & Sparkes, 2008).

Very little has been published on how a person's gender might impact burn recovery. Some literature has focused on the sex differences between males and females on various aspects of burn recovery. This research has shown that male burn survivors are less likely to experience psychological distress during the healing process when compared to female burn survivors (Dyster-Aas, Willebrand, Wikehult, Gerdin, & Ekselius, 2008; Esselman, Thombs, Magyar-Russell, & Fauerbach, 2006; Summer et al., 2007; Thombs, Bresnick, & Magyar-Russell, 2006; Thombs et al., 2007; Ulmer, 1997; Wiechman & Patterson, 2004). In terms of the proportion of men and women who return to work after a burn injury, there has not been any differences found.

Research on sex differences between burn survivors has failed to capture the unique and nuanced gender issues faced by burn survivors, both by women and men. But, given that 70% of all burn survivors are men (American Burn Association, 2009), gender, and in particular masculinity, is an imperative construct to consider with this population; particularly when

investigating a burn survivor's return to work. There has been much research suggesting that work plays a strong role in the construction of masculinities (Connell, 2005), and in contemporary western society, men are socialized to attribute their self-worth to successfully fulfilling the breadwinner role (e.g., Gere & Helwig, 2012). As such, it seems logical to surmise that gender will be a focal component in how a man approaches preparing for his RTW after a burn injury. The gender socialization process provides men (and women) with unique lenses on which to interpret the process of returning to work. In my previous research, I examined the impact of gender on burn survivors' narratives of healing (e.g., Hunter et al., 2013; Thakrar et al., 2015). I, along with colleagues, found that men often used metaphors about "fighting" in their stories to demonstrate their commitment to burn recovery and in doing so, minimized the troubles they were in fact facing, particularly their emotional issues. They instead kept themselves focused on foreshadowing a future where they would no longer have to deal with their injuries. Choosing to tell such stories and using aggressive-type metaphors allowed the men to represent themselves as agentic or "in control" of their healing, and thus skip aspects of their healing which were troublesome or distressing such as planning to resume work activities (Thakrar et al., 2011, 2015).

On a broader scale, patients are often called upon to be agentic in planning to return to work after injuries. Helping make plans for recovery and returning to work is one way burn survivors are often asked to be involved in their recovery. In their guidelines, the Canadian Medical Association (2000) and the Workers Compensation Board of Manitoba (WCB; 2013) both state that health care providers (HCPs), employers, the WCB, and, most importantly, injury survivors, must collaborate on making plans to return to work. This implies that burn survivors should, and perhaps have to, take an active role in contributing to the decisions made about their

return to work, both before and during the process. However, very little has been published on how this collaboration happens and how burn survivors, or even injury survivors as a whole, prepare and make decisions about returning to work. Broadly, this type of planning fits within the paradigm of medical decision-making in rehabilitation (e.g., Gafni, Charles, & Whelan, 1998). In the weeks and months before returning to work, men must collaborate with professionals to formulate what a successful transition back to working life will look like. Decisions need to be made including those with respect to: timing, what kind of work they will do, how work will facilitate or hinder their physical healing, and how the injury will be cared for at the worksite. As these decisions are negotiated, the workers can begin to foresee what returning to work will involve.

More generally, researchers and practitioners in the medical community have been pushing for the involvement of patients when making medical decisions over the past two decades. Since then, the idea of shared-decision making has been introduced. Shared-decision making has evolved over time, but is still poorly defined (Makoul & Clayman, 2006). Shared decision-making consists of the patient actively participating in making a medical decision alongside their health care providers (Gafni et al., 1998). This “forced” process is controversial, as some studies have found that men do not want to be involved in the medical decision-making process and would rather these decisions be made paternalistically by their health care providers (e.g., Florin et al., 2005). Currently, there is no research on the way medical decisions are made for burn survivors during healing, let alone how men come to decisions about their recovery and preparations to return to work while healing from a burn injury. The purpose of my dissertation is to explore the stories that men construct while healing from a burn injury about preparing to

return to work, just before they return to work (e.g., within two to four weeks of RTW). The specific interrelated research objectives are to:

1. Explore men's stories about their burn injuries and their expectations for managing their burns at work.
2. Investigate how masculinity informs the men's stories of their workplace identities.
3. Examine men's stories regarding their involvement and collaboration with WCB counsellors, their health care providers, and their workplaces in planning to return to work.

To accomplish the above-mentioned objectives, male burn survivors in the process of considering or making plans to return to their former workplaces were interviewed. They were also asked to complete questionnaires about how much they enjoyed their work and their level of psychopathology to help situate their narratives.

Once again, this investigation must occur exclusively prior to men returning to work because the uncertainties and challenges they face while planning may be different from what they had envisioned once they start working at their workplace. At this point, we know very little about male burn survivors in the pre-return to work phase of their recovery; particularly in the two to four weeks leading up to their return when RTW would theoretically be at the forefront of their minds.

Chapter 2: Literature Review

Burn Injuries

Burns are a major cause of injury for Canadians. In 2010, approximately 235 deaths, 2,100 hospitalizations, 43,700 emergency room visits, and 1,000 permanent partial or full disability claims resulted from burn injuries (Parachute, 2015). Although burns represent only 2 to 3% of injuries that cause functional impairments (Billette & Janz, 2011; CIHI, 2011), they result in one of the highest rates of inpatient stay for injuries requiring hospitalization (CIHI, 2011), and higher costs to the health care system than other sudden injuries such as strokes (Sahnin, Ozturk, Alhan, Acikel, & Isik, 2011). Goei et al. (2016) found that in Europe, burn survivors miss, on average, 60 work days and lose approximately 12,000 Euros in personal finances due to the loss in productivity after a burn injury. The financial cost of healing from a burn injury, thus, is considerable, both to the burn survivor and for the workplace.

The most common causes for a burn injury are fire, flames, or scalds (ABA, 2009). In terms of etiology, 14% of burns occur at the workplace whereas approximately 73% occur at home (ABA, 2009). Like many other acute injuries, young men are especially at risk. Traumatic physical injuries are one of the top three causes of death for boys and men aged 5 to 44. Burns rank as the number 12 cause of death for men aged 30 to 44, and the number eight cause of death for men aged 15 to 29 worldwide (WHO, 2004). Even though men are at risk for traumatic injuries, and thus death, medical advances in burn care have increased survival rates for both men and women (see McGwin, Cross, Ford, & Rue, 2004). As such, the focus of researchers and health care providers has gradually shifted from the burn survivor's treatment in hospital to their long-term well-being. To understand well-being in burn survivors, it is important to focus on the

challenges that burn survivors typically encounter as they re-integrate into their everyday lives, rather than focusing strictly on the biomedical aspects of healing.

Regardless of where or how they were burned, burn survivors can endure physical and psychosocial challenges long after they are released from the hospital. In fact, many of these challenges or symptoms can continue for years after the original injury. The primary physical symptoms encountered by burn survivors include severe chronic pain, disability, scarring, itchiness, and low energy (Fauerbach, Spence, & Patterson, 2006). The psychological difficulties for burn survivors include depression, post-traumatic stress disorder, and self-consciousness due to a poor body image (Selvaggi et al., 2005; Wiechman & Patterson, 2004). Counter-intuitively, difficulties with pain, body image, and psychosocial issues are not only problems for people who have suffered large burns. Blumfield and Reddish (1987) coined the phrase “small burn, big problem” to accentuate the fact that burn severity and location are poor predictors of psychological adjustment. Subjective reports of pain, body image, and psychopathology are much better predictors of adjustment than total body surface area burned (TBSA). Despite the many challenges that burn survivors are forced to contend with, Esselman et al. (2006) found that 80% of burn survivors return to work within one year of their injury. Needless to say, all of above challenges can impact the process of returning to work. Below, I will elaborate on some key issues found to influence the psychosocial adjustment of burn survivors.

One of the most challenging experiences for people with burns to cope with is their pain, a subject that has been covered extensively in the literature. Pain often impedes burn survivors in performing physical tasks which are essential for their everyday activities and for their work responsibilities (Esselman et al., 2006). Half of all burn survivors experience debilitating chronic pain which can last upwards of 10 years after their original burn injury (Dauber et al., 2002;

Malenfant et al., 1998). Given these results, it is not surprising that many burn survivors report that pain negatively impacts their rehabilitation and quality of daily life (Latarjet & Choinere, 1995). The main type of pain that affects burn survivors' experiences, particularly when they are considering resuming their work responsibilities, is chronic pain. Chronic pain is more common in larger or more severe burns and is often caused by nerve damage. It is described as an aching paresthesia and is often accompanied by stiffness, sensitivity to touch, and sensitivity to cold temperatures (Connar-Ballard, 2009). Other physical sensations contributing to burn survivors' impairment in the workplace include itchiness and tactile sensory deficits, particularly on skin sites that have been grafted (Malenfant et al., 1998; Nedelec et al., 2005; Parnell, Nedelec, Rachelska, & LaSalle, 2012). In conjunction with difficulties with tactile sensation, grafted skin can have a decreased number of sweat glands and hair follicles making it challenging for burn survivors to adjust to ambient temperatures (Nedelec et al., 2005). Further, on a psychological level, itchiness can lead to difficulties with concentration and focus that can impact workplace performance (Malenfant et al., 1998).

The long-term predictors of pain in burn survivors are not well understood, as the degree to which they experience pain fluctuates over time (Wiechman, 2011). Additionally, the severity of a burn injury, including the size and depth of a burn, does not correlate well with the pain that a burn survivor reports. This is due to physical factors including the location of the burn injury, pain threshold, response to medication, and psychological factors including previous pain experiences, anxiety, and depression (Wiechman, 2011). Triggers for this pain have also been identified as fatigue, movement, environmental changes, physical activity, nerve re-growth, stress, and depression (Conner-Ballard et al., 2009).

Burn survivors can experience many of these triggers at a workplace and, as such, constant pain has been found to interfere with returning to work. Once burn survivors do return to work, pain can negatively impact workplace satisfaction (Schneider, Bassi, & Ryan, 2009). In my master's thesis, men reported that they were very troubled by their pain and stiffness as it prevented them from resuming their valued identities — particularly at their workplaces (Thakrar, 2011).

Body image dissatisfaction is another major challenge that burn survivors experience. Generally, in western societies, men are not socialized to value appearance as much as women (Grogan & Richards, 2002); nevertheless, when men experience a burn injury, they may develop a negative body image or dissatisfaction with the way their bodies look. The chief cause of this body image dissatisfaction is the presence of scarring. Scarring can include changes in pigmentation of skin or raised, and irregular looking grafted skin which may remain throughout a burn survivor's life (Fauerbach et al., 2002). Some burn survivors may even have to wear dressings and pressure garments up to two years post injury to support the healing of their skin. When scarring or dressings are visible, many burn survivors can feel uncomfortable, and worry about stares and comments from others, particularly at work (e.g., Costa et al., 2008; Selvaggi, Monstrey, Van Landuyt, Hamdi, & Blondeel, 2005; Wiechman & Patterson, 2004; Williams, Davey, & Klock-Powell, 2003); these experiences can contribute to body image dissatisfaction as they act as visual reminders of the burn survivor's altered physical state.

Like chronic pain, burn severity, total body surface area burned (TBSA), number of surgeries, or number of body parts scarred poorly predict body image dissatisfaction. Instead, dissatisfaction with body image is better predicted by the subjective ratings of scar severity (Lawrence, Fauerbach, Heinberg, & Doctor, 2004; Lawrence, Fauerbach, Heinberg, Doctor, &

Thombs, 2006). Body image dissatisfaction has also been correlated with the avoidance of social situations, the engagement in paying excessive attention to scars, unnecessary grooming, reassurance seeking, and the excessive comparison to others (Lawrence, Fauerbach, & Thombs, 2006). In general, men's body image dissatisfaction after a burn injury has been shown to substantially improve over the first year while healing from a burn injury and increases over time (Thombs et al., 2008). Coincidentally, many burn survivors return to work (RTW) during this first-year post-burn period. As such, the experiences someone encounters as they return to work may be important to improving their body image.

Pain and body image dissatisfaction sometimes go hand in hand for burn survivors. As discussed above, physical functioning may be reduced as men RTW due to either pain or functional limitations from stiffness due to the burn injury. Physical dysfunction or the inability to engage in physical movement is correlated with body image dissatisfaction in burn survivors (Fauerbach et al., 2000, Thombs et al., 2007, 2008). Body image dissatisfaction not only leads to feelings of self-consciousness over appearance, but can also exacerbate feelings of disappointment over having less energy, and working with loss of limb function due to pain and stiffness (Fauerbach et al., 2000, 2002; Partridge & Robinson, 1995). Some men report that their disappointment over functional losses, which leads to temporary or permanent disability, are even more distressing to them in comparison to their dissatisfaction with their scarring; but that both experiences are related to how they feel about their body (Thakrar et al., 2015).

Body image dissatisfaction, pain, and functional challenges may concern men as they are returning to work. It is feasible that men may worry about people staring at their scars, or may lose confidence in their ability to perform their jobs as functional issues occur during their RTW. Consequently, learning how to act when co-workers stare at their scars or burn injury may be

challenging for burn survivors (Selvaggi et al., 2005). A very small number of research papers have considered these challenges in the context of the burn survivor at the workplace.

The third major set of challenges that burn survivors may need to contend with as they prepare to RTW include the various psychological disorders which they may endure.

Surprisingly, burn survivors seem to have more problems adjusting to the psychological rather than physical aspects of their injuries (Ilechukwu, 2002). People with burns are at particular risk of depression and post-traumatic stress disorder (PTSD), in all phases of their recovery and throughout the rest of their lives (e.g., Difede, Cukor, Lee, & Yurt, 2009; Ehde, Patterson, Wiechman, & Wilson, 1999; Patterson et al., 1993). With psychopathology being prominent in the lives of burn survivors, it is surprising how little research has been conducted on depression and PTSD, following their injuries. The majority of studies which have been conducted, discussed below, mostly reported prevalence rates and risk factors for depression or PTSD after a burn injury.

The rates of moderate to severe depression in burn survivors have been found to be 50% at discharge, 34% at one-year post discharge, and 45% at two-years post discharge. Factors such as TBSA, length of hospitalization, and age have not been found to be linked to depression scores in male burn survivors (Wiechman et al., 2001). The prevalence rate of PTSD symptoms has been found to range from 15 to 16% at one-month post burn and 19 to 35% at one-year post-burn (Van Loey & Van Son, 2003). Men who have survived burn injuries sometimes discuss paralyzing flashbacks and having to relive the events which caused their injuries (e.g., Edhe et al., 1999). Risk factors for developing PTSD after a burn injury include perceived lack of social support, high emotional distress, and maladaptive coping styles (Bauer, Hardy, & Van Dorsten, 1998). The diagnosis of depression or PTSD may influence a burn survivor's experience of

returning to work. Burn survivors may be fearful of, or may ignore these disorders in their plans, leading them to be unprepared for the challenges associated with experiencing symptoms at work.

An ongoing question in burn care is whether increased risk for psychopathology is due to pre-morbid psychopathology, or due to the impact of a burn injury itself. Indeed, burn survivors tend to have high lifetime and premorbid rates of psychopathology that are exacerbated as a result of a burn injury (Fauerbach et al., 1997; Ekeblad, Gerdin, & Oster, 2015; Oster & Sveen, 2014; Palmu, Suominen, Vuola, & Isometsa, 2011; Patterson et al., 1993; Paven et al., 2009; Wisely, Eilson, Duncan, & Tarrier, 2010). Logsetty and colleagues (2016) found that although the prevalence of depression and substance use disorders two years post injury was elevated in burn survivor populations as compared to controls, this difference was no longer statistically significant after controlling for pre-existing psychopathology. Not only is pre-existing psychopathology predictive of difficulties with depression, anxiety, PTSD, and substance abuse, it is predictive of employment status after rehabilitation from a burn injury, or once burn survivors have returned to work (Fauerbach et al., 1997).

One criticism of the literature on psychopathology and burn injuries is that we have only researched diagnosable disorders. There is no literature that has explored the impact of subclinical or subthreshold disorders on the quality of life of burn survivors, which would include work issues. Any experience of subclinical psychopathology may be impactful in men's stories.

As my literature review has demonstrated, pain, body image dissatisfaction, and psychopathology are all prevalent in the first-year post-burn. The year after an injury is an important one because many decisions and events that occur in this time period have

consequences for long-term adjustment to the injury. For example, how transitions back home, to work, and to the broader community is approached by burn survivors represents key turning points in the injury narrative. Given this circumstance, there has been an emerging literature looking at burn survivors' subjective interpretations of different aspects of their healing. Much of this research is qualitative, as the perspective and story of the injured person is foregrounded.

One of the most frequent topics that burn survivors bring up is the process of re-developing their sense of who they are, or to put it differently, their sense of self that embodies their bodily physical changes. Moi, Vindnes, and Gjengedal (2008) argue that in describing their bodies as unfamiliar, weak, and slowed, burn survivors learn how to deal with their injuries by defining their new reality as a person with burns. In interacting with others, burn survivors also become aware of their new bodies, and what their "new" bodies mean for them in terms of their self-identity (Kornhaber, Wilson, Abu-Qamar, & McLean, 2014; McLean et al., 2015; Mirivel & Thombre, 2010). Often, burn survivors attempt to preserve the sense of who they were pre-injury by putting this sense of self "on hold" during the healing process. Once the biomedical healing phase is over (often referred to as rehabilitation), they then try to regain their former sense of self. If this is not possible — and it rarely is — they then attempt to redefine who they are by accepting their changed appearance and functional capabilities (Morse & O'Brien, 1995; Zamazadeh, Valizadeh, Lotfi, & Salehi, 2015). The tension between the regain versus refine storyline is charged because many burn survivors strive to re-gain some of the former aspects of their identity while at the same time accepting and integrating their new circumstances (Lau & Niekerk, 2011; Williams, Davey, & Klock-Powell, 2003; Zamadeh et al., 2014). In a sense, they must accept the unchangeable and change the changeable (Moi & Gjengedal, 2008). This includes striving for independence, regaining freedom, and resuming their previous identities.

The burn survivors interviewed by Costa et al. (2008) and Rossi et al. (2009) described their healing as a journey towards normality and highlighted how resuming work was particularly vital in doing this. The tension between regaining one's pre-burn sense of self and redefining one's identity based on embodied characteristics of burn injuries, also appears to transcend cultural barriers. Burn survivors from North America, South America, Australia, Europe, and India all report similar tensions (for a review, see: Kornhaber et al., 2014).

The literature I reviewed above was exclusively conducted with mixed gendered populations. In many of the studies, attempts were made to obtain equal proportions of men and women. There are very few studies which have taken gender into account, with the exception of studies conducted by my research group (Hunter et al., 2013; Thakrar et al., 2011, 2015). Interestingly, studies that have focused on sex have found that men report developing fewer difficulties with mental health, have a higher quality of life, and spend less time in the hospital than women after a burn injury (Dyster-Aas et al., 2008; Esselman et al., 2006; Summer et al., 2007; Thombs et al., 2006, 2007; Wiechman & Patterson, 2004). Although this may suggest less focus should be on men, the fact remains, as already mentioned, that more than 70% of burn survivors are men (ABA, 2009). It then becomes important to ask why there is such a discrepancy between men and women. Gendered socialization offers a lens to understand this difference in healing trajectories. Men and women's socializations can influence the type of narrative resources that are available for them to understand the healing process, and the way in which decisions are made — most notably return to work decision-making in the context of this thesis.

Men, Masculinities, Health, and Work

Investigations on men's involvement (or lack thereof) in their health have been expanding rapidly in the literature. In a recent search on PubMed, I found over 7,000 articles published since 2000 with the search term "men's health". Many of these articles have been written to address the disparity in men's use of health care when compared to women. Men tend to visit physicians infrequently, are worse at adopting health behaviours which prevent chronic disease, and take more risks which lead to injury when compared to women. These behaviours contribute to an average life expectancy of five years less than women in affluent industrialized countries (Courtenay, 2000; Payne, 2004; Robertson, Galdas, McCreary, Oliffe, & Tremblay, 2009). Popular media has gone so far to label this disparity as a crisis in our health system because it causes us to miss preventing injury or disease in men entirely or until the damage is irreversible (Payne, 2004; Robertson et al., 2009). To account for these behaviours, blame is often placed on masculine socialization. A thorough understanding of theories of masculinities must be examined to understand men's health behaviours in any context, including burn injuries.

Many of the modern theories of masculinity refer to the seminal work by Connell (1995) who paved the way for understanding how men use gender to understand all aspects of the world, including their own health. Connell popularized the term "hegemonic masculinity" to discuss the idealized masculinity as defined by society; one which hardly any male could achieve, and one which both men and women were complicit in supporting. From a young age, men are taught to value status and power, and to build identities that involve being tough, rational, strong, assertive, and unemotional (Bets & Fitzgerald, 1993; Connell, 1995; O'Neil, 1981; Smiler, 2004). As men compare themselves to hegemonic standards, they perform ongoing evaluations of whether they are violating them. When men fail to uphold these unachievable

standards, they are deemed unworthy not only by others in society but also by themselves. In other words, the stronger the internalization of these masculine standards, the more cognitions that are adopted in order to perform and adhere to the prescribed gendered behaviours (Mansfield et al., 2003; O'Neil, Helms, Gable, David, & Wrightsman, 1986). However, there is a price for the adoption of hegemonic masculinity: high adherence is associated with poor self-esteem, high anxiety, depression, and ineffective help seeking (Mansfield et al., 2003). Also, men who adopt masculinities which do not conform to the hegemonic standards may be shunned or oppressed in other ways by themselves, their peers, and society as a whole (Connell, 1995).

Since Connell's (1995) seminal paper, the concept of masculinity has moved away from the reductionist, dimensional, and singular concept of hegemonic masculinities and towards the idea of multiple masculinities. Contemporary thinking on masculinity theorizes that men are not passive adopters of hegemonic masculinity, but construct their own masculine identities based on demographic factors (e.g., employment, education, culture, gender, age, race, social class, ability, religion, sexual orientation, and geographic location; known in short as social location; Evans, Frank, Oliffe, & Gregory, 2011; Hopkins & Noble, 2009; Nayak, 2006; Smiler, 2004). Additionally, masculinities are not only defined by a person's reaction to a system of patriarchal power but are also relational and emerge through and by everyday interactions with other people who may have similar or different identities and power (Hopkins & Pain, 2007). As such, when burn survivors negotiate their way back to work, pressures, influences, and interactions — from past, present, and imagined futures — all feed into their sense of masculinity which in turn influences the meaning that they make of their injury, healing, and work. For example, if a more hegemonic identity is influential to them, then resumption of work may be particularly important

and they may neglect or minimize genuine physical limitations to be seen as masculine by their families and co-workers.

Even though men can relationally negotiate masculinities and choose whether or not to adopt multiple and different masculinities, they are still very much exposed to and socialized into the hegemonic standard. In other words, it is often quite hard to resist hegemony (Smiler, 2014; Way et al., 2014). Arguably, one of the most meaningful masculine identities for men is informed by their ability to fulfill their work roles. Being able to work is a key element in adhering to hegemonic standards (Connell, 2005). The connection between masculinity and work in western societies has a long history, starting when men began to be framed as the head of households in common law as early as the 1400s. At that time, a man was said to be the sole owner of property and director of his wife and children's services (Bernard, 1981). The identity of "good provider", or the idea that men held the majority of the responsibility for taking care of the financial health of their families, gained traction during the industrial revolution where men left their homes en masse for industrialized employment. This created a gendered split between labour and housework. The patriarchal gendered split between men and women created a power imbalance and a culture where a man's worth is judged first and foremost by his salary and how well he provides for his mate (Ciabattari, 2001; Connell, 2005; Gere & Helwig, 2012). To put it simply, being a "good provider" was a status symbol, the more a man earned, the more he was worthy of attracting and retaining a good mate. This split in gendered roles tied masculinity to working, something which has far reaching consequences and continues to be problematic to this day (Bernard, 1981; Gorman-Murray & Hopkins, 2014).

In almost all contemporary societies, the majority of men continue to define their role in their family as primarily the breadwinner despite a growing number of men who support

egalitarian division of labour (Gere & Helwig, 2012). Even popular culture continues to position men as economically savvy; Vigorito and Curry (1998) demonstrated that mainstream magazine articles and advertisements targeted at men (e.g., *Maxim* or *Stuff*) often portray them as being hard at work. Work is so deeply entrenched in men's identities that even just thinking about losing their jobs can evoke feelings of depression, anxiety, and low self-esteem (Vandello & Bosson, 2013; Vandello et al., 2008). The value of being a good provider is so deeply rooted in traditional masculinities that it transcends socio-economic status. Men from both working and middle classes proudly emphasize how their work dominates their lives over other influential identities (Emselie & Hunt, 2009).

Even with the breadwinner role being projected as important, some men simply do not enjoy their work. According to Statistics Canada data, 62% of Canadians who reported being very stressed reported that work was the main source of their stress. The majority of these Canadians were men aged 35 to 49 with white collar jobs (Crompton, 2011). Reasons for job stress can include, but are not limited to: difficult managers, low job security, increasing workload, low pay, and associated health risks (Glicken & Robinson, 2013). Satisfaction with work can also be related to the balance between how strenuous and how rewarding a job is. Stress from jobs which involve high demands such as pace, work intensity, and difficult skill-set can sometimes be offset by characteristics such as psychological creativity, freedom to make decisions, freedom to choose tasks, and the time it takes to complete those tasks (Karasek, 1979; Lindström, 2005; Stansfeld, Shipley, Head, & Fuhreer, 2012). Men who are preparing to RTW after a burn injury may be considering how psychologically rewarding their job is, how difficult it is, and indeed whether they like it at all. In considering RTW, they may have to engage in an ongoing balancing act between healing from their injuries, the financial difficulties that may be

created by being off work, and the societal pressure to RTW and reassert their masculine identities.

Given the general importance that work plays in men's identity making, it is not surprising that working is an integral aspect of the rehabilitative and re-integrative process not only for burn injured men, but for men (and women) with other types of injuries. Having a burn is an assault on burn survivors' masculinities on two fronts. The first front relates to how feeling weak and temporarily losing independence during burn rehabilitation can be challenging to a burn survivor's sense of masculinity. On the second front, missing out on work itself, as described above, can be particularly difficult for men as they are often socialized to idealize and define their identity via their work. As men are considering all the issues involved in healing and returning to work, it is likely that they will also consider what not returning quickly enough might mean for their masculine sense of self and consequently their healing. Some men, for example, may want to return as soon as they can and ignore their injuries while others who expect to perform poorly may be distressed about this potential loss. These men may have to figure out how to make financial ends meet and stay at home to heal, or ask for help from others in their workplace due to the pain or disability caused by their burn injury if they RTW. All these important considerations are worked through in narrative.

Making RTW Plans and Medical Decision Making

Returning to work is an essential step in healing for burn survivors and based on the findings of the research detailed above, may be a particularly salient step for men. Given the importance of work to most men, they have a large stake in ensuring that the work-related plans and decisions are successful. The first step in rebuilding their workplace identities is the creation of what is called a return-to-work plan. As part of this plan, burn survivors must ask employers

to accommodate their injuries by making modifications to their workplaces (Brych et al., 2001). For example, employers may need to modify a burn survivor's job responsibilities, the number of hours they work per day, and their workspace (Muller, Gahankar, & Herndon, 2007; Esselman et al., 2006). These modifications are usually made in consultation with their employers, health-care providers, and, if the accident happened at work, workplace compensation boards. These plans are often structured with graduated increases in activity to promote physical and psychological healing. All injury survivors (burn or otherwise) are encouraged to create a RTW plan whether or not they were injured at work (Canadian Medical Association [CMA], 2000; Workplace Compensation Board of Manitoba [WCB], 2013). The goal of return-to-work plans are to have patients RTW as quickly as possible because this process is thought to promote recovery and minimize financial costs to the injury survivor, the health insurer, and the employer (Krause, Dasinger, & Neuhauser, 1998; Saroki & Welch, 1997). Practically, this process frequently means that burn survivors will often RTW before they are fully healed. Burn survivors may have to continue to attend physiotherapy, take medication, and perform dressing changes, in addition to experiencing both the acute and chronic symptoms of their injury as they attempt to integrate back into the workplace (MacEachern, Clarke, Franche, & Irvin, 2006). As might be evident, these tasks, difficulties, and job modifications play a strong role in burn survivors' experience re-adjusting to the workplace. Although the RTW plans are to some extent standardized (e.g., CMA, 2000), next to nothing is known about how men concretely contribute to these plans, both before and after RTW.

I could only find three research studies that attempted to understand the psychosocial and financial difficulties experienced by burn survivors as they RTW. In one study, the lack of psychological help, no plan for rehabilitation, non-compassionate managers or supervisors, and

lack of support from co-workers were listed as the major barriers as they transitioned back to their workplace (Oster, Kildal, & Ekselius, 2010). The second study looked at how burn survivors transition back to the workplace (Mackey et al., 2009). The authors of this study grouped burn survivors into four different categories: the unchanged, stronger, defeated, and the affected. Burn survivors in the unchanged and stronger categories described themselves as having a supportive employer who encouraged and supported them until they could perform their work tasks as well or better than prior to being burned. Those in the defeated and affected categories said they experienced depression, anxiety, disability, or fear of their workplace, and reported either quitting their position, or frequent continual absences from work.

The final study investigated the stories of 13 individuals with electrical burn injuries. They reported that burn survivors who had strong social and financial resources, had control over the types of activities and the pace that they worked, worked at jobs for many years and, were much less worried about their financial security than those who did not. They also reported that having an injury resulting in them needing to take time off work made them worry about job loss or worsening their work relationships. Interactions with WCBs were also difficult as their claims and injuries were often scrutinized, and their workplaces sometimes decided not to follow WCBs directions (Mansfield, Stergiou-Kita, Kirsh, & Colantonio, 2014).

None of the above studies take gender into account while investigating returning to work with a burn injury. There was one study which mentioned men's narratives and returning to work superficially. This study investigated the impact of burn injuries on Brazilian male burn survivors' quality of life. Their participants reported that their quality of life as a male was much improved when they were able to return to work, reassert their independence, and resume their

identity established by their role as a provider and a man with physical prowess. These were the only statements which solely represented the male's voices (Costa et al., 2008).

When considering all of the above-mentioned studies, another weakness is the lack of a theoretical framework (Krause, Frank, Dasinger, Sullivan, & Sinclair, 2001). All the above cited studies were primarily descriptive and the analysis consisted of categorizing the participants' stories. One way beyond this simple categorization is to frame these issues using the theoretical framework of medical decision making.

Models of Medical Decision Making

Medical decision making is a helpful framework for looking at men's plans to return to work. Injury rehabilitation is an extension of medicine, and the decisions made about rehabilitation can have important long-term consequences for the injury survivor. One could argue that it is especially relevant for injury survivors to be involved in making rehabilitation decisions as they will be the ones carrying out these plans (e.g., doing the physiotherapy exercises, conducting modified return to work tasks, and working through the hours of work recommended to them by health care providers). I did not find many psychology articles distinctly focused on rehabilitation decision making; however, there is a burgeoning area of literature on "medical" decision making. Below, I will review the models of medical decision making, the factors which influence patient involvement in this process, and argue that medical decision making is a helpful framework for understanding men's narratives of returning to work after a burn injury.

A review of the literature revealed three main models of medical decision making outlined in health research: 1. a paternalistic model which assumes that physicians are central to the care process and in the best position to make decisions; 2. an informed decision-making

model that positions patients as the experts and the ones who should make decisions; and 3. a shared decision-making model where decisions are negotiated and made jointly. Each is briefly reviewed below.

The paternalistic model of decision making situates patients in what Parsons (1951) called the sick role. In the sick role, patients are passive recipients of health care; their job is to get better, and docilely accept the advice and treatment of their expert health care providers. The health care provider, due to their expertise and experience, is viewed as the best person to evaluate the ideal course of treatment (Charles et al., 1997).

The informed decision-making model is the opposite as it posits that the health care provider's main role is to educate the patient with respect to the options available for treatment, their strengths, and their drawbacks. The patient is then informed enough to make their own decision, and decides how his health-care providers should proceed. The difference between the paternalistic and informed model is the crux of power; in the former, the health care provider (HCP) is the sole decision maker, in the latter, the patient is the sole decision maker (Levine, Gafni, & Markham, 1992).

Generally, HCPs use a paternalistic model in acute care settings where timely treatment is needed to prevent imminent death or disability. However, it is not considered to be effective in situations where patients need to take an active role in their care, such as after discharge from the hospital or while living with chronic conditions (Emanuel & Emanuel, 1992). What both models overlook is that both patients and the health care providers possess information, whether scientific knowledge or lived experience, that can facilitate the healing process. More specifically, health-care providers utilize empirically supported practices, and patients know their

lifestyle and the impact of treatment on their current physical and psychological well-being (Charles, Gafni, & Whelan, 1997).

Shared decision making frameworks have evolved since they were first introduced decades ago, in response to an increased push for more patient involvement in healthcare to rectify imbalances in power (e.g., Bekker et al., 1999). Despite receiving scholarly attention, shared decision making continues to be poorly defined (Makoul, & Clayman, 2006). Simply put, shared decision making involves the patient actively participating in making a medical decision along with their health care provider (Gafni, Charles, & Whelan, 1998). It is a process whereby the health care provider presents treatment options, encourages the patient to discuss his values and preferences, and collaborates on making a decision through a negotiated process that ideally involves mutual agreement (Makoul & Clayman, 2006). It has been hypothesized that a shared decision-making process improves treatment adherence, patient satisfaction, and treatment outcomes (Joosten et al., 2008).

At the core of the shared decision-making model is the assumption that patients want to be involved in their care and make decisions alongside their HCPs. This assumption is false. Research has demonstrated that patients vary according to the amount, ability, and desire to make decisions, and that in fact, HCPs often overestimate these factors (e.g., Florin, Ehrenberg, & Ehnfors, 2005). Differences in age and socio-economic status (SES) have been found to be the most important factors in determining whether patients want to be involved in shared-decision making (Florin et al., 2005). For this reason, many newer models of shared decision making recommend doing an assessment of the patient's desire to contribute, as many patients want to be informed about their condition but ultimately want to defer the actual decision to the HCP (Makoul & Clayman, 2006).

The results examining the effectiveness of a shared decision-making approach are mixed. Several randomized control trials have shown no difference in treatment adherence, patient satisfaction, and treatment outcomes, when comparing patients and HCPs who used shared decisions-making processes versus treatment as usual (e.g., Gattellari et al., 2001; Murray et al., 2001a; Murray et al., 2001b; Ruland et al., 2003). Other studies have shown that patients who engage in shared decision making are more likely to be satisfied with treatment outcomes than those who do not (e.g., Morgan et al., 2000; Malm et al., 2003; Von Korff et al., 2003, Ludman et al., 2003; Van Roosmalen et al., 2004).

Even with all the research conducted to date, very few studies examined, which medical decisions need to be made beyond the confines of hospitals or in more structured rehabilitative environments. Patients need to make a multitude of decisions in their everyday lives for which the medical system provides minimal support. In relation to the topic of my dissertation, decisions around returning to work are extremely relevant. Returning to work too soon may lead to further injuries, and returning after too long a time may lead to psychological issues, such as depression. It is not only when to return to work, but how to return to work. How does the patient troubleshoot potentially challenging “hotspots” in the workplace? How will they respond to their supervisors or co-workers? How should they pace themselves? Even if they do get some feedback from their HCPs or WCB, do these people really understand their job? In other words, is it important for WCB and HCPs to take the burn survivor’s opinions about RTW into consideration when making plans? A multitude of questions and issues remain unresolved.

Ideally, most, or at least some, of these questions are answered or reflected on or before RTW, whether it is done explicitly or not. The only way to sort through these issues is via narrative, where one can talk themselves through the issues, and imagine and think through

events that might happen in the future. Very little is known about this process. The medical decision-making paradigm may give us a framework to help one understand the RTW process after a burn injury or any other acute injury. As already mentioned, communication and collaboration between patients, HCPs, employers, and WCBs are encouraged, but there is evidence in the literature that suggests that these key players often clash (e.g. Franche et al., 2005). This makes it all the more challenging for patients. The work stories of their future must ultimately incorporate the views from each of these stakeholders. In investigating the stories that the men construct about their contributions to the medical, or rehabilitation, decision-making process throughout RTW planning, we can begin to understand how men go about this balancing process and learn how to better support themselves.

Significance

In summary, according to the literature on masculinity and health, RTW is something that many men look forward to throughout their injury recovery period as it symbolizes or signals a turning point after which they will be symptom free. Unfortunately for many burn survivors this is simply not the case. In truth, many symptoms associated with burn recovery have been identified as barriers that reduce burn survivors' functioning at work. These barriers include chronic pain, reduced functional performance, and psychosocial difficulties (e.g. Esselman et al., 2006). Again, how men conceptualize these barriers is unknown.

It is vital to explore men's stories of these prospective issues as they unfold, or before they even happen because, the way these issues are represented will influence how the men will deal with their experiences of them, when these experiences occur. As mentioned above, to date there have only been three studies which have looked at the retrospective report of barriers that burn survivors encountered when they returned to work after their injury (Mackey et al., 2009;

Mansfield et al., 2014; Oster et al., 2010). Although these studies were important, what they missed was burn survivors' interpretations *during* the process of returning to work. It is essential to conduct research prior to men returning to work because once they have returned to their workplace, the uncertainties and challenges they face may be different from what they had envisioned as their narratives and stories may already be changing. Burn survivors reflecting on their RTW may have a general idea about what problems they will need to deal with when they have returned to work. These stories, however, are not necessarily the same as the stories that they would construct in the moment as they prepare to RTW. When retrospectively looking at their experience, burn survivors are reflecting on what has previously happened to them, but their experiences since then change their interpretation of the events which unfolded. In the narrative and philosophical literature, this is called retrospective teleology (Brockmeier & Carbaugh, 2001).

In a sense, my dissertation is the reverse, exploring prospective teleology as the participants foreshadow the future that they expect based on their preparations and experiences of the present and past. Investigating patients' decision making and the way that it is informed by their expectations of a future event, is not a completely foreign concept in the literature. Indeed, many investigations on shared decision-making advocate for a discussion of possible outcomes prior to the patient and health care provider making a decision about treatment (e.g., Bruera, Willey, Palmer, & Rosales, 2002; Daveson et al., 2011; Martensson & Hensing, 2012; McIntyre, Zecevic, & Diachun, 2013; Stewart et al., 2012). For this dissertation, I investigate the stories men construct within two to four weeks of returning to work, because, at this time, men are expected to be thinking about their RTW, given that it is fast approaching. By studying men's narratives about prospectively preparing to RTW, one can view the process whereby men sort

through what they think are the main issues in their healing trajectory, and based these issues, how to best to support them in making decisions to RTW after a burn injury.

Finally, the way in which gender influences work reintegration and overall healing from a burn injury has been minimally investigated. Although there is no difference between the time it takes to return to work after a burn injury between men and women (Esselman et al., 2006), this does not mean that the process is the same for each gender. For example, the type of jobs that women and men typically return to may involve tasks or workplace communities that are different.

Currently, we know very little about how men approach, interpret, and understand their burn injury symptoms and the process of returning to work. By looking at their stories independently, we may begin to investigate why men and women report different rates of subjective burn symptoms, and shed light on the aspects of returning to work which can be especially important to men given the historical importance of work on their identities. Before delving into their stories, I will first explain the conceptual framework, which I will use to explore men's stories of planning to return to work after a burn injury.

Chapter 3: Conceptual Framework and Methodology

Conceptual Framework

This qualitative dissertation is founded on the assumption of social constructivism. A constructivist framework draws the theoretical underpinnings of epistemic and ontological relativism (Kukla, 2002). Finding meaning and understanding is said to be central to human existence. This meaning is based in language, constructed through social interaction, and is contextualized based on the time, place, and situations where humans find themselves. Investigating the universal characteristics of people, or the absolute truth, is not the goal of constructivism; instead it emphasizes the importance of looking at how people define themselves, and their own understanding of issues based on their gender, culture, and surroundings. With this being said, different people will have many different ways of understanding all aspects of their own realities, including the events which they find influential to their lives, and the interactions that they face during these events (Lock & Strong, 2010). Based on this framework, the underlying basis of this project is that not all men will approach preparing to RTW in the same way because they will have experienced different gendered histories or socializations, and will have had different interactions with others that support or hinder certain performances of identities. By analyzing their stories, we can achieve a nuanced conceptualization of the multiple ways that men make meaning of their post-burn injury life. Of course, not only do participants construct their lived worlds, entities, and processes, these experiences are also constructed by the scientists who study them and are not objectively discovered and described (Kukla, 2002).

A qualitative methodology was chosen for this project because it is best suited for enquiry from a social constructivist framework. This methodology recognizes that participants

construct and interpret rich accounts of the medical events that have transpired. Participants interviewed for qualitative research tend to discuss broad experiences, allowing a researcher working within a constructivist orientation to thoroughly explore participants' stories, as a constructivist framework considers many different realities and viewpoints about an issue (Creswell, 2009). By asking participants about their varying experiences and views regarding planning to return to work after a burn, I have the opportunity to consider and explore perspectives on this complex topic that have not yet been researched.

A gendered lens was utilized to interpret the central issues that emerged in the interviews. Of note, my conceptualization of gender is also situated within the social constructivist framework, thus fitting a qualitative approach. In my thesis, I limit my focus to men. Nevertheless, there are some conceptual points which need to be clarified to situate the theoretical underpinnings of this paper.

One of the challenges of research on gendered issues is in understanding the difference between gender and sex. Generally speaking, sex refers to the phenotypic differences between males and females according to biology (e.g., reproductive hormones and the results of development caused by the arrangements of chromosomes). Gender is a person's own social construction or self-representation as a man or a woman based on their relationship with social institutions, and the adoption of social, cultural, and historical conventions (Wizeman & Pardue, 2001). Gender is, therefore, how sexed entities are represented and understood by themselves, and people in their worlds. The literature on gender and sex differences in medicine has been criticized for constantly confusing these two concepts, and for not adopting a consistent definition between the two (Hammarström & Annadale, 2012; Hammarström et al., 2013). In this dissertation, I study gender and use gendered terms (e.g., men and women) rather than

biological terms (e.g., male, female) to avoid any confusion. In studying gender, I look at men's constructions of their identities based on historical context, their own current constructed culture, and recent experiences with a burn injury (Hammarström & Annadale, 2012).

Conducting research that focuses on men does not come without controversies. Feminist scholars have chastised researchers for conducting medical studies on only men in the past. The results of these studies were generally equated to being applicable to women without investigating if they actually were. This criticism became the basis for ensuring that women were also included in health research, and eventually the construction of a new topic of study: gender based medicine (Doyal, 2001; Pinn, 2003). As concepts in gender based medicine evolved, it was noted that men and women may have different health care needs. Based on these differential needs, it has been argued that men and women need not be treated completely the same, but allocation of resources should be fair and equitable (Hammarström et al., 2013). For example, Medved and Brockmeier (2010) found that women did not know many other women who had experienced coronary artery disease and may have benefited from increased peer support. When comparing their stories directly, it did not appear that men lacked this resource as most knew other men with heart conditions.

Although there may in fact be inequities in the medical system, this does not mean that one can make a generalization that men are faring better than women in terms of health. Men die sooner than women, experience physical injury more often than women, and access medical services less often than women (Payne, 2004). These differences are most often attributed to men's constructions of masculinity, especially ones with hegemonic norms. Researchers who investigate men's health can therefore conclude that there is both the need and the space to investigate the differing interpretations of medical difficulties by men and women, and that this

focus can help tailor the most appropriate services to each (Payne, 2004; Robertson, Galdas, McCreary, Oliffe, & Tremblay, 2009). In sum, these authors suggest that studies can be conducted solely on men as long as it is stated outright that the results do not presume to comment on women's health, and resources are also allocated to studying women's experiences. My research team fulfills this prescription by having other team members study women who are recovering from burns.

Another point related to the social construction of gender is the fact that constructs such as sex, gender, and sexuality are all non-binary. There has been increased interest in scholarly research of transgendered and intersexed communities, which focuses on the idea that sex and gender are based on cultural expectations and are socially constructed (Hird, 2000). In my conceptual framework, I see gender identity and performance as a key concept and also as a continuum. I would have included a participant who was transsexual or intersexed, and identified as male in my research, however none were identified during the recruitment phase.

One final point of conceptualization to be made is my use of the label "burn survivor". Throughout this thesis, I use this term over burn patient or burn victim. It is an internationally accepted term used by many burn survivor groups such as the Phoenix Society. In the research literature, it is often used interchangeably with burn patient. My use of this label emerged from my extensive involvement with the Mamingwey Burn Survivor Society. At conferences and meetings of this group, I was told by members that they felt that this label was empowering whereas the others were victimizing. I am aware that this label can be experienced as a burden for some people and perhaps implies a recovery trajectory. However, given that Mamingwey was very helpful in the planning, recruitment, analysis, and the overall integrated knowledge translation process for this project, the terminology will reflect members' preferences. On a more

personal level, I believe this term is more congruent with the tenets of collaborative decision making and less reminiscent of Parson's (1951) "sick role".

Narrative and Narration

Narrative is an essential venue in which people can reflect on unexpected life events that may affect or even alter their life course. When a sudden medical condition or injury occurs, narration can be a powerful tool for patients to overcome disruptions that the injury has caused, is causing, and will cause in their daily lives (Charon, 2006; Hydén & Brockmeier, 2008; Pennebaker, 2000; Riessman, 2015). In the process of narration, that is the act of narrative creation, storytellers work through such disruptions and in doing so, they are able to develop narratives that amalgamate the injury into their life story, irrespective of whether it results in narrative coherence (e.g., integration) or incoherence (e.g., fragmentation, silence). As a patient tells and retells their story, either alone or with others, optimally they work towards a coherent story about what life will be like after the formal rehabilitation stage of their recovery (Bury, 2001; Frank, 1995; Pennebaker, 2000; Riessman, 2015). This is not a simple task. Stories patients tell about healing are often ridden with chaos and uncertainty as their life is suddenly put on hold or even forever changed by their injury (Frank, 1995). Given the immense difficulties of attempting to come to terms with, or perhaps cope with their changed existence in the world, injury stories are often fragmented and broken for months, even years after the injury (Freda, Picione, & Martino, 2015; Hydén & Brockmeier, 2008). Regardless of the end result, narrative is one of the best tools in a patient's coping toolbox. Narrative is also an excellent tool for health care providers to employ, as it provides them with a method to consider a patient's perspective, alter medical treatment to best suit their needs and lifestyle, and help them cope — thus engaging in what has been called narrative medicine (Charon, 2006).

The social constructivist approach states that the way one narrates about an injury is always in flux as one relates to others in the world (e.g., Gergen, 2001, Gergen, Josselson, & Freeman, 2015; Smith & Sparkes, 2008). As this narrating occurs, a person continually edits and re-tells his story in order to adjust for his new life circumstances (Brockmeier & Carbaugh, 2001; Vassilieva, 2016). To construct stories about their future returning to work and their current experience of preparing to RTW, men recovering from a burn injury can draw on the cumulative narrative resources which they have amassed over the period of their lifetimes. Researchers who worked with other patient populations have stated that these resources are learned through the societal norms, and culture that the narrator is immersed in (Frank, 2009; Robillard, 2014; Smith & Sparkes, 2008). The culture, so to speak, is then said to narrate a story through the person (Riessman, 2008). Gender can provide narrative resources, such as plot constructions, storylines, metaphors, instructions, norms, and cultural expectations as to how men should understand their illness, identities, and roles in society (Brockmeier & Carbaugh, 2001; Riessman, 2008; Smith, & Sparkes, 2008). The way I conceptualize and understand these resources is that many of them are key in the construction of a person's gendered identity (Evans, Frank, Oliffe, & Gregory, 2011).

Although most of the research involving narratives conducted about health care asks patients to construct stories about their present experience with their injury, narratives can also be constructed in order to consider one's future with an injury (McAdams, 2011). During storytelling, patients will "time travel" by linking their autobiographical past and current context to possible futures (Andrews, 2014; Riessman, 2015). In fact, the only way to "time travel" is via narrative. McAdams and Mclean (2013) succinctly describe this process in discussing how narrative: "allows people to convey to themselves and to others who they are now, how they

came to be, and where they think their lives may be going in the future” (p.233). Narrating their thoughts of the future can allow patients to consider the uncertainties that they may face, and in doing so, create some stability in their narratives about their medical condition (Andrews, 2014; Brockmeier, 2000; Ezzy, 2000; Riessman, 2015). As they envision what their future will look like, they begin to construct identities within their stories which then give a semblance of purpose and meaning to their life and recovery from an injury, something which can be very motivating as they continue their healing (McAdams, 2006). By thinking about their future, patients are able to begin to formulate their goals for recovery and functioning in the roles which are most influential to their identities (Bruner, 1990), such as those they have constructed at their workplace. As they do this, they begin to think about how they will readjust to these roles despite their injuries.

Men who have suffered a burn injury may need to construct new narratives about their life. In relation to work, this might involve, for example, stories about preparing to adjust to the workplace, how to resume their work duties, how others might respond to their injury, and addressing the emotions around the possibility of not being able to perform their work tasks. Burn survivors may not know how they will cope with the pain, functional difficulties, changes in appearance, and difficulties with mental health when they RTW, but they can construct scenarios about how they could reintegrate.

Narrating their future experience in the workplace can allow the burn survivors to consider what challenges they may face, the reasons it may be important to overcome these challenges, and to start the process of facing these challenges or planning to overcome them. One way which patients may cope with these challenges is to adopt storylines which minimize or ignore the difficulties that they will experience (e.g., Ezzy, 2000; Thakrar, 2011), thereby

becoming less overwhelmed about their seemingly insurmountable task. This approach may reflect and construct forms of hegemonic identity and may in fact alleviate some of the stress that the men encounter.

Their constructions of the future in their narratives also allows people to change the way they experience and approach issues associated with injuries in the present (McAdams, 2006). For example, if a burn survivor narrates that he will need certain skills at his workplace, he may take steps during his recovery to regain this ability, such as practicing these skills at home. As he proceeds with this practice, his stories about preparing to return to work can evolve.

In summary, narrative provides the language of meaning in order to understand a medical problem, and narrative resources from one's gender informs the narratives a person constructs (Medved & Brockmeier, 2010; Smith & Sparkes, 2008). Although many studies putatively explore narratives constructed by burn survivors, very few demonstrate theoretical congruency by using narrative analysis. I will use narrative analysis to investigate men's stories of returning to work.

Narrative Analysis

Narrative analysis is the way in which researchers examine stories people construct about life events. Narrative researchers are a broad group with multiple influences (e.g., hermeneutics, discourse analysis, types of phenomenology, etc.). What unites narrative researchers is the use of case based analysis to consider individual narratives as a whole prior to organizing these narratives into categories. Riessman (2008) phrases this eloquently by saying:

Narrative study relies on (and sometimes has to excavate) extended accounts that are preserved and treated analytically as units, rather than fragmented into thematic categories as is customary in other forms of qualitative analysis, such as grounded theory. This difference is perhaps the most fundamental distinction: in many category-centered methods of analysis, long accounts are distilled into coding units by taking bits and pieces — snippets of an account often edited out of context. While useful for making

general statements across many subjects, category-centered approaches eliminate the sequential and structural features that are hallmarks of narrative. (p. 12)

Riessman (2008) accentuates the use of holistic coding and the importance of considering context in analyzing narratives. This view appears to resound with most narrative researchers and sets the discipline apart. Narrative researchers argue that one cannot understand meaning if one does not first consider a story as a whole. This is because uncontextualized stories are not reflective of a person's lived experience. Given the literature reviewed in the section above, it should be no surprise that another area which distinguishes narrative approaches from other qualitative methods is the importance of understanding meaning. Riessman and Quinney (2005) phrase this well:

In the view of the 'tyranny of narrative' under which the term has come to mean anything and everything, we broadly agree with the view that distinguishes narrative from other forms of discourse can be focused in terms of sequences and consequences: events are selected, connected, and evaluated as meaningful for a particular audience, hence the focus of analytic attention on 'how and why' events are storied, not just simply the content to which language refers (p.394).

In the above quote, Riessman and Quinney (2005) state that narratives are selected, connected, and evaluated as meaningful for a particular audience. This is accomplished by both the participant and the researcher in a collaborative process. In narrative traditions, the role of the researcher is as an active contributor and narratives are co-constructed during the interview (Bruner, 1990). After the interview is complete, the researcher links the constructed stories to the culture and context where the narrative is being presented (Emerson & Frosh, 2009; Josselson, 2011; Riessman, 2008). The way in which narratives are co-constructed and analyzed underscores the importance of reflexivity, something which will be addressed later in this chapter.

Riessman and Quinney (2005) also conferred the importance of not only meaning making, but also of actually providing the context for how and why the meaning was storied in the above quote. As denoted above, in order to consider a story as a whole and evaluate context, narrative researchers focus on both the stated and the unstated. This allows narrative researchers to re-contextualize and interpret stories such that the participant may have left out certain aspects. In other words, researchers discuss what is said in their analysis but will always consider the “how and whys” regarding the content of the narratives (Josselson, 2011).

There are multiple analytic approaches to choose from when conducting narrative analysis. Most are similar and only vary somewhat in epistemological the stance taken, and elements of narratives analyzed (Smith & Sparkes, 2008). I chose to use the analytic framework as detailed in Riessman (2008). This framework is presented later in the chapter. The primary strength of this framework is its breadth, allowing for flexibility in the analysis of thematic, structural, and dialogic layers of narratives. This method is ideal because it allows the flexibility to discuss men's performance of their gender during these tasks, and the structure of the storylines that they use, along with the content of their actual plans.

The approach detailed by Riessman (2008) also matches my epistemological stance towards analysis. I use a storied resource perspective which postulates that identity is constructed by considering both the culture and society that a person is immersed in, and their own inner conceptualization of this identity (Smith & Sparkes, 2008). Other methodologies such as the one described by Fraser (2004) subtly favour a heavier dialogical or “thicker social relational” stance by using more of a neorealist or critical theory approach where power structures are chiefly analyzed. Although I sometimes draw upon the concept of power structures such as hegemony to

understand my findings, I prefer the Riessman (2008) approach because these issues are considered but are not the sole focus of my analysis.

In addition to conducting a narrative analysis, I asked the men to complete two surveys regarding their job satisfaction and level of psychopathology. These surveys are meant to situate the men's narratives, and thus are descriptive in nature rather than part of the direct analytic procedure. Put differently, my aim was not a psychometric refinement of the questionnaires, nor to conduct a mixed-methods study that attempts to define what is "real" or more valid, the questionnaire scores or the men's voices. In my thesis the men's voices are primary.

Methods

Ethics

This dissertation followed all Tri-Council ethical standards for research involving humans. It was approved by the University of Manitoba Bannatyne Health Research Ethics Board prior to commencing interviews ([Appendix A](#)). All members of the research team attended the Personal Health Information Act (PHIA) course offered by the University of Manitoba and the Winnipeg Regional Health Authority and signed a confidentiality pledge provided by the coordinators of this course.

Participants

I interviewed 15 men aged 19-to 55-years old with burns affecting 1 to 65% of their total body surface area (TBSA). This broad range of TBSAs was chosen in order to gain a full perspective of returning to work after a burn injury from a variety of different men with burns varying in location and TBSA. The average TBSA of burns in this sample (15.4%) is consistent with the $11 \pm 13.7\%$ average TBSA of burns obtained at work, found in the literature (Mandelcorn, Gomez, & Cartotto, 2003). The most common mechanism of injury of burns

obtained at work are electrical burns followed by flame, scalds, tar, contact, and chemical burns (Mandelcorn et al., 2003). A low TBSA cut-off was chosen because the location of the burn can be quite important when returning to work. For example, a 1% TBSA burn on a hand may cause major impairment to men at their workplace (e.g., Islam et al., 2000). A high TBSA ceiling cut-off of 65% was chosen in order to be inclusive of more severe burn injuries and to investigate stories from burn survivors who had more severe burns. Further information about their burns and their occupations can be found in table 1. The men's reported occupations were those with the highest risk of burn injuries including: manufacturing, food service, labour, factory work, construction, and maintenance (Hunt, Calvert, Peck, & Meyer, 2000; Islam et al., 2000).

Not all information collected from participants is included in this chart in order to protect patient confidentiality. Detailed demographic information (e.g., age and ethnicity) in connection with medical information would have allowed easier accidental identification of our participants. Instead, general demographics are described below:

Five participants were in their 20s, three in their 30s, four in their 40s, and three in their 50s. Adult burn injuries most frequently occur between the ages of 20-50 (Latenser et al., 2007). Eight participants defined their relationship status as single, six were married, and one was in a dating relationship. These burn survivors were referred for outpatient burn treatment for their injuries by the in-patient medical team associated with the burn unit. Other than one participant who was on disability, participants were all employed full-time prior to being burned, and planned to return to the same workplace. An average predicted time to RTW of three months post injury was reported by thirteen of the participants in their first interview. This was within the average RTW time for burn survivors reported by Brych et al. (2001). Two participants (Pseudonyms: Josh and Roy) planned on returning to work over one year after their injuries were

healed. Due to the severity of their injuries, these men were placed either on permanent disability or required retraining, meaning that they did not return to their original workplace. Despite having a different outcome than the other participants, these two participants were still included as many of the storylines regarding workplace identity and decisions to RTW were issues that they addressed in their stories. Participants self-identified having the following cultures of origin: 11 White Canadian, 2 Métis, 1 Filipino, and 1 Indigenous. Thirteen of the participants worked in trades and two were healthcare providers.

The majority of participants lived in a major mid-sized Canadian city, with the exception of one participant who lived on a reserve, and another who lived in a rural area. I did not interview anyone who had difficulty with communicating verbally in English, or had obvious signs of cognitive impairment. Further exclusion criteria included those who were self-employed as it was considered likely that they would have a very different experience of preparing to return-to-work than those employed by a company. Nine participants had been burned while working and were receiving WCB benefits; six were not burned at work and therefore not entitled to receive WCB benefits. Based on a careful comparative analysis of the interviews, surprisingly there did not appear to be any significant notable differences between the two groups of men. Perhaps this is because the interviews did not directly focus on financial need. Participants received a \$20 gift card per interview for participating.

A total of 22 participants were approached to participate in this study. All 15 participants who agreed to participate completed two interviews. Of the other seven burn survivors who were approached, two did not qualify because they were self-employed, two did not attend the first interview and they could not be reached to reschedule, and three declined to participate because they felt that the time commitment needed for this project was too great.

Table 1: Burn Survivor Medical and Demographic Information By Pseudonym

Pseudo- nym	Field	Years worked in Field	Days admitted to Hospital	Surgeries	TBSA	Type	Location
Alex	Construction	26	Day Surgery	0	2%	Scald	Arm, face
Sam	Restaurant	3	Out- Patient	0	4%	Scald	Leg, arm
Trevor	Construction	6	Out- Patient	0	7%	Electrical	Leg, ear, arm
Nick	Trucking	2	1	0	3%	Flame	Arm, hand, neck
Josh	Mechanical work	14	30	3	25%	Flame	Hands, thighs, legs, feet
Matt	Factory	5	Out- Patient	0	2%	Scald	Face, neck
Simon	Construction	1	Out- Patient	1	6%	Flame	Thighs
Roy	Mechanical work	8	134	7	45%	Flame	Abdomen, legs, arms, face
Marco	Factory	2.5	8	0	16%	Flame	Face and arms
Nathan	Construction	1	4	0	15%	Contact	Back and arms
Dwight	Health Care	5	38	3	65%	Flame	Hand, arms, legs, back, face
Wayne	Mechanical Work	8	19	1	17%	Electrical	Arms, head, neck
Jackson	Mechanical Work	9	21	1	8%	Scald	Leg
Mason	Mechanical Work	2	18	1	15%	Electrical	Arms, face, wrists, hands
Tim	Health Care	8	Out- Patient	0	1%	Scald	Foot

Recruitment and Procedure

Burn survivors were targeted for recruitment from an outpatient burn injury clinic when their health care providers estimated that they were approximately four weeks away from their scheduled return to work, or were in the process of creating a return to work plan. Physicians and occupational therapists working at this clinic were designated as intermediaries between the researcher and the participants. When a participant was either deemed ready by health care staff to start planning to return to their workplace, or wanted to begin the process of planning to RTW themselves, they were approached by the intermediary and asked whether they were willing to speak with the principal investigator, the writer of this dissertation. At this point in the recruitment process, it was made clear that their decision to participate had no impact on their care at the burn clinic.

Participants who agreed to learn more about the study were then approached by the principal investigator. They were asked to participate in two, one hour long, in-depth semi-structured individual interviews. The study and the process of informed consent were explained. Once the participants indicated that they understood the study and their questions were fully answered, they read and signed a consent form (Appendix B). After participants consented, they were either interviewed immediately or were scheduled for an appointment on a future date. Immediately after either recruitment or the first interview (if interviewed immediately), a medical chart review was conducted. Interviews took place in person at either the researcher's office at the university, a room at the burn clinic, or the participant's home. One participant was interviewed over the phone for his follow-up interview due to scheduling conflicts.

After the first interview was complete, a date for the second interview was set one to two weeks prior to the date that the men predicted they were returning to work. Multiple interviews

conducted at different time periods can be used in narrative studies in order to build rapport, allow for thicker stories, allow the interviewer the opportunity to clarify understanding, and for the participant to further reflect on the narratives constructed (Elliott, 2005). The benefits suggested by Elliott (2005) provided justification for doing two interviews. More interviews (e.g., three of four) was thought to overburden the participants and may not have revealed much more information as data saturation was evident at the second interview. The timing of the second interview being shortly before the burn survivor returned to work allowed for the construction of as many stories about planning to return to work prior to the burn survivor returning to work. The importance of solely interviewing participants prior to returning to work is discussed extensively in the introduction. In review, I believe that the uncertainties and challenges the men face while planning to RTW may be different from what they remember once they start working.

There did not appear to be any major differences between the information provided across the two interviews. The average time between the two interviews was three weeks for the majority of participants and 34 weeks for the two long-term burn survivors. Before the second interview, a preliminary analysis of the initial interview had been conducted and triangulated with the interviewer's field notes, the quantitative measures, and the burn survivor's medical chart. This analysis allowed for the opportunity to identify follow-up topics for clarification during the second interview. In doing so, the participant and the investigator were able to build and reflect on the narratives constructed throughout the first interview.

Recruitment stopped when it was determined that there were very few new storylines, structures, or performances related to the main objectives of this study emerging from the analysis of interviews. After interviewing 11 participants twice, it appeared that few new

storylines were emerging and that the data which was collected was rich and detailed. Four more participants were recruited in order to ensure data saturation for a total of 15 participants, or thirty interviews. This result is on par with the number of participants typically recruited for a large narrative study. Generally narrative research in healthcare favors fewer participants with more of an emphasis on thick analysis and understanding of the individual narratives being studied (Mason, 2010; O'Reilly, & Parker, 2012).

Descriptive Measures

For descriptive and triangulation purposes, participants completed two questionnaires, the Job Satisfaction Scale (JSS; Spector, 1997) after the first interview, and the Patient Health Questionnaire (PHQ; Spitzer, Kroenke, & Willaims, 1999) after the second interview (Appendix C & D). These two scales were administered in order to obtain descriptive information about the sample with regards to their level of reported psychopathology and the level of job satisfaction. Psychopathology was an important construct to describe for this population because, as reviewed in the introduction, it is one of three main categories of challenges burn survivors face as they are healing from a burn injury. Job satisfaction was chosen because the men's satisfaction with their jobs could have been important in their stories about their work and their desire to return to work. For example, a burn survivor who does not like his job may not want to return to work quickly, or may not feel as much pressure to quickly recover. The reason that the PHQ and JSS were administered in separate sessions was in order to ensure that the time requirements per session were even. The questionnaires were given after interviews so that they would not influence the content of the narratives. Further information on these two scales is detailed below.

The Job Satisfaction Survey (JSS; Spector, 1997) is a 36-item measure measuring nine domains of job satisfaction: pay, promotion, supervision, fringe benefits, contingent rewards,

operating procedures, coworkers, nature of work, communication, and total job satisfaction. Each item is judged on a six-point scale ranging from strongly disagree to strongly agree. Chronbach alpha's for these domains range from acceptable (.60) to excellent (.91) internal consistency (Spector, 1985). Authors of the JSS provided Canadian norms in order to compare job satisfaction to a national sample. All of the participants, with the exception of Roy (a pseudonym), scored in the average or high average range for total Job Satisfaction when compared to Canadian norms (Spector, 2011).

The Patient Health Questionnaire (PHQ; Spitzer, Kroenke, & Willaims, 1999) is used to assess psychopathology in lay populations. Questions specifically addressing depression (question 2), anxiety (3, 4 & 5), alcohol use (9 & 10), and overall interference in quality of life (11), were included for the purposes of this thesis. The PQH has been shown to have good construct validity, and diagnostic validity (Spitzer et al., 1999). Internal consistency has been found to be very good with a chronbach's alpha of .87 (Milette, Hudson, Baron, & Thombs, 2010). Considering scores for depression on the PHQ-9, 4 participants (Josh, Matt, Nathan, and Wayne) scored in the "mild" range; 5 (Simon, Marco, Dwight, Mason, and Jackson) in the "moderate" depression range, and 1, Alex, scored in the "severe/major depression" range. Given the severity of Alex's difficulties, the interviewer ensured that he had an appointment with a therapist provided by the WCB and, with his permission, his burn team was made aware that he was reporting severe depression. Josh met criteria for panic attacks; he was the only participant meeting criteria for an anxiety disorder. The PHQ did not screen specifically for PTSD, but Josh's panic attacks appeared to be related to PTSD as he reported seeing a psychologist in order to address the trauma and flashbacks associated with being burned. The way in which

depression, anxiety, and other symptoms of mental health were featured in men's stories about the future are further discussed in the findings section.

My strategy for analyzing the data consisted of first identifying similarities and differences in the men's narratives. When groups along the lines of job satisfaction or psychopathology emerged from the analysis of narratives, I used a Qualitative First Concurrent Triangulation Strategy to inform and justify comparisons being made using quantitative measures (Creswell, 2009). As described in the findings, four participants scored in the "mild" depression range; 5 in the "moderate" depression range, and 1 in the "severe/major depression" range. The narrative differences between these groups of men are discussed further in the mental health section of the findings. There were no significant differences in job satisfaction between the men on both the JSS and in interviews. As such, I was not able to compare the men on job satisfaction.

Interviews

A semi-structured interview script was developed prior to starting this project in consultation with the author's research team (which included a burn surgeon, a psychiatrist, a professor of social work and psychology, and a rehabilitation psychologist) and a local burn survivor who had previously been through the process of returning to work. The interview schedule was reviewed by a local burn survivor in a three-hour meeting where he read through the questions, answered them for himself, and identified questions which were missed that would have been notable in constructing his narrative. After this process, the author further consulted with his research advisor before finalizing the interview schedule. Even after engaging in this rigorous process, questions in the interview were kept open-ended. Open-ended interviews created dialogic space for participants to construct narratives which explored events that were

important as they were making plans to RTW that had not already been captured in the interview script. This way, the interview script continued to evolve as questions emerged.

The questions in the first interview focused on men's prior experiences with their workplace; the challenges the men encountered during burn recovery; their thoughts, decisions, and conversations about RTW; and the challenges they expected to face when they returned to work. The second interview built on the content of the first interview (Appendix E & F). The men were asked follow-up questions about the narratives constructed throughout the first interview, in addition probing for new events that had occurred since the first interview that had influenced their preparation for work reintegration. Although questions were designed to guide interviews, participants were encouraged to explore emerging stories freely, thereby empowering them to participate actively in the co-construction of narratives. For example, many participants mentioned that camaraderie at their workplace was a strong component for their motivation to RTW. Although not in the interview guide, many follow-up questions were generated about this topic in the second interview.

Interviews were transcribed verbatim by one of five undergraduate psychology students working with the Language, Health, and Illness Research Group. These transcribers were trained to be sensitive to and to note participants' relative tempo, pauses in speech, enunciation, tone, emphasis, pitch, and volume as recommended by Medved and Brockmeier (2004; Appendix G). After the interviews were transcribed, the principal investigator compared each to the original audio recording ensuring that there were no errors in transcription and the above features were captured in the transcription. Participants were assigned a pseudonym and all identifying information was removed or altered. Interviews were imported into the QSR NVivo 10 research software in order to aid with the organization of the transcripts. The student who was involved in

transcribing a particular transcript also read through both interviews, making notes on structure, performance, and themes for each of the participants. These volunteer research assistants compared their findings to the author's in face-to-face meetings. This allowed for contrasting the most salient storylines found by each person and allowed the author further opportunity to reflect on the stories collected.

Additional sources of data included in-depth field notes, a medical chart review, and a demographics questionnaire (Appendix H). Field notes were taken by the investigator after each interview to record the participant's rapport with the interviewer, non-verbal behaviours and cues of pain, disability, and symptoms of the burn injury that the participant appeared to experience during the interview, along with the affect and physical appearance of the participant. In addition, interviewer observations and reflections were included in the field notes.

The medical chart review involved collecting information about the burn injury such as TBSA, severity, number of surgeries, and length of hospital stay. The demographics questionnaire was administered verbally in order to gain information about the participant's age, date of injury, cause of injury, marital status, occupation status, expected date to resume work, and involvement with workplace compensation or other disability insurance. Both of these sets of information were collected after the first interview and were also considered in order to generate questions for the second interview.

Analysis

A narrative analytical method was used to investigate the stories men constructed about making plans to RTW after a burn injury and the objectives stated at the beginning of this thesis. Information about the meaning participants construct in stories can be explored by analyzing the thematic, the structural, and the performative "layers" of their narratives. Each of these layers are

intricately intertwined (Riessman, 2008). Conceptualizing each aspect of analysis as a layer is not to position one as hierarchically more important than another. One can consider each layer separately throughout analysis, and then synthesize and present each layer in a manner which draws attention to, and explains central aspects of, the narrative but still considers it in its entirety. This process allows the researcher to consider many different narrative realities which may be constructed simultaneously (Gubrium & Holstein, 2009). Each of these layers of analysis will be explained below.

Thematic Analysis

The thematic layer of analysis investigates what the participant says in the interview. Narrative thematic analysis considers emergent themes in a holistic fashion as narratives are analyzed. During thematic analysis, narratives are considered as a whole with the sequence and particulars of stories kept intact. This concept allows the researcher to fully evaluate the narrative for contradictions and tensions expressed by the participant within each of their stories. As emergent themes are identified during this analysis, they were arranged alongside similar stories. These stories then became organized into broad categories which shaped the participants' narratives and contributed to their interpretation of their experience (Riessman, 1993). These stories were then grouped together and further organized into subcategories until there was a meaningful organized structure on which to comment. Particular cases were then selected to illustrate the general patterns within each participants' set of interviews and between all of the participants' interviews about preparing to return to work (Riessman, 2008).

Structural Analysis

Structural analysis allows a researcher to explain how a narrative is composed and organized. There can be two foci of analyses for structural analysis. Both of these analyses are

intertwined and can contribute to burn survivors' narratives of preparing to RTW (Riessman, 2008). The first focus of analysis is on understanding the overall genre or how the elements of the story are assembled, and how each aspect of the story is combined in order to create the narrative as a whole. Often this process includes an analysis of the plot and storylines which are provided to the storytellers by society, or are constructed by the storytellers themselves (Riessman, 2008). In looking at storylines, we can identify dominant plots or storylines that are prescribed by society, and that men tell often while constructing stories about returning to work. These plotlines are often too simplistic and do not allow participants the narrative space to explore "messy" situations, such as having difficulties adjusting to the physical demands of the workforce after a burn injury. The structural layer of analysis also allows for the exploration of other narratives as someone is negotiating his interpretation of his experiences (Bamberg, 2004). For example, burn survivors may construct a story about wanting to RTW quickly in order to please their bosses, but at the same time provide a counter-narrative of how this is impossible given the ongoing challenges they are facing with their burn injury.

The second focus of structural analysis is the consideration of literary forms, including metaphors, examples, and emphasis, which the narrator conveys in order to convince the listener of his version of the story (Riessman, 2008). These narrative devices convey how a person perceives their experiences and acts. They allow a teller to consolidate information, and extend ideas about their sense of self, their relationship with others, their interaction with their body, the way they see the world, and the way they see the future.

The metaphor, in particular, has been shown to be a crucial storied resource for representing one's past, present, and future following injury (Becker, 1997; Smith & Sparkes, 2004). Of particular importance for this dissertation were metaphors that embodied burn injuries,

and the process of returning to work. Since burn injuries typically involve very visual and physical symptoms, burn survivors can use embodied metaphors to explain their experience. These metaphors then become woven into the social interactions and political structures that the burn survivor experiences and participates in (Riessman, 2008). For example, a burn survivor with an injury causing physical dysfunction may use emasculating metaphors. Another burn survivor who believes that his workplace is giving him work which is not meaningful may refer to metaphors about feeling underappreciated, or compare his work to something else which is mundane. In analyzing the metaphors that burn survivors use about how they are preparing to return-to-work, we may be able to get considerable insight into their interpretation of this process and the way that they envision their future (e.g., Kirmayer, 1992; Lakeoff & Johnson, 1999; Smith & Sparkes, 2004). In short, by conducting a structural analysis, I investigated how men assembled the elements of their stories to narrate their contemplation of RTW.

Dialogic/ Performance Analysis

The performative layer of analysis allows the researcher to focus on the interactions and dialogic co-constructions between the teller and the listener. When doing this analysis, the researcher asks why the teller is choosing to narrate a particular story at this particular time. This layer of analysis captures social pressures and societal norms that the participant is facing while constructing their narratives (Riessman, 2008). Structural aspects of the narrative, such as pauses, volume, body language, demonstration of certain actions, and emphasis, are often looked at to offer information on what the teller is trying to convince the reader of, what he is trying to perform, or the way in which the teller is reacting to the interview.

Given that this layer of analysis emphasizes the co-constructive aspects of narrating between the participant and the interviewer, the identity of the interviewer is considered

imperative to the research process as a burn survivor could have constructed stories aimed at him due to societal pressure (e.g., gender). Although the identity of the interviewer is discussed below in the reflexivity section, it will also be addressed here to inform the dialogic/performance analysis. In the case of this dissertation, the interviewer was a Canadian born, male graduate student of East Indian decent in his late 20s without any discernible health and/or disability issues. The demographics of the interviewer inevitably influenced the progression of the interviews. For example, participants were aware that the interviewer is a psychology student conducting a project in a health care setting. As such, it is possible that the burn survivors may have responded to the interviewer's vocation and talked about their injuries as if they were talking to a member of the health care team. For example, the men often spoke specifically about their injuries rather than telling stories about their daily experiences around their injuries. They may also have been sensitive to the interviewer's gender being male and as such attempted to minimize their difficulties. Thus, it was important to consider this layer of analysis and the conversational turn-taking as the narratives were being studied.

Analytic Procedure

A concurrent within and between subject analyses was conducted as participants were interviewed. Narratives from each participant's first interviews were first analyzed. These transcripts were read to gain a holistic understanding of the narratives that participants constructed in their interviews. Subsequent readings were conducted to analyze structural, thematic, and performative layers separately, as the researcher made notes on each story told within the interview and coded meaningful passages into NVivo. The second interview was analyzed in the same fashion. As this occurred, similarities and contradictions of each of the participant's narrative structure, themes, and performance were investigated.

Similarities and differences were then noted between each of the participants' narratives. This analysis was conducted by comparing notes from the original individual analysis. This analysis allowed the researcher to identify commonalities in the narratives constructed by participants as they were expressed differently by each of them.

The final step in analysis was sharing findings with members of the research team. When there were disagreements on any level of narrative analysis, these disagreements were discussed in depth until consensus was reached. The primary researcher's supervisor, and other members of the research team, also evaluated the findings of this thesis by reviewing each of the transcripts, and challenged the primary researcher on many of his assumptions and conclusions during the process of analysis and writing.

Qualitative Rigor

It is important to note that there is no universal set of criteria to evaluate the rigor of narrative inquiry. Researchers using different individual methods of qualitative inquiry have been developing criteria for rigor based on their epistemological and ontological assumptions (Levitt, Motulsky, Wertz, Morrow, & Ponterotto, 2017; Morrow, 2005). Recently, there has been an increase in literature geared towards defining and evaluating qualitative rigor, but there is still no consensus between or within disciplines. Although checklists for "good" qualitative work have been established, they appear to be arbitrary and are unlikely to identify appropriate rigor for narrative methodologies (Stige, Malterud, & Midtgarden, 2009). With this ambiguity, it becomes the responsibility of the researcher to define and be explicit about how rigor is established for the research being conducted. Reflexivity, verstehen and mutual construction, credibility checks, and grounding interpretation in examples were used to establish rigor in this study. The goal of using these methods of rigor is to ensure that the subject matter is well

covered, and to ensure that findings are useful for addressing the aims of the project (Levitt, Bamberg, Creswell, Frost, & Suárez-orozco, 2018). Each method for ensuring rigor is described below.

Reflexivity

What is agreed upon by the literature is that qualitative work embraces and gathers important information from the interviewer's interpretation of the subjective experience of participants (Morrow, 2005). Stories are co-constructed with the preconceptions, biases, and slants of both the research participant and the interviewer being exposed. Therefore, it is imperative to reveal these biases in a process known as reflexivity. Reflexivity is the ability to question one's social position and acknowledge that this position may affect the construction, outcome, and evaluation of a qualitative research process (Guillemin & Gillam, 2004). It means turning the research lens on oneself and trying to understand why a participant would construct a story differently because of the researcher's presence. This process also allows the researcher to ask, through critical self-reflection, how their own social history affects their ability to interpret the data (Berger, 2015).

To integrate reflexivity into this project, I reflected on my presence in each of the interviews by reviewing field notes and transcripts, particularly during the performative stage of analysis. I also reflected on my theoretical assumptions about burn injury recovery, and I identified when participants reacted to these assumptions in each interview. Lastly, I informed my research team about my background and assumptions, and was open to their interpretation of how these impacted data collection and analysis while conducting credibility checks.

The first recommended step in the reflexivity process is to provide a reflexivity statement, which I will do here: I am a Canadian born, middle-class male, of East-Indian decent,

without any injuries, scars, or functional disabilities. As I was at the burn clinic during recruitment, the participants were aware that I was conducting interviews for the purposes of a doctoral dissertation in psychology. My interest in trauma began when our research group started contributing to a large-scale study on trauma in burns. We were responsible for the qualitative component of this work. My Master of Arts (MA) research emerged from this project, which investigated the stories men constructed about healing from a burn injury. In total, I have been working with burn survivors in a research capacity since 2008.

I do not have any personal experience with a burn injury myself, however my previous notions about burn injuries and gender research emerged out of from my Master's research with burn survivors, my attendance at the American Burn Association Annual conference, local burn survivor conferences, and the Canadian Institutes for Health Research Institute of Gender and Health Research (CIHR-IGHR) conference.

As will become apparent in the results section, my analysis indicates that the social location of educational obtainment and place of employment lead to a notable difference between health care providers and burn survivors that lead to mismatched communications. For this reason, I think it is important for me to reflect on my educational background and how this may have had an impact during the interviews, as, for example, described below after some brief background information.

My involvement within the firefighter's burn unit and local burn survivor community has spanned seven years. I have worked closely with the burn team in developing my projects and learning the dynamics of doing research in this field. I have also taken time to understand the perspectives of burn survivors by being involved in the local burn survivor community. This experience has involved attending local burn survivor conferences and hearing burn survivors

share their perspectives, taking part in fundraising activities for the local burn survivor community, and volunteering at the local burn camp. These everyday real-life interactions have taught me the unique needs of burn survivors throughout recovery, how to respond to burn survivors who have visible scarring, appropriate interaction with family members of burn survivors, and other knowledge about working with burn survivors which could only be gained from being a part of this community. As a part of this community, it was easy to find allies who were willing to speak to me about this project. In talking to burn survivors about returning to work, I learned about the importance of this issue. This helped shape the creation of appropriate research questions. The two long-term burn survivors who participated in this study approached me outside of a local conference and actually asked to participate in this study, illustrating the level of trust I have cultivated with the community over the years.

While interviewing the men, I felt grateful to be listening to each of their stories, and I humbly tried to understand their point of view. It was particularly interesting for me to notice that they really did not appear to have any prior knowledge of their role in medical decision making or return to work planning. Given that much of the literature I reviewed prior to when I proposed this project centered on collaborative decision making and RTW planning, I found it initially awkward and frustrating when the burn survivors had trouble answering questions about this. One participant even apologized several times for not providing me with enough information. He stated that he wanted to be helpful, but did not believe he was contributing to his healing or plans to RTW. As I rephrased and fine-tuned my questions, I still found it strange that the men did not see themselves as having an active role in their health care or that their actions during recovery contributed to their healing. As I reflected on this, I began to understand that they seemed intimidated by the health care setting and by the education level of the people

treating them. The men did not appear to believe that they were educated enough to challenge my questions or participate in the decision-making process. They were experts in their own fields, but did not want to dispute my research expertise in burn injury recovery. This led to the development of the “Doctor Knows Best” set of findings discussed later. It also helped explain why the men would spend so much time discussing and performing their expertise regarding their workplaces and jobs.

The male burn survivors were very helpful and willing to share information with me throughout interviews, but one observation I made was that they often spent a lot of interview time describing their occupation, the conditions they worked under, and the workplace environment. As I was someone who never worked in the trades, they wanted me to know, perhaps educate me, about aspects of their jobs such as safety concerns and subcultures that I as a researcher, in addition to most other health care providers working on the burn unit, would not understand. As such, it was pivotal to this project to allow burn survivors to provide me with this education and feel that I was valuing their experience as a tradesperson. In providing them with ample time to describe their workplace, their relationships with bosses, co-workers, and clients, and to provide me with as much information about their workplace as they believed was important, I believe my rapport with the participants was strengthened, and I could hear and collaborate on deeper stories with them. This experience allowed the men to confidently perform their role as the “expert” in their trade and to be seen as knowledgeable about something while still respecting the knowledge of the burn team.

Verstehen, Credibility, and Grounding Interpretations in Examples

Other methods of qualitative rigor used for this project included verstehen or mutual constructions, credibility checks, and grounding interpretations in examples. Verstehen and

mutual constructions refer to how deeply participant meanings are understood, and how well mutual construction of meaning is conducted during the interview and analysis process. To be rigorous in this domain, I drew on the context and culture of the participants and the rapport I had built with them (Morrow, 2005). Part of fulfilling this domain was conducting more than one interview with participants to build good rapport and seek a better understanding of their social location.

Grounding analysis and interpretation in extracts involves providing appropriate extracts from each participant's interviews to demonstrate interpretations made by the researcher (Elliott, Fischer, & Rennie, 1999). This process increases the trustworthiness of the study, as it allows the reader to evaluate the researcher's interpretations and conclusions when the research is published, or when credibility checks are conducted. To ensure rigor, I used specific examples to illustrate exactly how I came to each interpretation.

Credibility is the extent to which findings and reported interpretations are a true representation of the situation described by participants (Lincoln & Guba, 1985). To ensure credibility, I presented my findings to my research team members, burn unit professionals, and a person with lived burn experience in order to consider alternative interpretations to each layer of analysis (Morrow, 2005). This process allowed me to reflect on my interpretation of the dialogic performance of both myself and my participants during interviews, my consideration of the many different narratives being constructed, and, finally, my interpretation of prominent storylines found throughout each of the participant's narratives. These credibility checks occurred at each stage of the research process.

One area that my team found important was how the men in this project not only talked about the importance of their workplace identity, but actually embodied it and showed me

examples of this embodiment. This finding was particularly true when participants showed pictures of their workplaces, or clothes they wore, or even gave tours of their workplace thus demonstrating how salient their working identities were to them. I originally dismissed this as being more influential to building a strong alliance between the interviewer and interviewee. My team saw them as dialogic performances that needed to be taken into account and analyzed in their own right. The participant's workplace identities were so entrenched in their narratives that they were proud to show how they performed their jobs on a daily basis. The men used these props to tell their stories, as these objects painted a vivid picture of their working conditions and the importance that these environments had on their masculinities. For example, one of the participant's job tasks involved climbing great heights. By showing me how high he climbed, through pictures and a visit to his workplace, he showed me how tough he was and how difficult his working conditions were. In constructing his narrative about resuming this work, he was proud of his toughness, but fearful he could not live up to the physical demands of his job because of his burn. In discussing these thoughts with my team, they asked me to elaborate on these "telling through doing" performances.

As addressed above, part of the credibility check involved having a burn survivor read through selected passages of transcripts in order to evaluate my work, and help me consider aspects which I may have missed. I found this feedback very helpful. He spoke to me at great length about his experience in preparing for his return to work, his involvement with peer support, and helping others do the same. He read my research questions and gave his feedback on each section. He also read each of the extracts in my findings section and provided his interpretation for each. Many times, he facilitated further reflection on ideas that I and the research team had overlooked or de-emphasized. For example, in his own experience, the lack of

guidance in making medical decisions or not knowing the actual plan during the preparation to RTW was experienced as very difficult. The burn survivor found examples of these in each of my extracts. Although I had mentioned these in my findings, he suggested I elaborate further, which I have done.

My involvement with the burn team itself was also incredibly valuable. I had a very close involvement with this team, attending journal clubs and conferences with all members of the team. My closeness with the team was specifically helpful as I asked for feedback on my findings section from several members of the team including the occupational therapist and physiotherapist. Each provided clarification on what they provided for care at the clinic and how they would have approached each of the experiences reported in the burn survivors' stories. For example, the burn team stated that it is often the burn survivor's responsibility to state their own goals and for the team to work within their goals. They described this process of collaboration, allowing me to have a clear understanding of when RTW decisions were made at the unit.

Integrated Knowledge Translation

Knowledge translation was kept at the forefront of this project from the beginning, during, and at the end. The original idea for this paper came from discussion with the burn team, and with burn survivors, and evolved from my previous research with burn survivors. All of these experiences highlighted some of the many challenges and the lack of information regarding returning to work after a burn injury. When asked, burn survivors specifically discussed how further information on the process of returning to work would have been helpful to them. As such, I made RTW the area of focus for my research. I then worked closely with my collaborators throughout the project and allowed different storylines to emerge as I interviewed participants.

Preliminary findings from my research were presented at Canadian Burn Survivor conference as I was writing this paper. After this presentation, I was approached by many burn survivors who reviewed how my interpretations were correct and where these interpretations needed to be tweaked. For example, one participant emphasized that he was not actively withholding information from his health care team, but that he just believed that his health care providers already knew this information or that it must not be relevant if they did not ask for it. The burn survivor I worked with throughout the conceptualization and analysis of this paper also helped clarify and sharpen some of my analysis.

To disseminate my research, I have already presented my findings broadly at the American Burn Association Annual Meeting, and the Canadian Psychological Association Annual Conference. After defending my dissertation, I plan to publish my work in either *Burns* or the *Journal of Burn Care and Research* to have the highest readership of healthcare providers who work with burn survivors. Members of my research team also have plans to present the information in this dissertation to the Workplace Compensation Board in Manitoba in order for them to improve how they create and implement RTW plans with burn injury survivors.

Chapter 4 Findings

Overview

The purpose of this dissertation was to investigate the stories that men constructed during burn rehabilitation while preparing to return to work, shortly before they began working again. I also investigated how they narrated the tensions that they faced as they navigated this process. The following three sections were created to consolidate the data, guide my analysis of men's emerging narratives, and organize this chapter.

- i. In the first section, *Challenges Faced in the Present, Framed in the Future*, I asked men about their current experiences with pain, itchiness, scarring, and mental health symptomology. As they explored these issues in their stories, I asked them to discuss their beliefs about contending with these symptoms in the future, at work.
- ii. In the second section, *Workplace Reputations — The Reliable Employee and the Lazy Employee*, I asked men about their workplace identities, their thoughts about resuming these identity practices as they returned to work while dealing with the above-mentioned burn symptoms, and what they believed were the challenges and tensions they would encounter as they re-constructed these identities.
- iii. Finally, in the third section: *"Doctors Know Best" or Do They? Men's Stories about Collaborative Decision Making While Planning to Return to Work After A Burn Injury*, I asked men about their interactions with their Health-Care Providers, WCB counselors, and their employers as they were making plans to return to work. I then asked about their foreshadowed satisfaction with the plans which were made.

Section 1: Challenges Faced in the Present, Framed in the Future

This section addresses how burn survivors narrated challenges during their healing and how they believed these challenges may impact their work. The analysis revealed that the men in this study were dealing with pain, functional impairments, scarring, depression, and PTSD to varying degrees at the time of their interviews, similar to the issues identified in the literature. The purpose of this section is to explore the way that these men framed their difficulties in their stories about healing at the time of the interview and in the future — that is, in their narrated plans to return to work. In looking at these stories about the men's challenges, we can set the stage for understanding the tensions storied in the upcoming chapters about workplace identities, and making decisions about returning to work.

Scarring and Body Image

In this subsection, I first present the men's stories about their scarring. I then report on stories the men told about caring for their scars at work and the reactions they anticipated from co-workers. In general, the men's reactions to their scars were mixed. Some were very bothered by the look of their skin while they were healing. Alex expresses this discontent through his story.

Alex: I never ever EVER in my life wanted a tattoo, now what? (2), well that's my new tattoo. ... Because like I said, I never ever wanted a tattoo on my arm now look at this. I've got a scar, a big old scar. ... Oh man what an ugly arm I'm going to have. Ugly arm and grey hair ... Because I know someone who's got burns like me and it's ugly. (3) It's never going to look the same again, it's not going to look the same like this arm.

Alex repeats and emphasizes the words “never” and “ever” to convince the interviewer of the degree to which he finds his scar unacceptable. He states that he never wanted a tattoo or a burn. The full thickness burns on his arm and partial thickness burns on his face reminded him of the permanency of a tattoo, something which he was particularly taken aback by. He even goes

so far as to compare his skin graft to the rest of his skin, stating that he no longer has ownership of it. He also alludes to his greying arm hair signifying that in addition to being permanently damaged, he is also getting old. This seems to indicate that his worth was tied to his age and appearance, thus by being disfigured and getting older, he has decreased in societal “value”. In the interview, he then acknowledges that he may want to fix the look of his burn by getting a tattoo because of how ugly he perceives it to be. Although, he wishes that he did not have to get a tattoo, perhaps this is one way he can demonstrate to the interviewer — and to himself — that he has some control over his appearance.

Although pervasive scarring was extremely difficult for some of the men to handle, not all of the men's stories reflected the same amount of distress that Alex reported in his story. Many of the men appeared to be unbothered by their scars and would even show them off, almost with a sense of pride. Sam exemplifies this below, as he talks about the partial thickness burns to his ankle.

Sam: Showed them a couple pictures. They were grossed out... I was like showing people, like, uhh(:). Like how it all goes along...

Interviewer: Umm, you know some people end up a little bit worried about scarring, when they're recovering from a burn injury or the look of their burn, are you concerned at all about that?

Sam: Nah, I consider them war wounds...I just the whole, manly image thing. Cus like I've got a few scars, just like the one on my thumb here when I got cut there... I've always had anxiety with knives, more so than burns. Just the thought of getting cut, it just, give me the willies... Like I've, got a deep cut on my, thumb, or I've got giant burns on my legs, like ...I guess like a passage of life kind of. ... Well I, as a cook obviously like, you get burns and cuts and then you get like, a big burn, you're like okay, I've been through this, then, everything else is, is a lot less, seems like a lot less now.

In this excerpt, Sam tells a story about when he visited his workplace and chatted with his co-workers. During this time, Sam shows pictures of his scars to coworkers allowing them to see how “tough” he is for enduring such a painful ordeal and in an attempt to “gross them out”. He does this with a sense of self irony, as illustrated by his comment “the whole manly thing,” but

nevertheless, he appears to see his scars as a type of masculine rite of passage. He even compares his scars to “war wounds.” At the same time, he positions his cuts as equivalent in permanence, and damage, to his burn, even though his burn was a much larger injury; by making this comparison, he minimizes the importance of the burn in his life and demonstrates that he is equipped to cope with it. By showing off his burn scars and his past injuries, he gains credibility as a cook who is tough and can work hard, and at the same time, this narration possibly reduces potential worry about his scars, (if there is any worry).

When the men were directly asked about whether they believed that they would feel self-conscious about their burns at their workplaces, the majority of the men interviewed stated that they would not. Jackson comments on this in his story about full thickness burns to his knee, leg, and foot.

Interviewer: Do you think the look of the leg will impact your return to work at all? Your interactions with co-workers or with clients?

Jackson: No! ... I, I, I always have to wear pants and coveralls, so no one's ever really going to see the leg. (3) To me I'm not really worried what people think, it happened. I don't know I'll probably have a lot of people looking and stuff if I wear shorts... Yeah it's more the function. Because when you can't walk and really, it's crazy what walking means. You don't realize until you lose it... It's like I told my wife, be thankful to have a job. Be thankful you can go to work. I can't. I'd love to.

Jackson adamantly denies that others will look at his scars at work through his abrupt use of the word “No!” followed by the observation that he must wear multiple layers of clothing. He then pauses, almost in reflection, to give himself the time to sort through whether, in fact, he might actually be perturbed by his scars in relation to others. He eventually conceded that while visible scarring might bother him, scarring on his knee might limit its functionality, and this is more of a worry for him. Functionality will be further discussed in the next section, but for now it is suffice to say that many of the participants were more concerned about the ability of their injured body parts to function again, rather than their appearance. When Jackson expresses his

frustration about his potential knee impairment to his wife, he demonstrates how much he reveres being able to work, alluding to his worry that his scars may affect his work, and impressing upon the interviewer that he wants to heal and return to work quickly. Other men reported on the way that a physical impairment, such as a limp, was distressing. Trevor explains this in his story of his burns to his face, leg, ear, and arms.

Trevor: Uhhh, I've done a little bit of shopping. I kinda ((laughs)) I kinda feel funny limping around the shopping mall and people looking at me, but, that's ok.

Interviewer: Yeah, absolutely. Do you (.) do you think your coworkers will look at you that way too when you're at work?

Trevor: I think they're gonna want to make sure that I don't do too much.

Interviewer: Ah. So (.) what's the difference in meaning when your coworkers look at you versus when a stranger looks at you?

Trevor: Well a stranger (2), you know, who really cares about their opinion but, a co-worker that you know cares about you eh, that (.) throws a little bit more weight onto their opinion.

In Trevor's story, he frames co-workers as people who would look at his limp or his burn and offer to help him. It was embarrassing for him to limp in the mall in front of strangers, but co-workers were predicted to be supportive and would not judge him based on his gait. In other words, Trevor was comfortable sharing this aspect of his burns with his co-workers. Many of the men echoed this sentiment. No matter how severe the scarring was, the men stated that they would generally not feel embarrassed or ashamed about their scars at their workplace. The concept of being comfortable with coworkers was notable as many of the men expected that they would have to publicly take care of their burns in front of these coworkers, once they returned to work. One of the tasks required to continue to foster recovery was applying a moisturizing cream on their burns during their shifts. Matt, as he discusses below, would need to put such a cream on his partial thickness burns to his face, arms, and neck when he returned to work.

Matt: I don't think they'd ((coworkers)) comment. Cause the other day I went by(.) and, and obviously I go to the bathroom and put it on <and the other day I went by,> it had been kind of recent, like it still looked shiny, and I think they, they mostly understand...

No one asks like 'Hey what's that', like, a lot of people at my work have had minor burns before, so I'm sure they figure it's the same as what they had but on a bigger scale... Like it's kind of easier to go into work because they understand it a lot better.

Generally, co-workers were framed as people who had shared experiences with the interviewed, implicitly understood what was going on, and thus did not need to talk about issues. In the men's stories, the co-workers were almost expected to respect the right of men to minimize the burn, thus being complicit in the process. In Matt's story, he states that he visited his workplace and ended up looking "shiny". He draws attention to this characteristic to show that he perceives himself looking very different, which he did notice and was conscious of; but that everybody from his workplace was respectful and did not draw attention to this change. In other words, no grand drama unfolded. He also de-dramatizes his burn by comparing it to the smaller burns that his co-workers have obtained while working. By the end of the story, Matt convinces himself that it is easy to return into work because his co-workers will understand his situation. This was echoed by many of the men.

This is not to say that the men weren't concerned with appearance at all. What worried the men the most was that returning to work might result in potential increased disfigurement. Nick discusses this with respect to his partial thickness burns to his hands and arms.

Nick: Like say I'm walking on stuff, and he ((doctor)) says just like be very gentle, don't scratch it or stuff and don't cut it, just that. <Because he says like... This'll blend, and he said a new layer will actually grow beneath and inside there. So he said this will be your top layer of skin, he just says don't tan it for a while because then it becomes it's natural pigment so then when I go white up here in the winter because like I go white, like pasty white> then this'll like— big difference eh. Then this'll stay brown. ... ((I'll have to wear)) long sleeves and then just wear gloves. Ya, cause I know if I wear long sleeves, and I'm holding the steering wheel(.) the skin that's off my hands(.) that'll tan and then I'll get all like blotchy in the winter. ... I seen a guy yesterday actually driving and his, he was all—I could tell he had some burns on his hands and he was all discoloured, really white in some spots and then darker in the others, and it's (2) actually pretty gross.

Although the men generally minimized how much their scars affected them in their stories, many had contemplated ways in which they would be able to avoid making these scars worse; thus showing that despite their narratives about being unfazed by scarring, their counter-narrative suggestion was that they actually care about what their skin looks like. According to Nick's story, he was horrified that his scars may become "blochy", "discoloured", or "gross", like he saw on another person. Recounted at a faster speed than the rest of his story, Nick justifies his worry by almost quoting his physician's directive that these issues were to be at the forefront of his mind when he returns to work. This order confirms the fate which he could encounter if he does not take care of his skin. In telling this story, he tries to assure the interviewer that he is not taking lightly the consequence of mismanaging his scars. Nick's commitment leaves him in a conundrum; his workplace requires him to drive, but he frets about being tanned through his truck window. To solve this issue, he comes up with the strategy of wearing long sleeves.

In summary, some men were more bothered by their scars than others, but most agreed that they would not be self-conscious about their scars at work. In the men's stories, they felt comfortable showing their co-workers their scars, taking care of their scars at their workplaces, and did not feel that they would be judged for being scarred. Nevertheless, there was some discrepancy: even though scarring was not a major issue, they talked about steps that they took to reduce scarring.

Pain, Itchiness, and Physical Functioning

Pain and physical discomfort were very troubling symptoms that burn survivors faced as they were healing from their injuries. These symptoms affected their sleep, ability to ambulate, and their overall comfort. The men were more worried about their pain and physical discomfort

in the first interview as painful surgeries and medical procedures were fresh in their minds. At the second interview, these worries had diminished slightly. Even with this diminishment, pain and physical discomfort were prominent in men stories about what returning to work would be like. This section will explore some of the stories about men's pain and how they planned to address this pain when they returned to work.

Throughout their interviews, the men told stories about how painful and uncomfortable their burns had been and the problems that this pain was causing in their daily lives. Alex stories this as he discusses how pain from full thickness burns to his arms interfered with his sleep.

Alex: Well the other night I didn't sleep at all, I just turned and tossed and turned and tossed. Got up because my hand was so itchy. ... not really no pain. No, no pain. The only time I got pain is from doing my exercises. ... The only pain comes from right here. Down here. ... Well it's good to go back to work and make some big cheques instead of well, I can make twice more when I'm working right.

Interviewer: But on the other hand you have this burn.

Alex: Yeah.

Interviewer: So how do you weigh that in in terms of [— how do I weigh] it in? Yeah you're saying I really want to get back to work but I have this burn and it's going to take a while.

Alex: I don't know, it's going to be a while. Just because it hurts so much right there.

Throughout this excerpt, Alex appears to be waffling between a narrative of being in pain and not being in pain. He first describes his physical sensation as "itchy" with no pain. Then he immediately points to his pain elsewhere, and in doing so, directly contradicts this prior statement by saying he wants to return to work, but that he is worried about being in too much pain. It is obvious that Alex does not have a coherent pain narrative yet, and is in the process of developing one. These contradictions, however, make it difficult for him to predict what returning to work will be like with his injuries because his story is riddled with uncertainty. The interviewer interjects and asks him to clarify his position. Alex responds that he still needs to heal, and is still in pain, almost as if to defend why he is not at work. In analyzing these excerpts,

it is important to remember that the men were preparing to return to work very soon, within two to four weeks (depending on the interview session), so there was not much time remaining. Thus, their tentativeness is even more surprising, given the immediacy of their return.

While the men had difficulties coming to terms with the impact that pain may have on their work, and the healing which needed to occur prior to RTW, another narrative did emerge: The majority of the men were pleased with the decreases in pain occurring as they were healing, something which allowed them to build some coherency and hope for the future. Simon's story reflects this below.

Simon: Uh, I started off the day with um my shower, uh, found out that I didn't have any pain while I was having my shower. uh (:)

Interviewer: Was that a surprise or was that?

Simon: That was, yes and I, I. I've been relying on um t3s ((Tylenol 3s)) for a while and I didn't want to take t3s anymore so I took it upon myself not to take any more and just see how things would go.

Interviewer: Were you kind of thinking you would have pain in the shower at the time?

Simon: I, I was afraid I was, yeah...Uh well just seeing as how it hurt so much when they changed my dressings the first time after the surgery when I went back into ((City)). I uh, it was just the fear that I was going to feel that pain again.

Although Simon was pleasantly surprised that his burn had healed after his surgery, the pain that he had encountered during dressing changes lingered in his mind as he was about to take a shower. He admits to his fear sheepishly, as indicated by his repetition of the personal pronoun "I" several times, but at the same time positions himself as tough by deciding not take his medications. He is then pleasantly surprised that his pain was not as bad as he expected it to be. In this excerpt, Simon is proving how he faced his fear and took a shower even though there was the threat of pain. This narrative of facing fear was prominent in many of the men's stories. By facing fear, they demonstrated qualities of being courageous while trying new tasks, despite the knowledge of how painful their burns could be lingering in their mind. The prominence of

this pain at the time of the interview also made it particularly troublesome to tell stories of managing their pain at work. This is very apparent in Sam's story.

Sam: Once the (.) it heals and the pains gone, should be perfectly fine...Uh, well once I start going back to work, I'm sure there will still be a bit of pain, but by that point I'm sure I'd be able to manage it.

Interviewer: What's your plan for dealing with that pain?

Sam: Uhh.. just dealing with it ((Chuckles)) Like, I'm not really one for taking medication, so I try to avoid that as much as possible, but, if it does get really bad I would take like some Aleve or something like that just to, take the edge off.... Cus at first it was just(.) awkward trying to deal with the leg...and for the most part I was fine and then, after a while, once I started peeling, the ankle started to hurt a lot more.

Sam tells a story where the outcome is that he will be able to manage his pain. He discusses his avoidance of pain medication but accepts that he will take them if necessary to "take the edge off". He does this in a manner that minimizes his pain, but at the same time hints that he might need help to manage it, thus showing that he is tough but vulnerable at the same time. The management aspect of his storyline particularly comes true at the end of this excerpt as he starts to reconcile the pain associated with his peeling skin. Unlike Sam, the plotlines of some of the other men's narratives were different: these men discussed how they had healed, but that they could easily re-injure themselves on the job and cause their pain to return or become worse. Matt discusses how grateful he is to his workplace for the plans that they had created ensuring that he would not be re-injured when he returned to work in the following story.

Matt: It's nice that my work accommodates me to kind of keep me in the office cause (1) otherwise if they said 'okay you're back, you're working in the plant' I wouldn't be working right now...like I said a little piece of grease splash or something like that(.) on my face, or the off chance that (1) well it is hot in there, but some days are hotter than others, but like the off chance that like all of a sudden I can't do it... if I said I'm going back full time then I'm kinda screwed, like I'm already committed to that.

Matt's above-mentioned story was about the plans that his workplace was making to accommodate him so that he would avoid re-injury and the pain associated with it. In this excerpt, he does not discuss how painful these experiences would be and seems to assume that

the interviewer knows this would be the case. Each time he alludes to not being able to work, he pauses in contemplation of his response and then justifies it by offering an alternative that there is a “chance” that he may encounter a painful experience, something he wants to avoid. He talks about the way in which grease could burn his face, and that his skin and eyes may be too sensitive to handle the tough heat or cold environment that is inherent to his workplace. In talking about these challenges, he stresses that he is trying to avoid these tasks until he is ready, because it would inconvenience his workplace if he tried, but could not work. His narrative appears to be disjointed though, as he continues to justify how pain will interfere with his work, almost as if he is guessing or simply does not really know if this is the case.

Not only were the men worried that they would reinjure themselves and re-experience pain, they were also worried about how pain or physical symptoms could distract them from doing quality work at their workplace. Jackson was the most vocal about this in his story about partial to full thickness burns to his knee, arms, and foot.

Jackson: The pain's good. I'm not really on painkillers because I know when I'm off on painkillers I push myself too far because I can't feel what hurts then. ... When I move my ankle and flex it or when I bump my leg or the donor ((site)). Even at night when I pull that along the bed, you know I move or something. It almost feels like rug, rugburn or road rash. It hurts. There is pain here.

Interviewer: Okay do you think that's going to get in the way at work? Have you thought about that at all?

Jackson: I think it could. That's why I'm kind of waiting. Because if I'm in pain I can't focus. And with my job I have to focus fully because I'm (1) I'm dealing with, dealing with safety and I have to ensure that it's done properly so that the ((customer)) is safe...

Jackson first states that his pain is “good” but then described how he will feel pain when he “pushes himself too far”. This discrepancy is particularly apparent as he compares it to “road rash”, a popular slang for skin abrasions from falling off a motorcycle or a skateboard onto a road. The chief problem of experiencing pain is that he will be distracted, do a poor job doing mechanical work, and put one of his customers at risk while at work. Thus, like many of the

men, even though he starts this excerpt by dismissing his pain, he soon realizes he cannot do that because his pain will interfere with his responsibilities to his workplace.

In discussing men's stories about their pain and their future return to work, it was clear that pain was a core to which narratives were organized around. Even though their pain was improving, it remained problematic. The men tried to narrate pain stories in which their future pain was reduced, but as it was so prominent at the time of the interview, they could not imagine being without it as much as they tried. This led to the men being anxious about re-injuring themselves and having to suffer more pain. Work was framed as dangerous and there were numerous environmental hazards which could re-open scars or impact the way their burns were healing. In their stories, they clearly stated that their pain and discomfort could place them at a higher risk for hurting themselves, impair their ability to be a "good worker", or cause them to make an error. At the time of the interviews, it did not seem like the men had a plan for dealing with this pain, but simply, they passively hoped that it would not be bad when they returned to their workplaces.

Mental Health

I asked men about difficulties with mental health during their interviews in the context of going back to work. As outlined in the introduction, people who suffer burns are likely to have premorbid mental health difficulties (e.g., Logsetty et al., 2016). In my study, some of the men had experienced difficulties with mental health or difficult life situations before their injury. Like the quantitative literature, their burns seemed to exacerbate these pre-existing difficulties. This subsection will elaborate on men's stories about mental health, with a focus on work issues.

I will begin by discussing the men's depression storylines. Only one participant, Alex, scored in the "severe" category and met criteria for a major depressive episode at the time of the

interviews according to the PHQ. The rest of the participants scored in the moderate (5 men) or the mild/none (8 men) categories. For participants in the “mild” or “none” category, depression was generally dismissed in their stories. The focus of my analysis, therefore, was on the participants who scored in the moderate and severe categories. Even for these participants, the plotline of their depressive arc appeared to peak during or prior to the interviews and they argued that their depression was going to be resolved prior to them going back to work. Jackson discusses this in his interview.

Jackson: I (.) but uh the big challenge was learning to walk and that was depressing because the first couple of times I walked, I couldn't walk five feet... You know so it's like being a little kid. You know you're getting frustrated and you're upset because you're like well I can't walk, am I going to be able to walk again? ...

Interviewer: And what do you think, how's that depression affected your planning to return to work at all? Like has it taken your mind to different places?

Jackson: Nahhh (:) It had, but now that I'm walking again it's better.

For Jackson, the main depressive arc centered in his narrative was related to physical disability. He uses an infantilizing metaphor comparing himself to a “little kid” who could not walk to demonstrate how depressing this disability was. As he discusses his depression, he has difficulties assembling his experiences of pain and the ambiguity regarding whether his injuries will heal. The structure of the story becomes chaotic as he is recalling his worries about whether he would be able to walk again. The chaotic story structure, and Jackson's worries about his physical ability made it difficult to even contemplate walking, let alone returning to work. This experience contributed to his depression. Later, he ties these elements together by emphasizing that he is no longer depressed because he is walking, thus resolving the depression and the chaotic story structure. His emphatic “Nahhh” to the question about whether depression will affect his return to work foreshadows that he does not foresee it as a problem in the future. This reflected a pattern in the men's stories, when their depression was associated with physical

concerns; it was easy to dismiss the depression in the future as they saw their injuries healing in the present.

In comparison to depression related to physical disability, depression related to scarring was more complex. Marco's story about deep partial thickness burns to his arms and full thickness burns to his face offers some perspective on his depression.

Marco: It's more on (.) thinking, like, my, my, how I look now, you know. I'm scarred FOR LIFE. ((Laughs shortly)) And then, yeah it's not gonna be (.) they're saying, yeah, 'you're healing good' and all that. >But its not gonna be the same. < ...

Interviewer: Have you been feeling self-conscious quite a bit? Just whenever you go out?

Marco: Yeah. Yeah just after this accident, that's when I started (.) So yeah. Yesterday I went to watch movie, and I never really removed the balaclava that I was wearing. ((spoke this sentence with lower volume)) I don't want the people to see. Like you know, just stare at me like this. ((spoke this sentence with lower volume))

This excerpt is from Marco's first interview. It follows a chaotic story structure as it highlights his thoughts about the permanency of his scars, particularly those to his face, and the way that these scars are contributing to his depression. In his story, he reports with emphasis that he is scarred for life. As he is saying this, he stumbles on his words and then he laughs nervously, almost in acknowledgement of how awkward this statement is. This storyline is incredibly powerful and makes it very hard to believe others (his health care providers) who are trying to reassure him that his scars are healing, and may not be as permanent as he believes. A deep-seated shame appears to have a role in Marco's story as he discusses wearing a balaclava in public, and not wanting to remove it because people will stare at his facial scars. The low volume he uses to speak about this shame makes it even more pronounced, almost to suggest that he is ashamed of being ashamed. Burns involving facial disfigurement are incredibly hard to cope with as much of a person's identity is wrapped up in their facial appearance (Sainsbury, 2009). It is challenging to deal with these changes, even if the scars may become less noticeable over time

as suggested by Marco's health care providers. Marco's shame and depression may have made it harder for him to work through these issues. There were also cultural aspects to Marco's story about shame, scarring, and thus his depression. These aspects are addressed further in the analysis on workplace reputations below. For now, it is important to note that it may not feel socially acceptable for Marco to be ashamed of his scars, as such, he may feel worse about them.

Between the two interviews, Marco worked with a psychologist to help him come to terms with his scarring, and his story about his depression changed to one of acceptance. This change is demonstrated in the excerpt below.

Marco: Well, 'cause I don't wanna be like a bum ((laughs)) ... When everybody ((family members)) left home to go to school and work, I'm just there sitting by a computer, reading and not really doing anything. (.) >>So it's just hard<< ... Yeah, it's just, you know, rather go to work, than be here. ((laughs continue)). That's why my wife noticed me, that I like, I keep texting her a(:)nd calling up on her...

Interviewer: How much do you think it comes from the scarring?

Marco: Well right now 'cause I didn't really, I'm not (.) giving much attention to my skin, like my appearance and all that. It's just (.) no more (.) I try to put that aside now, for now.

In the second interview, it appears that Marco's thoughts and feelings about his scarring have improved enough for him to ignore or minimize its importance as he prepares to return to work. Notably, his story changes to one that is similar to the other men with a plot that his boredom and loneliness is having the greatest impact on his mood, rather than his scarring. In his story, he reports that his boredom has become so bad that he is starting to aggravate his wife with his requests for her attention. He also labels himself as a "bum", even as he draws attention to the humour of the situation; this label nevertheless seems to signify that at least some of his self-worth is tied to working. By returning to work, he can address his boredom and regain some of this self-worth.

Unlike depression which the men generally described as non-existent, or if present, predicted it to improve when they returned to work, the men's flashbacks or other PTSD symptoms were predicted to remain, and perhaps even interfere with their work performance. Jackson discusses this in the excerpt below.

Jackson: ((The workplace)) still smells of oil and fuel.

Interviewer: Do you think, you might have some flashbacks when you go back?

Jackson: I don't know, I don't think too bad. I'm hoping not, but I, I'd, I still don't know. ... Yeah it's still really fresh like it's still (1)

Interviewer: Do you have any plans to deal with it if you are kind of feeling uncomfortable?

Jackson: I have a, I haven't thought of it because I kind of haven't wanted to because you never want to (2) think about the bad. ... So I haven't, I hope it will go well.

In another part of his interview, Jackson remarked that he experiences flashbacks when he smells gas, but he seems at a loss on how to prepare for this occurrence when he is at work as a mechanic. Unlike his adamant dismissal that depression will not bother him at work, discussed above, there was more hesitancy about his flashbacks. This hesitancy was demonstrated by the pauses and repetition of "I" after he states that he does not think or hope that these experiences will be "too bad". Without a sense of knowing if these flashbacks will impact him in the future, his story appears incomplete and shrouded in mystery.

Although Jackson's flashbacks were relatively minor, some of the other interviewed men had experienced severe PTSD and were treated by mental health professionals for these issues. Often these were men who experienced workplace injuries. Mason's story featured dialogue about his therapist's involvement in his recovery and plans to return to work.

Mason: I do see a psychiatrist... And she uh, really helped. At one time she got me over the (2) at one point I was, replaying the accident. With my post-traumatic. She says let's find something good in this. ... She's making me realize in the incident, wasn't, you didn't die. Let's look at that <<You know what I mean. >> You don't just get to speak to me, you get to speak with your children. You get to speak to your mother. You get to speak to your girlfriend.

In the above excerpt taken from his first interview, Mason describes a core component for psychological therapy for PTSD, retelling and finding meaning in his story about the trauma. He discusses how “the unknown” is difficult for him to face, meaning even though he has worked on his PTSD, he is unsure if it will affect him when he returns to his workplace. This mystery about the unknown was common in the men’s stories. Elsewhere, Mason mentions that his therapist asked him to “replay” experiencing electrical burns to his arms, face, and neck, several times in order for him to think differently about several aspects of it. In the second interview, Mason continued to discuss how his therapy helped decrease his PTSD symptoms.

Mason: It’s remnant on me like I still, think of it all of the time. Uhh, I’m not suffering from PTS- anymore, meaning I don’t (2) I could obviously re-think the accident recall it very well. But I’m not, not like it was during the first few weeks where I couldn’t even sleep at night. You know what I mean?

Interviewer: The flashbacks, the bad dreams are gone?

Mason: Very much so. ... I have, I do see, uh, DC, Dr. DC, I saw her yesterday. So uh, she says I’m still suffering from (.) anxiety. And just the unknown right.

At the beginning of the above excerpt, Mason pauses as he explains that he does not have PTSD anymore to iterate that he can still recall the incident which caused his burns, but it now does not affect him — almost as if to say that although the therapy worked, it remains a mystery to him. Many of Mason’s trauma symptoms appear to be resolved, as such, he constructs a narrative where he will not need to manage his PTSD when he returns to work. However, he cannot completely resolve this story by turning his attention to the future because of the uncertainties that he is facing.

For one of the two burn survivors interviewed who had more severe injuries and was off work for longer than the others, his PTSD was not able to be treated sufficiently to allow him to return to his workplace. Josh was burned in an explosion at his workplace while doing mechanical work. His story is different in this regard from the other men.

Josh: >And, um (3) but (3) it doesn't look like they're ((workplace)) gonna be able to accommodate me< Because of my restrictions. The WCB and my doctors have (.) have (.) put on my file ummm, one being I can't be around (.) directly or indirectly with fuel at all. ... Umm(:) (3) so that's um (.) a bit of a mental ... in the beginning we thought (.) I thought OH, that's, that's not a problem. You know, that's, that's—... I would, uh, I would (.) that's when I started getting a lot of flashbacks. ... That's when I realized (.) that this might (.) this might be it, this job might (.) might be over <but I didn't want to give up, I kept going for it I (.) I, I, I went to counsellors, therapy and I, I, you know, I'm still going for it, you know, trying to get better and, you know, uh—>...I've come to the (2) realization now that uh (2) I don't think it's gonna happen. And, and now I'm ok with it because (.) I have a plan and I know what— going forward what I would like to do.

Josh experienced full thickness burns to his hands, legs, thighs, and feet and a partial finger amputation in an explosion. According to the restrictions placed on Josh, he could not return to work because the workplace smelled like the fuel which had been involved in his burns. In his story, this fuel triggered traumatic flashbacks. In this excerpt, Josh carefully explains how PTSD is keeping him from resuming his job. He pauses many times and repeats himself, unsure about how to explain that he cannot return to work. Josh even states that when he started to heal from his injuries, not returning to work due to a “mental issue” was the furthest thing from his mind, almost to prove that he legitimately tried to go back to work. He even takes time to tell the interviewer that he did everything he could to return to work, emphasizing that he saw therapists, but eventually he had to accept that he could not return to his previous workplace. In this interview, while telling his story, he seems to have concretely realized that he will never return to his old workplace, but he must wait until his WCB workers and bosses at his workplace come to this realization. As such, Josh had to concede that his trauma symptoms, not his physical limitations, shaped his return to work plan.

Given that burn injuries often exacerbate premorbid difficulties with mental health, it was important to address the life circumstances of the men in their interviews. Alex, Simon, Tim, and Nathan mentioned previous mental health difficulties or other life stressors in their stories. To

begin, I will review Alex's story. He was the only man in my sample who met criteria for a major depressive episode. Excerpts from his interviews have been reviewed in the scarring and pain sections, indicating that he was very distressed about the permanency of his scarring and was considering a tattoo. Furthermore, although he tried to deny that pain would be an issue when he went to work, it was difficult for him to do so given that he was experiencing a lot of pain at the time of the interview. These experiences are important to consider in the conceptualization of his depression. Another issue, which he spoke to the interviewer about, was a recent breakup with his girlfriend which occurred prior to his burn. This event is alluded to in the following excerpt:

Interviewer: So I know you were seeing a psychologist for a bit.

Alex: Yeah, I gotta go see him on Monday... I've got scars on my face. It's brought my self-esteem down like a little bit you know? ...Oh yeah everything changes, well not in the work, but when you're when you're doing your personal stuff you know. And you're (2) You know what I mean. Go to meet another girl or something, scar on your face, stuff like that. You know what I mean.

The permanency of his scars bothers Alex immensely, particularly his facial scars. In his story, his confidence with meeting a new partner lessens because of his scarring. In the context of losing his romantic partner recently, and having a burn injury with pain and permanent scarring, it is understandable that he is experiencing depression. According to the interviewer's field notes and chart review, Alex's facial burns were partial thickness and were healing well without much visible scarring (other than some slight redness on the pinna of his ears), but to him, being burned eliminated his chances to meet someone new. In Alex's case, breaking up with his partner before the burn made him feel rejected. Subsequently being burnt worsened his feelings of rejection and his depression. He had not considered the impact of this depression or low self-esteem on his work as indicated by his brief statement "well not at work", but it is difficult to believe that depression would not play a role in his return.

Simon and Tim also reported a history of depression. Simon's depression had been heightened due to his previous job with the armed forces. Prior to his burn injury, he had to take time from his current job to work through his depression. His thighs were burned in a prank at a house party just before he was about to return to work. His story is told below.

Simon: But like this whole last month, month and a half I've been dealing with, like I said I've been dealing with my mental health. So I told them once (.) they're like well once you're done dealing with that, then give us a call then you can come back to work ... and then(:) I got burned and I had to call them and say hey I can't work until I'm fix-not burnt anymore ... I've been suppressing my depression under layers and layers that I built with myself and I've had a lot of practice with myself and I've, I've had a lot of practice in the military just not to show any(:) signs of like sadness or (.) or whatnot.

Although Simon does not directly report this in his story, his previous depression seems interwoven with his experience of his burn injury. He wanted to return to work despite not having a "handle" on his depression management, and he makes it clear to the interviewer that depression was a problem in his life before his injuries and that delaying his return to work further due to his burn has not helped. As he describes how he first asked for time off to deal with his depression, he pauses, to emphasize that his workplace was understanding the first time he wanted time off but then elongates the word "then", almost to demonstrate his concern that his workplace may think he is making excuses for not returning to work. He also tells the interviewer that he was trained in the military to suppress his emotions, but is trying to address them now. He leaves his story ambiguous as if he must choose whether he wants to suppress his emotions again and return to work like he has done in the past, a strategy which may have worked well for him at the time, or whether he should attempt to deal with his many complex emotions.

Previous depression also played a part in the story told by Tim who had deep partial thickness burns to his foot.

Tim: When my wife and I split up, I went and enrolled in cognitive behaviour therapy and stuff. And it changed my outlook a lot. I still battle though eh? I still battle, emotions.... I call it emotional dysfunction more than anything. .. ((claps hands)) >>>why did I do that?<<< Why was I weak?>>> ... So, I think it was nice in a way (.) that I had uh, (.) that I had a break, break, rest. But it sucks in the other way. I was pretty depressed for a while.

Tim had previously sought cognitive behavioural therapy to deal with emotional difficulties associated with his divorce. These therapy sessions provided him with some strategies to deal with his current difficulties; however, his “emotional dysfunction” continued to persist. In this excerpt, he emphasizes that his anger makes him “weak”. He pauses and repeats himself several times as he describes his recovery until he concludes that having his burn was a break from his stressful job and home life, almost to note the positive aspects of his burn injury as he was trained to do in therapy. He then also acknowledges his negative emotions by saying “it sucks” and that he was in fact still depressed. In his story, Tim tries to convince the interviewer that he is active in “battling” his depression, both before and after his burn, and that he credits this ability to his previous treatment for depression.

Another premorbid mental health difficulty experienced by one of the men was addictions, something which is common in the burn survivor population. Nathan’s experience with addictions followed a different storyline than the others with different mental health issues. He drew upon the addictions community for support and guidance as he was healing from his full thickness burns to his torso and limbs to cope with the temptations, boredom, and emotional challenges he was facing. He describes this in the excerpt below.

Nathan: So when I was an addict I was into methamphetamine and hydromorphone and um, so I was aware of that when they were giving me fentanyl in the initial portion of the day and like I would consciously push through the pain longer than I needed to... because I am aware that my brain will sometimes tell me things that are not true. Like "you need more, you need more, you need more" and it's like maybe I don't. ...It was a good thing that my friend was there cause he was like, “Dude you are feeling pain”.

Nathan depends on Narcotics Anonymous and friends to manage his sobriety and legitimize his need for pain treatment. In this story, he talks about his struggle with being sober, but at the same time needing pain killers to facilitate his recovery. He credits a friend who gave him permission to take pain killers when he needed them. In his interviews, he never stated outright that his friends and this community were helping him to return to work, but it was clear that this community was a vital source of social support for him. Thus, his story of recovering from a burn injury has become intertwined with his ongoing narrative of struggling with opiate use.

In summary, stories of premorbid mental health difficulties were notable in the men's narratives. These premorbid difficulties had broad implications on men's recovery and plans to return to work. Alex's breakup, Tim's history in therapy, Simon's experience in the military and Nathan's use of friends in Narcotics Anonymous as a support group, were all experiences which were valuable for the men to draw upon as they were narrating their stories.

Section Summary

The purpose of this section was to look at the stories that men told about healing from a burn injury at the time they were interviewed, and in the future as they reintegrated into the work force. In the men's stories, pain and disability were the only symptoms that the men predominately identified as interfering with their work while returning. Although they minimized their difficulties surrounding these two issues, they told stories about wanting to guard their wounds from re-opening, predicting pain and re-injury at work, and worries that the pain would impact work performance. Feeling poorly about their scars and dealing with mental health symptoms were harder issues for the men to predict and reconcile in their stories about the future. Men's stories predominantly indicated that they did not believe they would have any

trouble managing either of these issues at their workplace. In fact, their workplace was seen as a space they could even feel safe to show off their scars. As discussed in upcoming sections, the possibility of ableism was quite evident in many of the men's trade-based jobs. Minimization of difficulties and attempting to re-integrate into their masculine dominant workplaces was important to securing work in the future.

In looking at the way mental health more specifically was discussed in men's stories about returning to work, the majority of the participants seem to conceptualize the development of depression as a lack of purpose or boredom — something which could easily be addressed by the sheer act of returning to work. Exposure to trauma and PTSD was a different story; the majority of the men did not know how they would react when they returned to work and how to even “fit” PTSD into their stories about RTW. The exception was Josh who, after trying therapy, was assessed as being unable to return to work due to the on-going impact of his psychological trauma. Other life circumstances like breakups, previous depression, and previous addictions were also explored and the importance of these issues were noted in men's stories about healing from a burn injury.

The topics in the present section set the stage for understanding the many issues which burn survivors faced and their predicted coping strategies with these issues as they returned to work, in their stories. The next sections will delve deeper into exploring the importance of preserving their workplace reputations as the men made decisions about returning to work.

Section 2: Workplace Reputations — The Reliable Employee and the Lazy Employee

In the previous section, men's stories of pain, scarring, and mental health difficulties in the present, along with how they were planning to deal with these symptoms in the future were reviewed. These experiences were not the only aspects of returning to work for which they were concerned. As this next section reveals, the men developed prominent storylines in their interviews where they were very worried about regaining their putatively lost reputations as valued workers who made strong and respected contributions to their workplaces. These previously held reputations were carefully built throughout their lives. The focus of this section is the way "reputation" was both represented and organized in the men's stories. I then explore the problems caused when they organized their stories in this way, and the men's foreshadowed plans to reassert their reputations.

"Not Milking the System"

Throughout their interviews, all the men spoke about the process of building and maintaining a positive workplace reputation or image prior to their injury. This subsection explores these stories. I then draw attention to the contrast that the men made between themselves and other workers who had been injured, and examine their stories about being worried that they would be framed as either lazy, a slacker, or any other synonym describing them as unwilling to work, like those co-workers.

Rich accounts were constructed by burn survivors, in which they described spending their entire lives establishing skills in their chosen fields and becoming an important part of their workplaces. They not only developed skills to become better at their jobs, they built an image of themselves as a worker who was reliable, talented, and an essential part of the workplace. Throughout the men's stories, there was a deeply held view that there was a dichotomy between

workers: those who were advantageous and those who were disadvantageous to workplaces. In describing their work environments in this way, there was a bind, as they were currently off work, not doing their jobs, and thus were now occupying the latter category. To resolve this identity dilemma, the men who I interviewed took pains to immediately describe, in fact perform, how hard they worked throughout their careers. They conveyed the importance of being, in the men's words, "honest", "reliable", "healthy", and deserving of the work positions they had obtained, as if to convince the interviewer. In seemingly simple words, these descriptors are saturated with honour and pride, which can be observed in the following extract.

Trevor: >>Uhhhh(:) (2) well I think that's just the way I was raised by my father. ... not working harder than everybody else and you're not trying.<< ...Actually, the way I am as a supervisor, all the other supervisors say you shouldn't be doing anything, but, I just (.) I can't not do anything so I work with the guys, which is why my guys really like me. ... And I know they, a lot of complaining about one of our (.) really lazy supervisors but they... I think this is why I have a lot of respect from my coworkers it's because I'm just not lazy.

To distance himself from being positioned as a slacker, Trevor explicitly contrasts himself with a "lazy supervisor" and in doing so, draws attention to how he is different from this bad (perhaps even dishonest) worker. He emphasizes this distance by providing a personal history testifying that his strong work ethic is rooted in his upbringing. By doing so, Trevor positions himself as having always been this way — it's part of his family history and traditions— as his father was before him, and likely before him. He even carries on this tradition as a supervisor, as he has to set a good example for his employees, a relationship in which he must go above and beyond what is expected of him. Accordingly, he is "liked" and "respected" by his coworkers. He hoped that a burn injury would not damage his coworkers' or employees' impression of him.

Not only was pride about their work narrated in their stories, it was specifically performed. Many men discussed pictures, provided directions to, or described details about their workplaces in their interviews either before or after the voice recorder was turned off. Mason was a prime example of this, not only did he perform the above behaviours, he showed the interviewer the tools he needed for his work on a daily basis, and provided a tour of a vacant worksite in order for the interviewer to fully understand the pride that Mason took in his work. Additionally, Mason, Trevor, and many of the men were proud of the images they portrayed and the examples they set for the people who worked under them.

Mason: I've been at ((company)) now for two years, and I was, I was skyrocketing through everything at first right? ...So I'm already at level 5. I did 1, 2, 3, 4, and 5 within the first (.) 12 months I worked there. And normally, some people take up to three years to get to that level and done. << But per my prior experiences ... ((company)) was really trying to push me through ... So hopefully with my injury I didn't uh, (.) derail, the way I was going through ((company)) you know what I mean?

Prior to the above extract, Mason reported the sustained and focused effort he put into his work, with his efforts not only being recognized, but appreciated as he was promoted quickly. This appreciation is evidenced by him boasting that he “skyrocketed” through five levels of promotion in 12 months. His company had invested in him because they believed in him. Here he is trying to emphasize how his education, ability, and employment history made him the perfect candidate for the position, which he holds in the company where he works. This identity is, however, threatened by his burn injury, which is even apparent in this short excerpt in Mason's use of the past tense to describe how he “was” being promoted quickly but now he is worried that his momentum is or will be “derailed.”

Even though the men were obviously injured, they worried that their employer's perceptions of them had changed and that they were being labeled as “lazy”. Their stories spoke of fears of being viewed as stained or damaged workers who could no longer hold up their end of

the employment bargain. Even worse was the idea that they were taking advantage of their injury, as illustrated in the following extract:

Matt: ... we've had a few employees that seem like they're almost milking it. You have somebody that's off for a sprained ankle and they're off for two weeks or you have somebody that, there was one guy that— he ah, basically he got into a ((minor)) car accident on his way into work...and he had like a sore arm or something like that and he was off for like six months....

Again, men such as Matt constructed a story where there are two types of workers: a responsible worker who takes time off appropriately and returns to work right away, and a worker, like his co-worker, who “milks” the system, takes a lot of time off, and inconveniences the business. Matt clearly had “legitimate” burn injuries to his face, arms, and neck, but still felt the need to explain how he was different from someone with a sprained ankle. As he orients the listener to his story, Matt positions himself as the person who does not milk the system. Many of the other men constructed stories where they identified that they were not “lazy” employees and would RTW right away.

Alex: Yeah, yeah, the first day I got burnt ((laughs)). I was like, I want to go back to work right away. I don't like sitting on comp, I don't like sitting on compo, I don't like sitting at home. ... It's boring, you don't make no money and uh other than that I ((work)) every day. I like ((working)). ((Type of work)) is the work I would want to do every day.

Alex provides a strong testament as to why he is not being lazy by being at home, and thus has not returned to work. Alex states that he would like to be working, something he strongly enjoys, rather than “sitting on compo”. He repeats this statement three times to the interviewer, performing his seriousness about wanting to return to work and not wanting to receive WCB benefits. He also emphasizes finances, and the fact that he enjoys his work and the stability it provides, to emphasize why he wants to RTW. It should be noted that 14 of the 15 men in this study reported average or high average scores on the Job Satisfaction Scale when

compared to Canadian norms. In completing this scale and narrating their stories in this fashion, they further demonstrated that they enjoyed their jobs or, at the very least, did not concentrate on many of the negative aspects of their jobs. Much of their stories centered on a narrative that they were not lazy and wanted to return, as Marco does below.

Marco: But if it's something well. I see that— 'cause I'm getting—I'm a person that really doesn't like to stay at home....<So, I'M NOT REALLY FORCING MYSELF TO STAY AT HOME. > It's just, you know, it's a balance between (.) how I am physically and psychologically. You know. But I still wanna go back to work, you know.

Marco tells the story that he is not being lazy by emphasizing that he is staying active at home in order to recover. He narrates himself as a hard worker and does not want to be seen otherwise. Although there was a slight language barrier when interviewing Marco, Marco's emphasis that he is not "forcing" himself to stay home can be interpreted as him stating that he is keeping his body active by working in his home gym or doing small errands in order for him to be able to effectively return to work. He ends his narrative by stressing that he has to balance allowing himself to heal by staying at home with his want to RTW. Again, these stories all serve to buttress the men's argument that they are not the stereotypical "lazy worker" on worker's compensation and highlight the dilemma of wanting to return to work but having a legitimate injury which requires healing.

By categorizing workers into two distinct types, the men made it easy for the listener to clearly place them in the group of injured workers who were worthy of being on compensation. Their eagerness to resume work indicates an underlying precariousness about their work reputation and identity, something they would like to re-stabilize sooner rather than later. This eagerness demonstrated that they were anxious about their status as a "good worker" in the eyes of their supervisors and co-workers. This anxiety, however, did not seem to be similarly experienced for all the men. Men who were younger, for example, were not in jobs related to

what they considered their ultimate careers. These men also did not have children to support and therefore had less to lose if they lost their jobs. Furthermore, some participants who belonged to visible minority cultural groups emphasized that being a certain type of worker — whether good or bad — was a cultural stereotype, as seen below. Marco was asked directly about being perceived as lazy while on WCB because he was alluding to it throughout the interview. His response was fierce pride of his Filipino heritage.

Marco: Oh they never thought about me being lazy because they could see how Filipinos work, *really work*, and you know. Well, 'cause we are capable, so, we just show them that we, uh, whatever work they want us to do, we can do it.

In describing his story, Marco is indirectly providing evidence that he will not allow his burn injury to impact his work ethic. There is cultural pressure to not be a “lazy” worker in Marco’s story. He expressed this pressure by stating that as a cultural group they are capable, hard-working, and tenacious. He further emphasizes this pressure by repeating that people from his cultural group “really work”. He later goes on in his story to discuss how injured workers are teased and discriminated against in his native country because they look different.

Marco: Here, people don’t discriminate ... It’s—it’s something illegal as well. Right? I’m sure they’re gonna avoid that.

Interviewer: You keep saying, here they’re not going to discriminate. Do you expect that having a burn in the Philippines would have been different?

Marco: *Well, yeah, they’re gonna call you names as well*, right? ... but, uh, that’s how it is >in my country.< Even though you just have like, bigger nose, they call you something else already, so... But, uh, it’s probably on me. ... Because <I spent most of my life in the Philippines, I’ve only been here in Canada for six years.>... A lot of mentality, the upbringing is still there. And that, I’m applying to myself right now. It’s not something I’m expecting from people here. But it’s just me, (.) on myself, and how I’m recovering you know, and how >I’m dealing with it.<

Marco states that he is more protected by his citizenship in Canada and that he would have been discriminated against in the Philippines for his scars. Although he states he is convinced that people will not treat him differently because of his injuries, he may be

internalizing the narrative of his culture by being scared that he will be limited or labeled because he is injured. He acknowledges that this fear may be irrational by stating that he is not “expecting this from people here”. Nevertheless, the way he would have been treated in the Philippines due to his burn is mentioned in his narrative of returning to work in order to work through it and realize that his job is safe here. His cultural background, therefore, is a resource (e.g., Filipinos are hard workers) that he can draw on to bolster his identity but also can be problematic in his story about regaining his workplace reputation. Wayne similarly discusses how he is required to draw upon his cultural heritage to story the narrative that he is not a lazy worker.

Wayne: Nickel and dime stuff. To me personally, I think it's racism. ... Because I know that pretty much, a lot of them ((neighbours)) that are on WCB. And just, figure out, well most of them, all of them are (.) Aboriginal. ... No matter where I've lived. I've been, like I've been on my own since I was 12 years old. And I've been probably homeless since I was 14(2) and I've always had a job, (.)... I've always needed a plan, but (2) by myself, it wasn't that urgent cause the plan was (.), myself. But now the plan is growing and it's a long tail behind me so I've gotta little bit longer plan ahead.

In this extract, Wayne accuses his WCB worker of being racist. He states that he believes non-Indigenous people are better cared for by his worker. This injustice colors the rest of his story as he wants to return to work because having a job ensures that he no longer has to deal with this worker and will again be assured that he can take care of his young family. He also discusses why it was so important for him to have a job and to RTW quickly, due to past hardships when he was homeless. He pauses several times as he is discussing this, almost as if to contemplate the gravity of his situation. Additionally, he states how he can no longer be homeless or jobless because he has a family to protect, as represented by his metaphor of a tail. He uses the metaphor of a “tail” to represent how his family follows and relies on him to lead and protect them. As such, he wants to return to work as quickly as possible to resume leading

his family instead of relying on the WCB system which has let him down. He cannot risk being labeled as a “lazy worker,” especially as an Indigenous man, because he needs his job to take care of his family.

Throughout the men's stories they emphasized that they worked hard to create a reputation at their workplace, which they could be proud of as they strived to advance their careers. However, due to their burn, they feared that they would be labeled as lazy in their workplaces. The conundrum that the men encountered in their stories was trying to narrate returning to work quickly, but still having to heal from their injuries. In the above subsection, their narratives highlighted the first part of this, how they took pains to re-establish their reputations. The next subsection addresses stories about the balance of wanting to return to work, but at the same time, wanting to stay home and heal, despite the narrative that they were reliable.

Balancing Healing and the Employee's Reputation

Even though the men used multiple narrative strategies to construct the reputation of the “good” employee and thus resist being framed as a “slacker”, they sometimes encountered blocks or challenges to this story construction — storylines that did not fit. The fact of the matter was that they were not working but at home, “on compo”. As they narrated the limitations they faced due to their burn injuries, it became difficult to defend their reputation due to the simple concrete fact that they were not at work. Further, many were still grappling with physical challenges associated with their burns, such as infection, pain, and limited movement, which they believed could affect their ability to do their job.

Jackson: I play in a lot of oil, <<I play in a lot of grease (.)>> ... I even asked the doctor, if I spill a jug of oil on my foot, will I get an infection? He said “well of course”. Well then I can't go to work. That's what we do. It's not that we pour it on our feet but you know if a guy is dragging the bucket after an oil change and it spills behind it and splashes on your foot. So that's why. ... Uh, he ((boss)) wanted me to take as much time

as I needed. They don't want me coming back and getting infected... but they want to see me back at work when I'm able to do my job properly.

Jackson, like the other men, discussed his pride in his work as a mechanic. However, when he projected himself into the future, visualizing oil and grease infecting the burn injury on his foot, he wondered how he would cope with this. How can he be a good worker if he can't work without getting further injured? Later in the interview, he described how he could end up off work even longer by re-injuring himself thus further becoming an even more unreliable worker. He continues exploring this thought at the end of the above excerpt by stating that his bosses worry that his foot will get re-infected. His choice of words is also quite interesting. His bosses want him to return to work only when he can do his job "properly", indicating that at this moment in his recovery he would not be able to live up to his previous expectations or good reputation. In telling this story, he balances being off work and reasserting this identity. Given the pressure that the men felt to return and continue the work they were doing as well as they did pre-burn, many of the men saw themselves returning to work only after they were "100%" better.

Trevor: Uhhh(:) well I think within a week it, it should be ah, I don't think there'll be any problems after a week of exercising and stretching it out... Well there was the stiffness (.) mostly stairs, I noticed the stairs the most, I kind of go down one leg at a time just because (.) bending the knee was so uncomfortable but uh he stretched it out a fair bit today, this morning, and uh (.) it felt, felt pretty good, a little bit stiff but I'm sure the more I use it, the better it'll get.

~

Matt: At that time yes, now— cause like I said I feel a lot better now. Like I feel almost 100%— basically apart from my eyes I feel 100%.

The men's narratives focused on their injuries healing and their physical function improving. They told these stories perhaps to convince themselves and the interviewer that they are "almost 100%" healed. While this may be the case for some people, the literature indicates that the majority of people with burns such as those experienced by the men in this study will be left with some degree of chronic disability after burn injuries and may never be "100%" (Oster,

Willebrand, & Ekselius, 2013). This is likely the case for many of the participants, given the extent of their injuries. Of course, this is not to say that the men will not continue to heal, but the wish that they will be fully functional when they RTW (within 2-4 weeks) may not be realistic. Trevor, for example, dismisses any physical challenges he is having, such as stiffness and pain, emphasizing that he will not have any problems when he returns to work. He directly states this dismissal when he says that there will not be “any problems” after a week at work, and then he immediately contradicts himself by discussing how “stiff” he is. He then, in turn, dismisses this physical problem by stating that it will heal. In doing so, he waffles between storylines where he may be further injured due to his limitations to one where he will be better for sure. Matt demonstrates the same narrative organization. He states that he is 100% recovered, but then mentions his injured eye, which may affect his work.

Both of Matt and Trevor's stories represent the narrative tension which they faced as they were constructing their stories. They wanted to return to work to avoid the label of being a slacker, but at the same time, they knew that being re-injured at their work would earn them the label of not being worthy of the job anymore. In some respects, these two stories are not oppositional at all. A reliable worker should take the time off needed to heal and then return to work promptly when he can perform his job fully, but this plot did not translate coherently into the men's stories and counter-stories. Instead the tension to RTW promptly, but to do so fully healed was difficult to manage.

Another issue related to the notion of being an irresponsible worker, who was unhelpful to the workplace, was the sticky issue of who was at fault for the burn injury. Many of the men who were burned in a workplace injury were grappling with uneasiness that they were, in fact, responsible for their injury. Good workers do not make mistakes and get injured. Compounding

this, the men who had made WCB claims had to participate in an investigation to determine who was at fault for their injuries. This investigation added pressure to the men who were already trying to manage their reputations and workplace identities. Mason, for example, reacted to this pressure by constructing a story in which he had to defend his reputation, and hope that the burn would not cost him his job.

Mason: Because I'll wear a glove, we wear, we wear mandatory— it's horrible to say I had the accident without gloves on. But we're normally mandatory to having to wear gloves (.) 100% of the time. I didn't have them on for the injury or my safety glasses. So that's why I thought ((company)) would come down hard on me because (2) they could have very well fired me for not having my (.) my (.) protective gear on... Plus the man power that worked because they, they shut down, we got shut down for all, all the whole day, 24 hours. You know how much, I thought for sure we were all getting fired just for for, given those numbers alone. Corporations like to find a scape goat mostly right? But that's why I'm looking forward to going back to work, to vindicate myself.

In Mason's story, he recounts his fear about being fired because, firstly, he was not wearing his protective equipment when the accident happened and secondly, his workplace was shut down until investigators deemed it safe for employees to return to work. As such, Mason believed that either himself and/or his colleagues could have been fired due to this incident. Mason's shame and embarrassment is evidenced in the multiple pauses and repetitions he takes as he is explaining that the workplace mandates that he wears gloves, and he anticipates consequences for not doing so. He describes trying to avoid being the "scapegoat" of lost company revenue, but what is left unspoken is why he was not wearing his equipment in the first place. He later explains that it was a co-worker's error which caused him to be burnt; but at this point in the interview, he rather forcefully articulates how he will "vindicate" himself when he returns to work, perhaps by being an even more efficient laborer. With this cloud hanging over his head, Mason feels anxious to RTW as soon as he can in order to reassure himself that he will retain his job. Later in the interview, he mentions how he will be talking with his colleagues to

prevent them from being injured in the way he did, thus further demonstrating how he wants to make up for his injury, so to speak, to his company and his co-workers.

Another impetus to return to work for the men was their belief that their absence was hurting the business they worked for. They felt a responsibility to the workplace. This belief also contrasted with their plotlines of wanting to be 100% symptom free on their return to work. Sam exemplifies this perspective as he discusses his workplace.

Sam: He really wants me to get back to work ((kitchen manager)). Cus we've been short staffed so- Been, really worrying about that and.. like.. juss(:)t.. I, wanna get back to work. It's just hard to get a solid plan going. Cus I don't know when I'd be able to get back to work yet so- Hard to work anything out until I know anything for sure. Yeah, it's just, frustrating too ...Sunday's are really hard as it is... then one person off, it's even harder now for them ...

In Sam's story, he recounts how his manager told him how difficult it is to work short-staffed, which Sam empathizes with, he is thus motivated to return to work. Indeed, he even tried to RTW, but was unable to physically perform the necessary tasks. Even though Sam is young (in his early 20s) and does not see himself remaining at this company, he nevertheless feels a responsibility to his co-workers, and expresses guilt that he cannot help at his workplace or even provide a concrete plan for his RTW. He emphasizes this feeling of responsibility by stating twice that he wants to go back and help out, and that not being able to frustrates him and makes him feel sorry for his co-workers who have to work extra hard without him. Sam does not know when he will be healed, and as such cannot provide a firm answer about when he can come back. This underscores one of the greatest difficulties about resuming previous work identities: the inability to plan for the unknown. Mason echoes Sam's concerns that he is letting down his workplace team.

Mason: I sort of feel I didn't hold up my end of the bargain this summer because they're in the service season right now... And it's full on man, ton of work right now. It's the biggest time of work. And here I am doing nothing.

Mason uses the term “bargain” to express how he feels like he is mistreating his co-workers by being away during the busy maintenance season. He emphasizes the amount of work that he would be doing normally, how much his co-workers need the help, and further accentuates how he is doing “nothing”. His story creates a narrative where he owes his colleagues this time and possibly indicates guilt that he cannot be there working with them.

The men were acutely aware that by them staying at home, their workplaces were losing financially. They then discussed their anxiety about the impact that them staying at home had on the business.

Matt: I know for sure(.) that it's the less time (1) like the longer time I'm off the worse it looks- ... Cause the less time I'm off, the less I'm a hit on their insurance I'm sure ... But that's why like I take what they say with a grain of salt. Like I understand that they want me to be better and they want me to come back, but it's also (1) they're not sitting there going “Oh, you know take extra time if you need it”, because it's, it's— it's going to look worse on their bottom line.

In his story, Matt discusses how he must interpret the business telling him that they want him to take time off and get better with a “grain of salt” because of his awareness that the less time it takes for him to RTW, the less it will cost the business. Him taking personal responsibility for the costs to the company is highlighted by his use of the first person personal pronoun (e.g., “I'm a hit on their insurance”) — indicating that he rather than his injury is the problem. Although Matt's workplace is narrated as supportive, he is acutely aware that his employers do not want him off work for long. In turn, Matt feels pressured into thinking about resuming work quickly, thus demonstrating his loyalty — and value — to his company.

This section clearly highlights the tension the men faced to return to work quickly, but also to do so when fully healed. This tension put the men in a bind. If they stayed home, they would feel guilty and risk losing their positive reputation at the workplace, something for which

they had worked long and hard to build. If they went to work, they risked not being able to perform tasks required of them or even being re-injured, both of which would also impact their reputation at work. Therefore, it was impossible for the men to reassert their “reliable” employee image at the time that they were constructing the story. They could, however, narrate how they would become a part of the workplace in the future, when they were healed, to reconcile this tension. This narrative is discussed in the next section.

Becoming Part of the Workplace Again

Throughout the previous subsections, I have drawn attention to the men's stories about wanting to resume their good reputations at their workplaces, but also balancing this desire with the process of healing. The men wanted to be “100%” to avoid re-injury when they returned to work, but also wanted to return to work as quickly as possible, because their absence was a burden on their colleagues. Given this tension, the men considered another counter-narrative for the future, one where they returned to work injured. This section analyzes their stories of reconstructing their reputation while the men considered the future of returning to work, even if they would not be 100% healed when they did. This analysis was done by looking at the stories men constructed to predict negotiating the complex social interactions during the first few days after they returned. These stories went beyond being 100% physically healed; the men's stories were, in fact, about how they wanted to seamlessly fit into their workplace communities. When telling the stories about their reconstruction of their reputation as a reliable worker, the men emphasized that they especially did not want to be treated differently by their co-workers upon returning to work.

Being treated differently, as the “other”, due to their burns was one of the most reported concerns throughout the men's interviews. When directly asked how they would cope if co-

workers asked about their burns at work, many of the men deflected the question and instead redirected the focus of the interview to how their work relationships were strong. The men considered their workplace colleagues as part of their support system, some even referred to them as their families, and believed that they could and would discuss their burns openly at their workplaces. In discussing their predicted RTW, and the role their coworkers would play in it, what especially surprised me were the stories that men constructed in which they predicted their colleagues would tease them about their scars, limitations, or time away.

Trevor: ...>but we're always joking around calling each other lazy even if we've been working your butt off all day long, oh you could've done so much more, that kind of thing they, they know it's just ribbing<... Oh they'll probably call me by (.) the uh lazy supervisors name quite a bit that's, that's what I'm thinking.

Throughout Trevor's story, he casts himself as a supervisor who leads by example. In being burned, he expresses concern that he may no longer do so. However, he envisions his crew spending time together, having fun and "ribbing" each other, him being no exception. In this excerpt, Trevor reveals that he believes that by being "ribbed," and being treated like one of the "boys", he will still have the respect, support, and camaraderie of his crew. He views being called "lazy" in a joking way as a positive thing and demonstrates this by emphasizing that they (including himself) "work their butt off all day long" and "know it's just ribbing". Receiving this attention when he returns to work by being called the name of a "lazy supervisor" serves to nullify the lazy worker narrative. In his story, being referred to as a slacker in a tongue and cheek manner means that he is a colleague, accepted by his co-workers, and is not "milking the system.", or taking advantage of the fact that he is injured.

Nathan also discussed his colleagues' reactions to the process of his workplace readjustment. When asked directly about what would happen if attention was drawn to his scars or burn injury, Nathan responded in this manner:

Nathan: ...and I'm usually the first to whip it out and show them ((laughs))... So like, I throw up my shirt and let them see because it's hard to *explain* how well it's healing....Um, it's not so much, I don't think my crew is going to baby me it's more, um because of the restriction I am being put on by WCB. They have to adhere to that because if I injure myself any further because I am not adhering to that work, or adjusted work or um, they'd be in a lot of trouble. So they are very by the book in what I am able to do and what I am not able to do. Whether or not I feel I am able to do it or not.

Nathan uses a phallic metaphor to discuss showing his colleagues his scar when he visited his old workplace. This choice of metaphor emphasizes his virility, strength, and prowess. The action of “throwing up his shirt” seems to be an attempt to prove he is healing and no longer fragile as his co-workers and WCB are making him out to be. By showing off his scar and discussing his motivation to return to work, he performs the identity of a tough, strong, and reliable worker, but ingeniously, by putting the blame for his healing time on WCB, he can absolve himself of the responsibility for his perceived laziness. In a sense, he is saying that he can do the work, but the bureaucrats will not let him. In a way, this helps him attempt rebuilding some of the respect that his colleagues had for him before.

Despite Nathan's attempts to convince his co-workers he is healed, a clear threat that he could be re-injured nevertheless exists. In fact, he emphasizes his difficulties in explaining his ongoing healing, meaning an expectation that he should, and probably is, still injured exists. As he heals, Nathan worries that he will be “babied” by his crew. He discusses this baby metaphor further in the excerpt below:

Nathan: Um, *I feel like I am being babied*. Like like like I am an independent person so when people are constantly asking me like "Can I get you anything?" ... it's hard for me to respond to that because uh, anything I feel I need I can do myself or I will do myself. ... So, like (1) so, this helplessness that people are assuming comes along with a major injury like this I'm not fond of. ...

Interviewer: Do you think once you do get back to work that your coworkers might treat you a little more fragile too?

Nathan: Yeah, I'm afraid of that, somewhat. ... I am well known for working alongside my crew doing the same thing that they are doing so that they know that I am not just

some like Nazi villain that rules with an iron fist and like expects the unrealistic from my crew.

In contrast to the phallic metaphor, the baby metaphor reveals Nathan's concern that he might be treated as weak and unable to do his job. Being off work is enfeebling, something which is incongruent with Nathan's identity. Also, the act of "working alongside his crew" in order to lead by example is so deeply entrenched in Nathan's identity that not doing so would be as repugnant as being a "Nazi villain". Nathan, stuck as being framed as "helpless" in his story given that he has a burn, cannot lead by example, and does not believe that his attempts at convincing others that he is not "helpless," will work.

There is another layer to Nathan's narrative that needs to be considered. Throughout both of the above excerpts taken from Nathan's interview, there appears to be a stated story that his crew will both baby him by not allowing him to do his work because of his burn, and an implied story that they will be disappointed if he actually accepted the recommendation that he do lighter work. In these entangled storylines, he puts himself in a lose-lose situation. Nathan's waffling between these two stories, demonstrates his own internal struggle between healing and still being a good supervisor. His story indicates that both of these choices will result in his crew being cross with him. Contrasting between these choices is difficult to make, but it is how he begins to come to terms with his new duties and relationships with his colleagues at work. At least until the WCB restrictions are lifted.

In the men's stories, an added benefit to talking about their burns with work colleagues was gaining social support. By joking about it, a venue was provided whereby they could articulate difficulties in a relaxed, non-judgmental forum.

Jackson: I work with these guys everyday and I know them pretty well. And they're more caring you know ... Uh (:) one guy was bugging me about how (2) to put the gas away quickly because I was there and stuff ((laughing)) ... I laugh at it because I know

they're not (.) meaning to (.) harm me. And we joke around about things a lot. ...So I know they're the joking type. If it was someone off the street doing that to me or someone I didn't— then it's different. But if it's someone I (.) know. No, like that it's all fun and games because I'd bug them the same way so.

Jackson explains his relationship with his co-workers (“the guys”) in this story and how he would react differently to their teasing in comparison to a stranger. Because he perceives his co-workers as caring, they can make fun of him, and in making fun of him they show that they care. He even states that he would “bug” his co-workers in the same way if they had an injury. The caring nature of his co-workers, even in such a way that involves teasing, makes him declare that he would be comfortable showing off his scars and maybe even talking about his burn. By discussing how they would actively participate in this joking, the men were contemplating how they plan to reintegrate into their workplace communities and become “one of the guys” again.

Reintegrating into their workplace communities was particularly on the mind of men who had positions of relative power, such as being a supervisor. Many of the men who were interviewed worked in these supervisory positions and shared how they had to think about how they would resume these positions. While they were on leave, replacements were needed for their positions, and the men were not sure what it would be like once they returned and needed to start leading their teams again.

Mason: I was always the primary guy (.) with the major problems. So now being injured and coming back, I don't know if I lost my role in the pecking order. I don't know if I'm going to be the guy with the broken wing, and you know, will have to get eased back. ... So that's why I convinced, that's why I convinced Dr. S to let me go back a month earlier than he wanted to, like I want to get back... Well I think I'll be returning to work back as my ((company)) But I will be (:) put in a different role meaning I won't have to be the guy that before, before, before this I was the guy who figured out what the problem was... I guess, I'll just have to understand not to step (.) in front of him. But I am, but I am wait a minute, I am a big sports fan though, I don't ever feel someone should have to lose their job due to, due to injury. Meaning if your star quarterback was the star quarterback when he went down, when he's good and healthy he should be able to go back as that star quarterback. Even if, even if someone took, done a great job in his place.

... I'm hoping I can go back (2) I'll understand my (.) relaxed role. But hopefully in the next, within two months I will be back to my normal self.

Mason's story involves him returning to work early because he wants to resume his rung on the "pecking order" as soon as he can. He begins by envisioning how he would rejoin his team and figure out the "role" he would play on his team. He was confused as to how to do this in a way which would involve not "step[ping] over" his replacement. As he was telling this story, he began to change his mind mid-way as evidenced by saying "wait a minute" in the middle. He then uses a sports analogy to describe how to resume a leadership position at his old job, and discusses how it would not be fair if he could not return to his old role. Further, the tensions surrounding performing these modified work tasks are illustrated using the metaphors of the bird with the "broken wing" (much like the "baby" metaphor employed by Jackson), something which is portrayed as very emasculating and illustrates his fears of being treated differently. Nevertheless, he sees himself as the "injured star quarterback" who is respected, revered, and is ultimately able to flourish despite his injury. Mason sincerely hopes that the second metaphor will reflect how he is treated, but it all depends on the way his workplace and co-workers receive him. In asking to return to work early, against medical advice, Mason attempted to address this anxiety and became aware of where he stood at his workplace.

Class consideration is important when conceptualizing enfeebling and infantilizing metaphors such as those used by Jackson and Mason. Having an injury was a clear threat to socio-economic status either temporarily or over the long-term. For example, if Mason continued to be seen as the "broken-winged bird" his workplace may stop promoting him or placing him in leadership positions. This may have somewhat limited his and other men's earning potential. In more tenuous employment situations (e.g., construction work for Alex, Simon, Nathan, Trecor), where workers may be hired based on contracts which are acquired by the company worked for,

long-term income is heavily tied to whether their employer sees them fit to work and favours them. In these cases, it became even more important to re-integrate into the workplace and seamlessly fit in.

Section Summary

In this section, I explored men's workplace identities in terms of their reputations and the role that these identities had in men's stories about planning to return to work during burn injury healing. This reputation or identity was very important and narrated thoroughly in their interviews. The stories that they constructed were about their lives creating a workplace reputation as someone who was "reliable", rather than "lazy". The desire to be seen as reliable put the men in a bind because they themselves had a "legitimate" burn injury which threatened their reputation. This bind created a no-win situation: they needed to take time off because, according to their stories, their image would suffer if they returned to work injured and not able to perform. They would also suffer if they took too much time to return to work. Finally, the last part of this section described the men's stories about planning to regain their reputation by interacting with their co-workers through joking with them and proving that they were unburdened by their burn injury.

The men's stories appeared saturated with examples of the importance they placed in being the bread-winner, the importance of which was described in the introduction (Gere & Helwig, 2012). The sheer number of stories where men described their reputations as reliable, hardworking, and tough, in addition to stories where they distanced themselves from unreliable workers, shows how important this identity was in their stories. If this identity was not important, they would not have developed the bind of needing to return to work as fast as they could but also only willing to return to work when fully healed. Added pressure on rebuilding their

reputation was then placed on the men who needed to be reliable to provide for their families or adhere to cultural values. In the last part of this section, the importance of rebuilding their reputation, and their roles was recounted. In being treated like the other co-workers, the men would rebuild their status, and resume their workplace roles. Thus, working on their relationship with their co-workers was the means to resolving the above-mentioned tension. The importance of men's reputation at their workplace, and the way in which this may impact their care will appear later in the discussion.

Section 3: “Doctors Know Best” or Do They? Men’s Stories about Collaborative Decision Making While Planning to Return to Work After A Burn Injury

Thus far, I have presented men’s narratives about the burn symptoms, which they have faced and how they believed these symptoms would be experienced as they returned to work. I have also explored the importance that men placed on preserving their reputations as reliable employees as they returned to work, and the bind that this put them in, given that they could not maintain these reputations because they had to either take too much time to return to work, or return to work without being completely healed. These two storylines allowed me to begin exploring men’s narratives about planning to return to work while they were healing, and what they found meaningful during this process, in addition to the areas of tension which existed in their stories. The following section focuses mainly on the final research objective: examining men’s stories regarding their involvement and collaboration with WCB counsellors, their health care providers, and their workplaces in planning to return to work. To explore this domain, I begin by discussing the ways that the men storied their predictions about the RTW decisions which were being made while they were healing from a burn injury.

“Doctor Knows Best”

With so much emphasis on patient centered care and collaborative decision making in the RTW literature, one might assume that the participants’ stories would embody the idea as they would be “living” it, especially as they were returning to work shortly. This assumption proved wrong. Most of the men expressed an overwhelming sense of confusion when we discussed the RTW plans they made with their employers, physicians, or the WCB. In the first section presented earlier in this paper, “Challenges in the present, storied in the future”, I reported on the way men storied being unworried about their burn challenges. When asked how they would cope

with these challenges directly at the worksite, they appeared confused — as if they had not considered this. Take Simon, who identified that temperature sensitivity was an anticipated problem for him.

Interviewer: Okay. Tell me more about your worksite.

Simon: Um, it's outdoors, it's in the elements.

Interviewer: ...Have you thought more about that, how you're going to protect your burn, while you're outside?

Simon: No, not really...Like I say to most people, I'll have to play it by ear. More of a go by the seat of my pants...

Interviewer: So once you're saying you're ready, what do you think they're going to need to do on their end to, to make sure you're kind of ready for it? ...

Simon: (3) Um, (5) ((sigh)) that's a great question. (4) I would say (4) Um (5) I don't even know.

Initially, Simon confidently states that he is unconcerned about not having a RTW plan, buttressing his hands-off strategy by emphasizing he is a “seat of the pants” decision-making kind of person. Perhaps by telling this story, he is trying to convince himself that this is a strategy that will work. He may even be attempting to avoid his anxious thoughts about returning to work. When pushed by the interviewer though, his story and presentation abruptly shifts, and his confusion bubbles to the surface, as indicated by the numerous and long series of pauses when he admits he is unsure of the plan or what he needs to do in order to RTW. Later in the interview, Simon talks about asking his employers for shorter work shifts, but overall there does not seem to be much forethought about planning to RTW. Sam, a cook who identified difficulties with his pain and trouble standing due to burns to his leg, similarly shares this overall confusion about what plans are needed.

Interviewer: ...do you think you're going to try to plan, or try to do some things before you start work to, to get yourself ready?

Sam: Probably not. Iss(:), I'm quick to adapting to situations, soo(:)... Like I said the first couple days will probably be tough, but if I get those evening shifts, then it'll be a lot smoother to go into.

Sam takes a similar approach to Simon. He states that there is not much that he believes he needs to do to prepare. He merely reports that he is good at adapting. This is similar to many of the men who were interviewed; they de-emphasized the importance of making step-by-step or concrete RTW plans. In other parts of the interview, Sam indicates that even his boss has not prepared for his return, thus indirectly supporting the idea that a RTW plan is not necessary and that things will simply work out. This is not to say that this lack of planning is a good or a bad strategy; it is simply the one most of the men said they took. It also runs counter to recommendations from WCB and the CMA stating that the best practice was to make clear collaborative plans prior to returning to work. Even though collaboration on return to work plans is highly recommended in the literature, this is not something the burn survivors seemed to know. There did seem to be some confusion in the men's stories about who should make decisions about returning to work. Many suggested that it was not their responsibility, but the sole responsibility of their physicians to make plans and decisions about returning to work in a type of "doctor knows best" narrative. This narrative seemed pervasive in all of the men's interviews. Nick, Nathan, and Sam provide examples of this narrative:

Nick: <Ya, I'm pretty bored.> [Ya?] Ya. But I just wanna (2) like when that, I forget the doctors name [doctor's name] ya, when he said, ah, you know don't go back quite yet. I just wanna (.), you know just whatever.

Nathan: To be honest I would be ready to go back to work today, but at the same time I don't think it's something my doctor would ever say okay to.

Simon: Whenever he's, whatever he recommends. All I've been doing is what the doctor's been telling me and hasn't done me anything wrong. So like I said, why sit there and question the guys that have been, that have done the training for it, the education for it. They spent their time learning their profession... I'm doing what they tell me.

For many of the men, a tentative plan to RTW had been created by their health teams, WCB, and workplaces. The men framed themselves as ready to return to work but were waiting

for their physician's decision making in terms of when and how. The responsibility for returning to work was placed squarely on their physician as demonstrated in each of the excerpts above. Simon alludes to why this would be in an elegant way as he emphasizes that he approves of being told what to do, as doctors are the experts.

Within the process of RTW planning, there was also a broader milieu to consider: that indeed, this decision was not really the men's to make or contribute to, as ultimately they must heed their physicians' directives or the WCB would halt their financial benefits. This concern was a frightening reality that curtailed any potential contributions of the men. Matt describes his fears about being "cut off" by the WCB:

Matt: Ya. I'm not(.) I'm not going to go back to light duties until I talk to Worker's Comp and then till the doctor approves it because(.) from what I understand if I, basically(.) I'm not covered by WCB if I go back and, and if I do something that basically I'm not supposed... even if it is light duties, as far as I know, WCB pulls the plug and says(.) 'Too bad!'

As Matt described in this excerpt, he did not appear comfortable even considering returning to work earlier or making any RTW plans due to a belief, rightly or wrongly, that WCB would abandon him if he enacted these thoughts on his own accord. This belief was deeply rooted in his statement about "pulling the plug", a metaphor describing the importance and immediacy of the consequences of not adhering to the RTW plan. This fear may or may not have been true, but it did not seem like something the men wanted to talk to WCB or their physicians about. Much of this avoidance came from a fear that WCB would take away their funding if they discussed how they wanted to heal or RTW. Mason explains this fear well:

Mason: But workers comp is giving me the okay to go back to the gym and you always hear stories like oh don't cut your grass or don't wash your car. Because someone will take a picture and get you kicked off of workers comp. Well I was very worried of that because my job is so manual and physical that I couldn't just be sitting in my house and expect— I'll never get back to ((work)). Well I said to ((WCB worker's name)), I just told him I said I'm going to the gym. There are no if ands or buts, I'm going to gym. You

can send a (.) camera team or whatever you want he's like no, no, no he assured me that that would not be the case.

Mason described an untold threat where he needed to prepare to RTW by becoming stronger, but was afraid of what WCB would do if they found out that he was exercising, but not working. Eventually, he confronted his WCB worker and the WCB allowed him to continue exercising. For many of the men, it was important to become "strong" again because their jobs required them to be physically fit. It seemed like with the perceived threat that WCB would cut off their benefits, they felt trapped and unable to prepare, make decisions, or contribute to RTW plans — instead, approaching decisions about return to work with a sense of passivity. With this presumed threat implied in their narratives, the men often did not want to be involved in the decision to RTW as it was safer to allow the "experts" to make this decision. This is not to say that the men expressed blatant dislike for WCB. In general, as evidenced in Mason's excerpt, as the men became more comfortable with WCB workers, they became more comfortable advocating for their own needs. When Mason told his WCB worker that he wanted to start going to the gym, he was met with understanding rather than a threat to cut his benefits. Even with this increased trust, however, the men seemed uncomfortable with their RTW role unless they had prior experience with this process.

In contrast, men who had previously been injured understood the process of RTW much better than the others and felt more agentic in contributing to the plans. In his interview, Tim told the story about having many experiences at work helping others return to work as a health care provider, and experiencing RTW planning himself.

Tim: Yeah, I've pushed too much before...Dr. M, he'd look at me and say "Tim, why are you going to work". I says because "I can't sit and be." ... And then I look at him one day and I says "yeah you're right"... You can't expect someone to totally understand that. You gotta take the initiative <<the driving force and say yes I'm ready to go >> back to work now or no hang on, hang on, I need another two weeks.

In this excerpt, Tim described how he learned that he needed to collaborate with his health care providers in making decisions about returning to work. The first story in his excerpt about having an eye injury followed a somewhat different story than the other men. He pushed himself to return to work and was met with opposition from his doctor. He carried what he learned from that episode to the story about his current situation, where he needs to both listen to his health care providers, and take initiative to discuss when he does not feel comfortable about medical decisions, such as when he should return to work. This story is in sharp contrast to most of the other men's narratives and seems to stem from his prior rehabilitation experience.

In terms of the need to adhere to medical advice, Nick brings a similar perspective talking about how he needed to listen to his physician, as he has learnt the importance of this practice based on his experiences with prior injury.

Nick: No, I mean this is totally different right? ... <I'm going to listen to doctors, cause I screwed myself on that, my knees,> and then umm, even with my ribs(:)(2) they told me just to take it easy, <and I never did> and they hurt, they're like all deformed, like my right sides all rounded, like it's supposed to be and the left sides pointy (1)Whatever.

Nick brings his previous experience of being injured and having “screwed” himself to this RTW plan. He discussed the importance of listening to his health care team and not returning to work too soon so that he will not be re-injured like his last injury. In these excerpts, Tim and Nick highlight the importance of listening to their physicians. They both want to return, but know that they have to collaborate with their physician in order to plan to RTW. In the past, they did not listen to their physicians, or work collaboratively on a return to work plan for injuries which were not burns. As a result, they were re-injured. Both agreed that it was important to be more open with their physicians and take their physician's recommendations seriously. Prior experience helped these men plan differently for their RTW and recovery. Tim

sums up his experience by saying he has learned that he needs to be the “driving force” for whether he will consent to returning to work, but he must balance this with listening to his physician. As such, he advocates for a collaborative role in planning to RTW. In summary, men with previous RTW experience understood and were more comfortable with the process.

Self-Made Return to Work Plans

In the prior section, I reported on stories men told about not wanting to be involved in RTW plans and instead relying on their HCPs or WCB workers to make these plans. As the men's interviews were analyzed, I also found counter-narratives alluding to roles which they could play in returning to work. In analyzing these less emphasized counter-narratives, it appeared that the men were involved in the process of making plans to RTW, although labelling these as RTW plans was incongruent with what the men thought they were doing. One way to conceptualize this is that health care staff, WCB, and the researcher, having been formally educated brought expertise in their respective areas; the participants having practical knowledge of how they needed to function in their respective trades, also brought expertise. It was almost as if they spoke different languages, and in a sense, they do. Marco for example, told the story of how he was exercising to become strong and practicing hand movements in preparation to return to work

Interviewer: So what are some of the things you're doing to prepare to return to work?

Marco: Well, it's just getting (.) all my arms and fingers, you know, my hand to (.) be able to, you know, 'cause I have to do a lot of tools. So wrenches and all that. If you can't get your full dexterity. How can you go back to work? ... I have a ((home)) gym, like I do some bench press or something. I think that helps as well. ... It's just (.) my wife will say, “you're not really that good you know”. What if you bump your elbow, or you're gonna get bruise too. Why don't you just easy upon that one?” But I told her, (.) “it's what the doctor, what the (.)physiotherapist told me that I need to use my arms.” I don't wanna get stuck in that, you know, position then...

As seen in this excerpt, Marco feels responsible for preparing himself to RTW. As a part of his plan, he follows his physiotherapist's advice to work on his hands and arms to regain his skills as a mechanic. He decides to do this by lifting weights. Despite pressure from his wife, he is making the decision to continue to do these exercises as he believes this will be important to prepare him to return to work. What is left unsaid is if he asked his health care team if this exercise was compliant with their advice to use his arms. Despite this possibility for collaboration between Marco and his health team, later in the interview, he states that there really is nothing that he needs from others to help him make decisions to RTW:

Interviewer: What do you think you need from other people right now to make decisions to return to work or to start making plans to return to work?

Marco: Mmm. Nothing really.

Instead of clarifying with his physiotherapist about the amount and type of exercise he should be doing, or retaining his physiotherapist's help in discussing the importance of this exercise in returning to work with his wife, Marco states that there is nothing else that he needs from others to help him with the process of returning to work. In his story, these issues are not truly perceived by him as involvement in RTW planning, and, as such, do not need to be brought up with his health care team.

The participants in this study primarily worked in trades. They often emphasized their work environment and how it was different from those of the researcher, healthcare providers, and WCB workers in their stories. Some participants, like Jackson, acknowledged that their health care providers may not fully understand the unique environmental hazards that a trades person encounters and, as such, the health care provider needed to be informed about these issues when giving advice about returning to work.

Jackson: I think he'd know how long to put a guy off for what (.) when he should go back better... And, I mean I think part of that is the patient's job to explain it. Like I

talked to him (.) about it and I said this is what I do and this is how dirty it is at work and this is this. And this is how I feel. I think sometimes, because you need to tell the doctor how you feel. Because he can't tell, I mean he sees your leg, well it looks good. But how good is it, is it painful is it healing, is it no pain at all, can you bend enough to do your job?

In the above excerpt, Jackson tries to take the position that he does not need to be involved in the decisions to RTW by discussing how his physician is more qualified to make them. This story does not fully encompass Jackson's experience, because at the same time, he mentions that he does not believe his physician will completely understand the environmental hazards that he faces. As such, he switches to a different narrative where it is the "patient's job to explain" these hazards to his health care team. The worry that health care teams did not understand the perils of the men's workplace environments was echoed by many of the participants. When considering this, the men cast doubt on whether the plans to return to work which were made for them would work. Like health care providers, WCB workers were also framed as unaware of the environmental challenges that people who worked in labour industries encountered. Alex discusses his experience with this ignorance:

Alex: You know, they can say whatever they want [the WCB workers] to say...What happens when I'm walking like this and you know, someone bumps into my arm. You know, it just takes one of those stupid moves, then you're injured again. ...Because in all honesty, they say oh you could put long sleeves on, but what happens when you sweat eh. This sweat, I don't know what it would be like, but, I'll go try a day at work if they want me and I can't do it I'll say no."

Upon reading this story, the reader gets a resounding sense that, in Alex's view, the WCB worker does not understand Alex's workplace, and due to this lack of understanding, he is not able to make a proper return to work plan. This lack of understanding is frustrating to Alex as he fears re-injury, and is concerned about sweat and dirt impacting his burn injury. In his story, Alex's RTW plan was too formal, not accessible, and did not address his needs. As evidenced by all of the challenges that he feels have gone unaddressed, his expertise, knowledge, and skills

have not been valued or heard as his RTW plans were made. RTW plans were framed as something which WCB and health care providers set, and patients who were in trades were not privy to.

The profession of the men interviewed appeared to play a role in how active their involvement was in RTW planning. Not surprisingly, the two burn survivors I interviewed who worked as health care providers, appeared more confident in making RTW plans. Tim described the importance of building a strong patient-provider alliance in making plans to RTW.

Tim: No matter what' you're in, the communication ((with the healthcare team)) should be, straight on and nothing going around the circles ... Not too much BS just straight to the point. ... Do this, I do this, you do that. And, yeah, that was missing. ... You know, um (.) if you don't have a backbone (.) you're not going to standup. I have a backbone, and I want to know (:) and I don't like being left in the dark. ... You know 90% of the people I see ...don't have a clue what's going on. They just take the word of a doctor or something and don't ask. I'm a little different.

As a healthcare provider himself, Tim discusses how he wants information without any "BS". Providing him with the information would allow him to make his own decisions about returning to work. He too recounted his RTW from previous injuries, and how these experiences were influential in him taking his time before returning to work (as discussed previously), but ultimately, his approach to returning to work deviated significantly from the stories that the others told. He describes "having a backbone" to illustrate his agency in this story and informs the interviewer that he was in charge of making his medical decisions, his plans to RTW, and the care he was receiving. He acknowledges that most of his patients "don't have a clue what's going on", and therefore are not involved in decisions and plans to return to work. In making this comparison, he also makes the case for the other burn survivors who either have not been injured before or are not health care providers themselves. They may not understand how to be involved in the process.

In summary, the terms collaborative RTW plans and collaborative decision making are common in the medical rehabilitation field and the literature, but the burn survivors did not endorse making decisions about returning to work. One reason for this finding may have been that perhaps the men did not believe that their actions to further their rehabilitation, which often occurred on a simple trial and error basis, were part of the process of planning to return to work. The men's stories also suggest that they did not contribute to their plans to return to work because they did not believe that their expertise was valued. As the men made self-made plans to RTW, the process of making formal plans, which they did not participate in making as addressed above, was either ongoing or complete. Given that these plans had already begun to materialize, the men could start to construct stories about whether they would enjoy the modified return to work plans created for them, as described in the next section.

Rejection of Modified RTW: "I don't want to do the disabled people's jobs"

The analysis in the above section concentrated on men's stories about not participating in making decisions about returning to work, but also highlighted the men's worry that WCB and their physicians did not understand the unique difficulties placed upon them by their respective work and workplaces in the trades. As such, they made informal plans about RTW without consulting their health care teams. Unfortunately, many of the men I interviewed disliked the RTW plans that were created for them, plans they did not participate in constructing. In particular, there was disdain for the modified RTW (MRTW) tasks or "light duties," which they would be asked to do while returning to work. Particularly troubling was that these tasks were incompatible with what was required in their workplaces:

Alex: He ((doctor)) said you could do light duties four hours per day and then, six hours a day, and then, eight.... he ((Boss)) says I won't be able to go to work. He says he doesn't have anything light duty for me that I can do. ... Everything is physically demanding.

Like I said, he's a new company ... he's not bringing in the money to let me stand there for \$25 an hour, my wage right ... there's nothing light duty about ((my work)) right."

In many of the men's stories, neither they, nor their bosses, had a notion of what light duties entails because apparently, there were no light duties. Thus, as they and their bosses tried to implement the recommendations provided by their HCPs and WCB counsellors to do light duties, confusion ensued. In the above story, Alex becomes stuck in his story as his workplace does not offer "light duties", and in addition, he does not want his boss's company to suffer because of his injury. Although he did not vocalize it here, the threat that WCB would cut off his benefits if his workplace could not find light duties seemed to be lurking in the background. The lack of communication between all involved parties is where the RTW plans broke down. In their stories, the men framed themselves as stuck suffering through the ambiguity about what they could or could not do, and worrying about their future performing light duties which did not exist.

When the men's employers did manage to offer modified return to work plans, many of the men were relieved, but generally unsatisfied with the plans.

Dwight: (2) Um(4) I guess whether they can find(1) the right kind of job that I can do where I could tolerate doing it. Like it sounds like I can pretty much choose anything I want to choose to do, but (2) I dunno like. ((Sighs)) Office work isn't(.) what I would ever choose to do. I can't stand doing office work. But at the same time, I can't do the actual ((his job as an HCP)) ...and like, like they did come back to me with an option for when I go back to work, like that ((public speaking)) thing that I told you about, but I haven't ever done anything like that before, so I don't know how well I'm going to do it. I'm okay with trying it, but once I go to try it, if it doesn't go well for me, I'm not just going to— stay at it. I'm(.) just going to call someone up and say I can't do it— either find something else for me or I'm going to stay at home until I feel better. ...

The MRTW jobs either required skills the men did not have or were domains of work that they did not want to do. Dwight did not enjoy office work and later in his story admitted that he had anxiety over public speaking, which was compounded by having a burn injury. He paused

several times while talking about office work, perhaps indicating how uncomfortable he was with it. He reported feeling that this anxiety would make him feel itchier and would cause him to scratch at his burns more, not allowing them to heal. Dwight also discussed how he has never done office work or public speaking, and unlike his work as an HCP, he knows he does not have the experience to be comfortable doing these tasks. He reported that he would try the MRTW job in good faith, but if he was uncomfortable or unable to do it, he would have to stop. His tentativeness at the beginning of this excerpt draws attention to his belief that he will not be able to perform or enjoy the MRTW tasks.

For Dwight, the challenge was finding tasks which he could tolerate and still feel appreciated and fulfilled. If his workplace could not find this, Dwight stated he would rather heal at home. Dwight does, however, suggest that this may be a “new school” or younger way of thinking.

Dwight: And I’m like. I dunno, I guess that’s the difference between new school and old school if you want to put it that way. Like, the old school are a lot more— they’re harder on themselves, they’re harder on each other. Whereas the new school people are more (1) open to that. Like you know — if you’re having trouble at work, just take a sick day.

Dwight reports that he is one of the younger employees at his workplace in his story. He clearly differentiates two types of approaches to returning to work while dealing with a physical injury. In his description of the “old school” employees, he insinuates that older employees do not use sick days and will keep working through an injury. He also suggests that they may be more easily persuaded to take a MRTW job even if they were not ready to RTW. Dwight clearly states that he is part of the “new school” way of thinking, one that is empowered to vocalize their dislike for MRTW tasks — but as alluded to in the previous paragraph, there does seem to be some hesitation about saying no to the plan his employers have developed. Although many of the men did not like the modified return to work plan created for them, many accepted it because

they wanted to manage their workplace image. MRTW was a compromise because they were not returning to work fully, were made to do tasks, which they did not want to do, and as such, could not begin to re-integrate into the workplace or with their co-workers.

In addition to not having the skills to do the modified RTW tasks or not enjoying these tasks, the men were also worried that they would get stuck doing these jobs over the long-term. Men felt that these jobs were demeaning, as they were highly trained professionals in their fields and had established careers. Dwight is the clearest about this view as he describes “disabled people jobs”.

Dwight: Like even— they’re trying to be as supportive as they can and I appreciate that, but(.) at the end of the day, I just don’t want to be doing those kinds of jobs. I just want to do the job I was trained to do- ... I don’t want to(.) I don’t want to do the— the disabled people jobs. ...Maybe some of the people think that I am disabled or whatever right. ... but I’m not disabled in anyway, like and I think a lot of people think I might be— I’m not. ... Ya. I’m uncomfortable and in pain, but I can DO EVERYTHING. I can do everything you can do, I might even be able to do it better. It’s just(1) I’m going to be in a lot more PAIN than you.

Dwight’s description illuminates many of the core issues of concerns the men had with MRTW tasks. Although Dwight articulates this position most clearly, all the men who were assigned MRTW tasks wanted to know how long they would do these jobs, if they would be treated differently after they would finish them, and whether they would get stuck doing these mundane and unfulfilling tasks forever. In asking such questions, there was a clear element of ableism given these tasks are situated as enfeebling, inferior, and demeaning. Also, being “disabled” implied permanence and a sense that they would never reintegrate into their workplace, rebuild their reputation, or have the same relationship with their co-workers. In this excerpt, Dwight performs that he can still do his job by stating that he may even be better at it now. By distancing themselves from the MRTW tasks, the men were able to cope with the

possibility of that they may not be able to do their jobs as well as they used to; jobs which as the first section of this dissertation suggests, firmly grounded in their masculine identities.

The worry of being unfulfilled was echoed by many of the men contemplating their participation in MRTW jobs. Most of the men believed that they did not have a role in contributing to these plans and had to accept these tasks until they were able to return to their old jobs, or “cheat” by doing their old jobs. Nathan discusses how he may “cheat” because he does not like doing the MRTW tasks:

Nathan: I don't know that I am going to be sitting to be honest with you. Like, I don't know if I will be able to just sit. so. I might be cheating the system a bit there and actually do some work. Whether or not I am supposed to be or not.

Interviewer: What do you think the pressures are to do that?

Nathan: Because I am a person who works with my hands so like doing paperwork and sitting and telling somebody else what to do is not in my repertoire, so.... Yeah, well like I know, I'm not gonna go full hard in, but like, if there's some manual labour that needs to be done that exceeds ten pounds, like, I'm gonna do it. I'm gonna be careful when I do it, and I'll ask for help whenever I need it.

In Nathan's story, he clearly demonstrates the risk of creating MRTW tasks which the men do not want to partake in — they may not actually adhere to the plans. Nathan states that although he is going to be careful and ask for help when he needs it, he will still do the manual labour which is contraindicated in his MRTW plan. He reports that doing paperwork is not part of his “repertoire”. As such, he may just ignore the MRTW plans. This was not a unique story. Many of the men responded similarly, and predictions of “cheating” was rampant in their stories. Generally, they did not tell their WCB or physician about this cheating, and it was implied that their workplaces would also turn a blind eye to avoid getting in trouble with the WCB or getting cut off from future claims. As such, WCB rules that are meant to protect the workers by not allowing their workplaces to assign work that they were not able to do, in effect, were often

disregarded. The men predicted doing the work anyways, but not informing the people monitoring their progress.

Section Summary

In summary, analysis of men's stories about planning to RTW after a burn injury suggested that they often rejected having a role in being part of these plans, deferring instead to their health care providers or WCB to make decisions about their return to work. This rejection created major problems because their healthcare providers and WCB workers needed more information about the men's workplaces, due to their inexperience with the men's workplace environments and jobs. However, the men were hesitant to give this information for fear of being cut off or rejected from receiving benefits. The men then made decisions and attempted activities which would help them return to work without consulting their health care providers. Also, due to their lack of involvement in RTW planning, they ended up with modified RTW plans, which fit poorly with their workplace identities. They did not feel that they had the inclination or skills to do these jobs. In performing these tasks, they felt enfeebled, emasculated, and demeaned because these men are highly skilled and believed that these alternative or modified tasks were beneath them. The discussion will further revisit these storylines to compare them to those in the literature, and to make treatment recommendations based on these findings.

Chapter 5: Discussion

The purpose of this dissertation was to investigate the narratives that men constructed while preparing to return to work during burn injury rehabilitation. My analysis drew from a social constructivist framework and employed a gendered lens. While utilizing this framework, I presented men's stories in three sections:

The first section, *Challenges Faced in the Present, Framed in the Future* grouped storylines that dealt with the way the men foreshadowed dealing with burn injury symptoms in their narratives when and as they returned to work. I grouped challenges into three broad categories of symptoms commonly discussed in the literature: scarring/body image; pain, itchiness, and physical functioning; and mental health. My findings indicated that pain and difficulties with physical functioning were more worrisome to the men than scarring or depression, both of which were commonly dismissed by the men as unproblematic in the context of returning to work. Generally, their workplaces were viewed as a space where they felt safe enough to show off their scars. Their stories about PTSD symptoms were less definite, given that the men who experienced PTSD while healing did not know if their symptoms would continue. Other life circumstances indicating premorbid mental health difficulties, such as previous depression, addictions, and breakups, were also notable in men's stories.

In the second section, *Workplace Reputations*, I commented on a major plotline in the men's stories about building a respected reputation and set of internalized standards for themselves at their workplaces. As the men explained the importance of their reputation, they described their desire to be perceived as reliable. They attempted to convince the interviewer about their reliability by telling stories that contrasted their situation to other workers who took advantage of their workplace or the WCB. This plotline put the men in a bind. The men needed to take time

off to heal from their very serious injuries because, according to their stories, their image would suffer if they returned to work injured and not able to perform. Their image, however, would also suffer if they took too much time to return to work. In either case, having a burn ran contrary to the plotline of being a reliable worker. The last portion of this section described the men's stories about planning to regain their reputation by interacting with their co-workers and encouraging these co-workers to tease them. Their stories demonstrated that the men wanted to be perceived as unburdened by their burn injury in order to fit back into their workplace communities.

The third section, *Doctors Knows Best, or Do They?* explored the men's stories of interactions they had with their health care teams, WCB, and workplaces as they were making decisions and plans to return to work. I found that the most salient storyline that men drew upon described that it was the responsibility of their health care teams to make decisions about their return to work. The men constructed this storyline seemingly out of fear that disagreeing with their health care team or WCB would cause their financial assistance to be terminated. The men's stories also reflected beliefs that their knowledge was not as valuable in comparison to the education and experience of their WCB counsellors and health care teams in helping people return to work after injuries. At the same time, however, this storyline clashed with another one where the men identified ways in which they needed to contribute to plans and decisions about their return to work. Many of the men believed that their healthcare provider did not know about their unique work environments. Their stories described these workplaces as dirty or dangerous, and thus, hard to work in with a burn. The men believed that exposure to these environments put them at a higher risk for re-injury. Their stories also revealed that the men did many tasks without consulting their health care providers, which they believed would help them return to

work. In other words, they were making treatment decisions and plans by trial and error without involving their teams, because they believed that these tasks were trivial.

The men's lack of involvement in RTW planning flowed into a storyline in which they predicted that they would not enjoy modified RTW tasks assigned to them. Further, the men did not feel that they had the inclination or skills to do these modified jobs. One of the best metaphors representing this concern was comparing the workers to "broken winged bird[s]" who needed protection at the worksite. In performing these tasks, they felt enfeebled, emasculated, and demeaned because they were highly skilled, and these jobs were seen as beneath them, almost similar to a demotion or a punishment for being burned.

Although the findings are presented separately above, it is clear that the men's narratives are intricately interwoven. Men's stories about their workplace reputations were drawn upon in men's stories about negotiating plans to return to work. For example, if the men did not care about their work, co-workers, or careers, less pressure to be 100% healed before returning to work would exist. Additionally, their pride in their work made it particularly difficult to accept modified return to work, as these tasks did not fit within the workplace reputations they painstakingly established in their stories. The narratives about making return to work decisions were also influential in their stories about workplace reputations. By following the advice of the HCPs and WCB workers, and not contributing to these decisions, the men were able to legitimize their claim that they continued to be too injured to resume their normal work duties, which allowed them to construct stories about not being the "lazy worker".

This discussion will be devoted to relating my findings back to three main areas of the literature. I will first comment on men's stories about their symptoms, their reputations, and their plans to return to work, and relate this to their constructions of masculinities. Next, I will

describe the way my findings further the literature on medical decision making and burn injuries. Lastly, I will explore strengths and limitations of this research and make recommendations based on the findings.

Power Structures, Masculinities, and Workplace Communities

When looking at stories men created about their workplace reputations, it was clear that the men revered their working identities and protecting these identities was a top priority, slated to begin as soon as they returned to work. There are several different interrelated power structures which men may be drawing upon to construct this type of story. The first is related to the power imbalance caused by them being stigmatized for receiving WCB benefits. The men were stigmatized for taking time off of work because they believed they were perceived as being lazy, but had to accept this label in order to heal. The crux of the power was both financial and through expertise or education, as other stakeholders were seen by the men as much more informed about the process of RTW than they were. The second is related to the pressure they may face to perform hegemonic masculinities. Each will be considered in this section.

Stigma to Claiming WCB Benefits

The idea that stigma and power imbalance needs to be considered in patients who are claiming WCB benefits is not completely novel to this study. Lippel (2007) and other researchers have discussed how stigma and power imbalance between the WCB and injured workers can lead to detrimental effects on injured workers' psychological health. Researchers often explain the drive for workers to describe themselves as "good or honest" as a reaction to save their self-esteem and self-image, which is brought into question during interactions with the WCB (Lippel, 2007; Roberts-Yates, 2003; Sager & James, 2005; Tarasuk & Eakin, 1995).

Workers often experience negative psychological consequences such as stress, anxiety, and depression, as they work with WCB. Not surprisingly, it has been described as an especially stressful process when WCB or workplace accuse the person of malingering (Dembe, 2001). As such, injured workers claiming WCB benefits often want to save themselves from a well-documented stereotype that people claiming WCB benefits take unfair advantage of this system. The origins of this stigmatized stereotype are perpetuated by societal meta-narratives that encourage citizens to report workers who fake being injured, thus suggesting that many injured workers are untrustworthy and prone to committing this type of fraud (Dembe, 2001).

Given that approximately half of my sample was burned at work and receiving WCB benefits whereas the other half were not, it is important to consider the stigma encountered by the men who were not WCB benefit recipients. I expected differences in the men's stories given the presence or lack of presence of this system; however, it seemed that the men reported that HCPs, employers, or private disability insurance companies often took on the roles of a WCB counsellor, and as such, the storylines told by all of the men followed similar patterns. Most minimized the impact their burn would have on their RTW. There were some worries about coping with PTSD at work for the men who were experiencing PTSD symptoms, but even these issues were minimized by most. Therefore, we do not know if being burned at work increased their anxiety about returning to work. Also, all of the men had drawn on the societal narrative of the slacker injured worker to construct their stories about returning to work. As such, the men's stories reflected that this narrative is not only pervasive to workers who access WCB benefits, but also to those who do not.

Another important consideration which needs to be made is that all of the men in this study were Canadian. Additionally, all of the research cited above on the stigma associated with

claiming workplace disability benefits have been sourced from countries with strong WCB programs and free universal health care. The stigma associated with claiming disability may be increased in other countries, such as the United States, where 35% of burn survivors must individually pay for medical costs because they are uninsured (Latenser et al., 2007), and claiming government benefits is perceived even less favourably than in Canada. It is also difficult to know how countries who do not have any support for injured workers would view workers taking time off of work to heal from injuries as there is very little research on injured workers from these other countries.

This thesis supports and furthers Lippel's (2007) findings by extending them to burn survivors. As suggested by the men's stories regarding their worries about being cut off financially due to fraud, there appears to be a clear power difference between burn survivors, the WCB, HCPs, and employers. The stigma against claiming WCB benefits and the power differences between burn survivors and other RTW stakeholders may contribute to why men may not participate in RTW plans, as actively as expected. In a sense, for the burn survivors who were involved with the WCB, WCB's role in the burn survivors' RTW was both an asset and a hinderance. The burn survivors required the financial support of the WCB to help them heal from their injuries and guide the RTW process. On the other hand, because the burn survivors were so fearful about being involved in the process of planning to RTW, they were not involved in planning their RTW and were worried about getting stuck doing MRTW tasks permanently. By blaming the WCB they could take time to heal, however, they could not heal in the way which they wanted to.

Masculinity and Power Structures

Returning to the second issue of power, when constructing their narratives, the men often drew upon the construct of masculinity. As previously reported in the introduction, men are traditionally taught from an early age that their most essential role in life is to work and earn money for themselves and their families, to be a breadwinner (e.g., Connell, 2005; Gere & Helwig, 2012; Gorman-Murray & Hopkins, 2014). Although attitudes towards gender roles are shifting to more of an egalitarian view of responsibilities between work and family, men still highly value working and internalize these values in their masculinities (Aboim, 2010; Cunningham, 2008; Rogers & Amato, 2000).

Researchers generally blame masculine power structures learned through socialization for why men are not comfortable accessing medical care for physical or psychological difficulties (Davies et al., 2000; Galdas, et al., 2005; Richardson & Rabiee, 2001; Smith, Bruaunack-Mayer, & Wittert, 2006). The men interviewed for this study were embedded in patriarchal power structures imposed on them by the workplace, the health-care system, or more broadly within society as a whole. These power structures played important roles in the stories that the men constructed about participating in return to work decisions and planning. To understand the power structures involved in men's stories, we should turn our attention to the original concepts of hegemonic masculinity or socialized ideal masculinities.

Connell (1995, 2005) originally popularized the theory that there are competing masculinities which can be structured based on a hierarchy of dominance. Connell (1995) described three groups of masculinities which were structured in this order: the subordinate, complicit, and the marginalized, which are determined from numerous intersecting socio-demographics. Those who have complicit masculinities benefit directly from patriarchal

hegemonic systems which discriminate against subordinate and marginalized masculinities, and therefore do not challenge hegemony. Men with marginalized masculinities are those who have a characteristic which excludes them from being able to access hegemonic masculinities. For example, they may have a disability, be part of a cultural group which is discriminated against, or be different in some other way. Despite being different and thus not being able to avail from membership to this group, men with marginalized masculinities still subscribe to hegemonic norms and try to maintain or achieve membership (Connell, 1995, 2005). One could say that all the men who participated in this project could be temporarily, or even permanently marginalized, given their medical status of not working and having an injury that renders them non-functional, in some respects. What was novel about my findings was the importance of relationships in workplace communities, predicted by men in their stories of RTW.

Many authors further the concept of hegemonic masculinity by criticizing it for being too simplistic in its original form. Contemporary scholars call for a better understanding of the nuances within masculinities through the understanding of men's behaviour in different contexts with different people. The way men act or define themselves in front of others to develop their relationships and their masculinities is also known as relationality (e.g., Christensen & Jensen, 2014; Coston & Kimmell, 2012; Hopkins & Nobel, 2009).

To further consider relationality in workplace communities for my dissertation sample, we must acknowledge that overwhelmingly, men who worked in the trades were interviewed. Trades have their own traditions and cultures for how men should interact or relate with each other, behave at the workplace, and perform their masculinities. Indeed, men who work in the trades are often thought of as the quintessence of hegemonic ideal. To perform their jobs, they must demonstrate that they are strong, stoic, hard-working, and able to perform hegemony

flawlessly and consistently without fail (Sanders & Mahalingam, 2012). However, as I suggested earlier, having an injury can ruin the men's ability to perfectly perform traditional masculine identities and ideals. This issue has also been described by other researchers in relation to other injuries (e.g., Courtenay, 2000; Oliffe, 2009; Kalmar, Oliffe, Currie, Jackson, & Gue, 2015; Shuttleworth, Wedgwood, & Wilson, 2012), but the focus on these studies has veered away from the way men rebuild relationships and status in their workplace communities.

Although working-class white men work within systems of male privilege generally construct complicit masculinities, they may not always benefit from a hegemonic system, as work can be transient and workers can often be expendable (Coston & Kimmel, 2012). Coston and Kimmel (2012) discussed strategies identified by Goffman (1963) to neutralize stigma and regain a "spoiled" identity in interactions with other men (i.e., when a person is injured). These strategies included: 1. minstrelization or exaggerating differences between the stigmatized and dominant group; 2. normification or minimizing the differences between the stigmatized group and the group which may discriminate; and 3. militant chauvinism or discussing how the stigmatized group is better than the other (Goffman, 1963). In Coston & Kimmel's (2012) discussion, men in the trades minstrelize by calling out their lack of education or overemphasize their adherence to traditional gender roles. They use militant chauvinism by boasting about their physical prowess in front of their peers, teasing each other for different physical traits, or discussing the negatives of being a "paper pusher". They also used normification whilst discussing the similarities between themselves and their male co-workers by emphasizing their pride in being breadwinners (Coston & Kimmel, 2012). The above-mentioned strategies are at play in the workplace when there are no injuries, but what happens as men are returning to this environment with a burn?

It could be argued that by constructing stories of “doctor knows best” the men used minstrelization to continue being a part of their working group; that is to name themselves as people who do not have as much formal education or “working stiffs”, and call attention to their own lack of training to make medical decisions for themselves. In using minstrelization and discounting their own experience, the men had trouble storying their contribution to the decision-making process. They trivialized their role, and kept it almost hidden from the interviewer until they could no longer tell this story, then their counter-narrative of being involved emerged.

The narrative resource of normification was used in stories about protecting their reputations and in predicting that they would allow teasing from their co-workers. In denouncing the “lazy worker” who took too long to heal, the men used militant chauvinism to emphasize that they were not this person. Some men even denigrated workers with disabilities. The title “disabled persons’ jobs” to describe modified return to work tasks was the best example of militant chauvinism. By portraying themselves as hard workers, encouraging harassment from their co-workers, and distancing themselves from other workers who may have been injured, the men were able to portray themselves as unchanged and still part of their workplace groups (defined sometimes as “one of the guys”). The desire to be re-accepted by their colleagues is why they wanted to return fully healed. A consequence of returning to work with an injury would be that other men may use the above strategies to distance themselves from the burn survivors, placing them in the out-group.

The concept of finishing healing or being 100% healed when returning to work may have similarities to a narrative uncovered by Frank (1995). In it, he described a story structure named the “restitution narrative” which loosely follows the plotline that a patient is sick but will be fully healed in the near future. This plotline is used by the medical field, and western society in

general, to inspire patients to recover (Frank, 1995). It has been shown to be favored by men when constructing narratives about the early stages of healing from spinal cord injuries (e.g., Lohne & Segerinsson, 2004; Smith & Sparkes, 2004, 2005), burn injuries (e.g., Thakrar et al., 2015), heart disease (Medved & Brockmeier, 2010), chronic conditions (e.g., Whitehead, 2006), and mental health (e.g., Carless & Douglas, 2008). The restitution narrative is generally criticized as being too simplistic in that it does not allow patients to fully represent the difficulties that they experience. Without a strong restitution storyline that they can draw upon to construct their own stories, patients can often run into chaos or despair trying to cope with their symptoms while recovering from their injuries (Frank, 1995).

What is unique about returning to work is that burn survivors generally will view it as the end of rehabilitation and healing phase. However, it is not likely that many of the men will be fully healed during their return to work, and this expectation is quite unrealistic. In fact, Brych et al. (2001) found that only 38% of burn survivors return to work with their same employer and do not need any accommodation two years post-burn. When men cannot RTW fully healed, their experiences do not fit into this restrictive restitution storyline; this can leave the men lost as they try to develop the story about their future while waffling between returning to work fully healed, or returning to work early, but injured. To resolve the chaos caused by their waffling, health care providers and WCB workers may be able to promote RTW as a step in the healing process rather than as the end of the healing process. This strategy would frame modified return to work as “therapy” for workers. I will discuss this further in the implications and recommendations section.

Multiple Masculinities

When considering men's navigation of health care systems and their reaction to power structures while they heal from an injury, it is particularly important to consider their backgrounds, including the communities they are a part of, their age and ability, and the cultural stories that they draw upon to create different masculinities or react to hegemonic standards (Evans et al., 2011). In other words, context and place matters when it comes to masculinities (Gorman-Murray & Hopkins, 2014). Being the "reliable worker" may be valued differently in varying communities, or even in different contexts or places for the same men. Men therefore may construct masculinities with different roles and priorities when describing work (as we asked them to do for this study) or home life (Smiler, 2004).

Up until this point in the discussion, I addressed disability and type of employment as socio-demographics which were important to the men in constructing stories about RTW after a burn injury. There were other variations in the masculinities constructed by participants based on their social locations, one of which was men's age. Younger men, men less established in their careers, and men who did not have a family, constructed stories about their workplace reputation, but there were fewer reasons for them to worry about being cast as a slacker in their stories. In their stories, men described the younger generation as being more accepting of differences in ability and taking time off to be healed, while they framed older workers as being more judgmental of those who took time off for injuries. This finding is consistent with emerging research suggesting that members of younger generations (the millennials in particular) value work/life balance and are less willing to sacrifice their health for their work (e.g., Broadbridge, Maxwell, & Ogden, 2007; Kuron, Lyons, Schweitzer, & Ng, 2015; Lyons, Duxbury, & Higgins, 2007; Ng, Schweitzer, & Lyons, 2010; Twenge, Campell, Hoffman, & Lance, 2010). Younger

men were more cognizant of both groups' values while recreating their workplace image in their stories, but seemed slightly more resistant to the idea of rebuilding the role of a "reliable worker" by sacrificing their healing. Therefore, these young workers may choose these younger masculinities which place greater value on health over older masculinities which place greater value on work.

Culture is another important factor to consider when looking at the masculinities which men construct. Although the population interviewed was not very diverse, cultural stigma and stereotypes were vital to consider for several of the participants in their stories. For example, one participant highlighted the role of being Filipino in shaping his beliefs about work.

In Filipino culture, family life and contributing to one's community is more highly valued than in western cultures (Allipio, 2013; Yea, 2015). As such, fitting in with a community is essential. The cultural stereotypes and expectations of Filipinos being hard workers can add pressure to avoid the label of being lazy. The way society treats people with scars can also be different across cultures. Although very little is published about the reaction of Filipino men to scarring, there is research to suggest that they are more concerned with their appearance and tend to be more afflicted by dissatisfaction with body image when compared to other Asian men (Fiery, Martz, Webb, & Curtin, 2016; Yates, Edman, & Aruguete, 2004). In reconstructing workplace image, burn survivors who have different cultural backgrounds may have to challenge stereotypes, or even information about scarring learned through a culture, to make predictions about returning to work. In a sense, they may be forced to choose between the cultural version of idealized masculinities or the workplace masculinities rooted in western cultures.

Indigenous burn survivors can also have a very different experience with returning to work after a burn injury. In order to interpret their narratives, these stories must be situated in the

historical context of colonialism, transgenerational trauma, and systematic racism in Canada. Injustices towards Indigenous people in Canada are well documented. In an effort to force assimilation, Indigenous people endured a cultural genocide through the reservation, residential school, and child welfare systems. In addition to assimilation, Indigenous peoples have also been subjected to extreme inequities in funding for health, social services, and basic needs such as housing (Sinclair, 2016). Racism towards Indigenous people is also rampant in Canada. It subsumes every aspect of their lives, including through the media, schoolbooks, public discourse, and even in health care (Assembly of First Nations, 2007; Ly & Crowshoe, 2015).

Professionals involved in healthcare and public services can be culturally sensitive and fair, but oftentimes, stereotypes about Indigenous peoples told in dominant societal discourses affects treatment (Browne, 2007). For example, Browne (2005) reported that some interviewed Canadian nurses described Indigenous people as “drunken” and “aimless”, undeserving of government assistance, and dependent. Indeed, there seems to be an unjust dominant discourse that Indigenous people take advantage of social assistance systems, including WCBs (Brown, 2005, 2007; Harell, Soroka, & Ladner, 2014; Jacklin et al., 2017; Ly & Crowshoe, 2015; Tang & Browne, 2008). These attitudes can be reflected in stories that Indigenous men tell about interacting with their workplaces, HCPs, or with WCB workers. The racism faced by these men can compound the pressure to return to work early as laziness is not only a label that the workplace may put on them because they are injured, it is one which they can be unfairly assigned because of cultural identity. Escaping this label, as described by Wayne, is extremely important in order for these men to continue providing for their families.

In sum, what is intriguing about research with diverse groups and their expressions of gender is that each individual comes with a unique social location. Therefore, there are many

different permutations and combinations that can be studied in order to investigate the way masculinities shape the experiences of men recovering from a burn injury. Our research group has also focused on other diverse groups who experience burn injuries. For example, we discussed stories about the experience of burn survivors with previous disability to the extent that they needed a wheelchair in a poster at the American Burn Association Annual Conference (Thakrar et al., 2016). Participants who constructed narratives for this study emphasized independence because of societal narratives that claimed they could not care for themselves due to their disability. Although beyond the scope of this study, I would expect that these men would have an entirely different experience returning to work.

Medical Decision Making and Planning to Return To Work

The collaborative medical decision-making framework was helpful in exploring men's stories about planning to return to work. In describing medical decision making, Elwyn (2012) suggests that this process should involve three steps: 1. Orienting the patient to their ability to make a choice; 2. Exploring options; and 3. Exploring the patient's preferences on how they want to contribute to the decision. This process and associated language was not mentioned in the burn survivors' stories. According to their narratives, they were given a plan by their health care providers, and some men attempted to negotiate parts of the plan which were unacceptable to them. Therefore, a paternalistic model (e.g., Levine, Gafni, & Markham, 1992) where health care providers, or other stakeholders made decisions about the burn survivors' return to work without needing their input was generally, both used and preferred for this set of important rehabilitation decisions. This storyline is similar to research which suggests that although patients prefer to be given choices when making medical decisions, approximately half prefer

that their HCPs make the final decisions regarding their treatment (Levinson, Kao, Kuby, & Thistead, 2005).

The literature on medical decision making suggests that it is crucial for health care providers to evaluate patients' desires for involvement in this process (Makoul & Clayman, 2006) rather than emphasizing that the patient must be involved as the CMA and WCB recommends (CMA 2003; WCB 2013). Florin et al. (2005) found that differences in patient age and social status can have an impact on how much they want to be involved in medical decisions. Women, and people with greater formal education have also been reported to favor an active role in making medical decisions (Levinson et al., 2005). As stated above, according to men's narratives, education, perceived power of the health care providers and WCB workers, and men's willingness to be seen favourably at the workplace, may be influential in their desire to contribute to this process.

In contrast to the overall idea that men generally take a hands-off approach to decisions about their health, there is a growing body of literature reporting on men's stories of agency and being involved in their care from major traumatic injury (e.g., Smith and Sparkes, 2004; Thakrar et al., 2015). This literature generally suggests that men draw upon masculinities to minimize reports of suffering in the narratives they construct, and will also construct counter-narratives about independently taking action to heal or resume life roles which are important to them. These counter-narratives are similar to the counter-narratives men constructed about "informal" planning to RTW, which involved men engaging in the tasks that they believed they needed to be ready to RTW.

When looking at RTW plans, there appears to be a knowledge gap in professional training regarding what role each stakeholder plays in RTW, and how to best help burn survivors

return to work. Men's lack of involvement in the planning process and rejection of MRTW plans predominately created by WCB counsellors or the workplace itself suggests that there is much we could learn about these men's experiences to improve the process of RTW planning. In the burn survivor's stories, the idea of "light duties" highlighted a lack of understanding of the mismatch between what their workplaces could offer in terms of work and the worker's skill set. It could be argued that given that the majority of the participants interviewed worked in trades, there was very little choice in terms of what duties they could do during RTW, leaving few options for them to explore while planning to RTW. What was missing from their narratives was the interaction with WCB counsellors or their care teams, where they learned that there were few options. Instead, much of their narratives were shrouded with ambiguity regarding the whole process. Therefore, the ambiguity in RTW plans due to workplaces not having appropriate MRTW duties previously identified retrospectively as a barrier to RTW (Oster et al., 2010), has now been confirmed prospectively by burn survivors.

Burns

The last area of research which is important to consider when discussing the findings presented above is the literature on burn injuries. In the men's stories, they were more apt to predict pain, itchiness, PTSD, and physical functioning as barriers in their stories about what their futures would be like as they returned to work. Generally, the men downplayed the impact that scarring, body image, and depression would have in their return to work. This finding partially agreed with previous research suggesting that psychological distress, pain, and functional issues have been found to be barriers to returning to work, whereas scarring has not (Schneider, Bassi, & Ryan, 2009).

The men's discourses do not necessarily mean that they will not experience distress over scarring at work. Scholars have found that scarring and body image dissatisfaction is prevalent at the time burn survivors RTW (Thombs et al., 2008), and depression has even been found to increase throughout the first two years of burn recovery — the same time period as burn survivors return to work (Wiechman et. al, 2001). The men are just not predicting these issues as problems during RTW planning, even when the action of taking care of their burn scars at the workplace (i.e., applying moisturizer) could be seen as a “feminine” or counter hegemonic performance.

As reviewed above, what was the most surprising about men's stories regarding scarring was that they readily accepted being teased about their scars or their burns, and believed that experiencing this would help them re-integrate into their communities. Very little, if anything, has been published on how making fun of scars can actually help a person fit in or come to terms with this scarring as it seems quite counter-intuitive. Generally, if one is dissatisfied with scarring, I would assume that they would not want to draw extra attention to the scar.

Humour has been described as important for leadership in a workplace. It can have functions of aiding in problem solving, mediating, decision making, allowing for expression of dissent, motivating and supporting subordinates, making a leader more approachable, and creating an overall positive work environment (as reviewed by Schnurr, 2008a, 2008b, 2009; Schnurr & Holmes, 2008). Men often use teasing to bond with other men and make these jokes much more often in groups of men rather than mixed sex groups or groups of women (Lampert & Ervin-Tripp, 2006). The men's use of humour, therefore, may have allowed them to re-join their male dominated workplaces and resume their role as supervisors, as they suggested in their stories. The majority of work on scars in the literature focuses on body image dissatisfaction

rather than the way burn survivors may be resilient with their scars (e.g., Selvaggi et al., 2005; Wiechman & Patterson, 2004). This use of humour and bonding may be one method that certain male burn survivors use to readjust to their workplace and come to terms with their scars.

In considering men's stories about depression in their plans to return to work, it is important to recall that only one of the participants met criteria for major depression, and five of the participants were moderately depressed. In the literature, the presence of major depressive disorder and a high total body surface area burned have been found to be the best predictors of burn survivor's inability to return to work at six months post-burn (Palmu, Partonen, Suominen, Vuola, & Isometsa, 2015). The only participant I interviewed who met criteria for a Major Depressive Episode at the time of the interview discussed how his depression was deeply intertwined with his life situation and dissatisfaction with his scarring. Despite this, he continued to be hopeful that he would return to work and wanted to return to work as soon as possible, just like the rest of the men. Given this finding, perhaps more investigation is needed for men who are experiencing more severe depression and are planning to return to work after a burn injury.

The pattern of avoiding scarring and mental health and instead discussing stories about pain has been seen in previous work on healing from different traumatic injuries (Smith & Sparkes, 2004; Thakrar et al., 2015). It is said that by discussing physical aspects of an injury, men can legitimize their injuries in a way which adheres better to their socialized norms (Moller-Leimkuhler, 2002). Therefore, as men were constructing stories about their futures with burn injuries, it may not have been as acceptable for them to discuss scarring, body image, or mental health difficulties. These issues could also remain hidden as co-workers and supervisors would be able to directly observe pain and functional difficulties, whereas challenges with body image or mental health can be hidden from others. Men appear to adhere to the same socialized norms

which ask them to minimize these difficulties in their stories whether the men are constructing stories about the past and present (Smith & Sparkes, 2004; Thakrar et al., 2015), or present and future, as suggested by the men's narratives.

It is well known that expectations about the future can inform a person's action in the future. The idea of a self-fulfilling prophecy, or the theory that a belief about the future, even if it is distorted, may influence a person's behaviour in a way which will make that belief a reality, has been described and tested for over a half of a century (Merton, 1948). Contemplating an upcoming event, particularly if it is perceived to be stressful, is something which people often do. They imagine how the situation will occur, the outcome of the situation, the details about the situation, and they begin to envision their own actions in the situation (Abelson, 1981; Meichenbaum, 1977). Considering hypothetical future situations is also a key component to psychotherapy. Patients are often encouraged to prepare themselves for future events by engaging in problem solving, adjusting their expectations about events, and imagining the worse outcome of these events in order to address their fears about it (Showers, 1988). By asking burn survivors to consider the future, we can understand the way they will approach coping with returning to work (Blalock, Bunker, & Devellis, 1994).

When considering predictions about RTW, men's negative predictions about modified return to work plans are important to consider. One could imagine that the prediction of not enjoying modified RTW tasks may become a self-fulfilling prophesy. The problem of course is that changing the men's views about these tasks being demeaning may be difficult given the image they have created of themselves at their workplace, and their socialized masculinities. As suggested above, perhaps emphasising that these tasks are temporary, and attempting to find tasks which the men may find rewarding, could make them less reprehensible to the men.

Strengths

There were several strengths inherent in the design of this study. First and foremost, I used a rigorous methodology. There has recently been a trend in the literature for qualitative researchers to interview more participants. This in general forces the researcher to analyze more data from different people rather than promote a rich analysis of stories from fewer participants (Mason, 2010; O'Reilly & Parker, 2012). Given that the objective was to analyze rich stories about returning to work after a burn injury, participants were interviewed twice to ensure that the men were comfortable sharing their stories with me, to have a better understanding of the performance of each narrative, and to further investigate storylines brought up in the first interview. This provided depth in each of the findings, which I believe cannot be achieved solely in one interview. Additionally, the quality of the analysis was enhanced by using credibility checks and knowledge translation throughout the entire process of authoring this dissertation. We used a team-based approach in planning interviews and analyzing the data. This process included consulting researchers, health-care providers, and burn survivors to best understand the stories which were constructed, thereby ensuring my research design was quite rigorous.

The novelty of the research design was also a strength. To my knowledge, prospective narratives told by burn survivors have never been investigated. In investigating prospective narratives about returning to work, I was able to gain an understanding of this process in the moment, rather than clouded by the burn survivor's retrospective memory of his plans. The use of a medical decision-making framework to guide my analysis was also helpful for this research. In using this theoretical framework, I interpreted the stories about men's involvement in making decisions about the future and the reasons they gave for their level of participation in these

decisions. To date, plans to return to work have not been framed as medical decisions in the literature, but this collaborative process strongly fit with the medical decision-making paradigm.

Finally, investigating only men's narratives was another strength to this study. Men represent over 70% of all burn survivors. It was clear that men drew upon a gendered interpretation of returning to work in the way that they spoke about their image as a breadwinner as they interacted with their healthcare providers.

Limitations

It is important to begin this section by discussing the role of qualitative research in health. My goal for this project, like many others using narrative research, was not to achieve generalizability or representativeness, but to enlighten readers about the experience men face as they return to work and how they may interpret this experience. Qualitative research embraces subjectivity in the interpretation of this data. Representing and discussing one's biases and interpretation is a core component of narrative research, and acknowledging that other researchers could interpret these findings differently or analyze these findings from different angles or theoretical frameworks is imperative.

Sample was one area which may have introduced some limitations to this study. The sample for this study was intentionally selected to only include men who were working prior to being burned, and consisted mainly of men working in trades and healthcare. The pressures felt by these men as they returned to work, may be different from men who do different types of work, as workplace cultures can be different. There may be more pressure to embody and perform traditional masculine socialization in these roles than, say, careers which are traditionally represented as less masculine (Hall, Hockey, & Robinson, 2007). A self-selected sampling bias is also always possible given that a strong rigorous qualitative study involves

finding and selecting participants who are eager to tell rich stories. Unfortunately, we do not know the experience of those who are not willing to tell their stories or who do not want to participate.

The stories described in this thesis are limited by the social locations of the men interviewed. The sample was not completely homogenous though. I attempted to recruit a broad sample with a range of ages and cultures by approaching everyone who presented to the burn clinic and qualified for the study during recruitment. Regardless of the differences in the sample, the major storylines discussed in this paper appeared to translate to all the different groups interviewed, even though there were, of course, some individual differences. Additionally, although I interviewed burn survivors with a range of TBSAs and time away from work, the majority of the participants were not in the high TBSA range and would return to their original workplaces. Further research conducted on the experience of burn survivors who have to collaborate with their HCPs and WCBs with injuries that are more severe is required.

Finally, as mentioned in the methodology section, this study involved a sample of participants who enjoyed their work. It is entirely possible that burn survivors who do not like their jobs may need to negotiate returning to work differently, or may be more vocal about their MRTW tasks given that the relationship with their workplace is not as amicable as those in this study. This argument is in itself complicated, as I do not know if having a burn influenced participant's rating of workplace satisfaction (i.e., perhaps they rated their workplace satisfaction higher because they had a burn and wanted to RTW, not because they actually enjoyed their job).

One last consideration to be made about this study was that the burn unit in which this research was conducted is a moderate sized unit without a formal "work hardening" program. Physiotherapy and occupational therapy at this site did work with patients on returning to work,

but these plans were based on the patients' goals and not standardized for every patient. Given that patients brought goals to their health care providers, I would have expected the men in this study to be even more involved with decision making, but this was not the case. Perhaps there may be more involvement in RTW plans at sites with formal work hardening programs (e.g., Zeller, Sturm, & Cruse, 1993). A similar research study on collaborative decision-making about returning to work during participation in a work hardening program may be useful.

Implications and Recommendations

There are wide reaching implications to the storylines that the men constructed. Suggestions for future research based on their discourses have been imbedded in the discussion. Below I will review these implications and recommendations, and reiterate some suggestions for future research.

Workplace identities were strongly valued, and the men looked forward to resuming these identities in stories about their future with a burn injury. The identities men constructed in their stories have broad implications in the way that men participate in making decisions and plans to return to work. No other researcher has written about the prevalent fears that men have about returning to work and the pressure to become the "reliable worker" again. Men's stories about developing their workplace image, and reasserting it, were particularly prominent for men in the trades and amplified in different cultural groups. Men's fears about no longer being seen favorably by their workplaces should be considered by health care providers, WCB counsellors, and employers, as burn survivors return to work. As shown in this study, this fear may be a reason for men to be hesitant to contribute to their plans to return to work after their burn injuries. If men are not contributing to collaborative return to work plans, these plans may not be effective.

It is important for all stakeholders to help men address the dilemma of being framed as lazy for continuing to take time off of work due to healing, or returning to work partially healed and not meeting the expectations of the workplace. Perhaps we need to further educate workplaces and WCB counsellors about this dilemma. Both can best support the men by making it clear that they will not be judged for doing their work to the best of their ability, given their injuries. In reality, many bosses and supervisors can be supportive in helping burn survivors readjust to their workplaces, but we need to provide information to the men about how this will occur earlier in the recovery process. If possible, workplaces should take ambiguity out of men's RTW plans by supporting and reassuring burn survivors during every step of healing. Without this support, burn survivors are likely to wonder about the damage their injury has done to the perception of their colleagues and bosses towards them. It is also important for these men to receive help in challenging their beliefs about these perceptions because in their stories they worried about their reputations, even when they framed their HCPs, WCB counsellors, and workplaces as supportive.

From a societal perspective, the stigma that workers face due to the narrative that anyone who is receiving government benefits is lazy, even if they are injured or disabled, is problematic. Based on the men's stories, the interplay between gender and this stigma seems quite profound as it leads the men to be uncomfortable with accessing this financial help. As such, in conducting this research, I join others in the call to reduce stigma which frames injured workers as "profiteers" by educating the public about the benefits of having and accessing a WCB system (e.g., Jones, Burstrom, Marttila, Canvin, & Whitehead, 2006; Lippel, 2007), and about the circumstances of people who access this system. Perhaps men's stories could personalize the process of increasing public awareness about the importance of the WCB and the good that

financial assistance can do (Jones et al., 2006). Further commentary about how this could be done is beyond the scope of this dissertation and should be considered in future research.

Regardless, HCPs, WCB counsellors, and employers can do their part in minimizing this stigma by reassuring the men that they are not simply being seen as “milking the system,” and having discussions with the men about their fears regarding their ability to reintegrate into their workplace communities.

Men strongly valued their workplace communities in their stories about returning to work. Previous studies which investigated burn survivors' return to work identified that supportive colleagues and supervisors were crucial in allowing the men to return to work (Mackey et al., 2009; Mansfield et al., 2014; Oster et al., 2010). My findings challenge what a supportive workplace community actually is as my participants reported that they did not want to be treated differently (babied) as they returned to work. Is it the case that bosses and co-workers in a supportive environment acknowledge men's burn injuries and allow them to do modified return to work tasks, or do these men actually want people at their workplace to push them and make fun of their injuries? Maybe in a supportive workplace, burn survivors are able to both reintegrate into the community but also care for their burns. Further study may be required to determine what approach should be taken to best help burn survivors address their symptoms.

It is troubling that men are dismissing and not preparing to deal with their symptoms at their workplaces. Even though men may not want to talk about these issues, it is important for health care providers to continue to normalize problems with depression and difficulties with body image for burn survivors— especially since men's socialization may make it difficult for these “invisible injuries” to be discussed. Despite men's beliefs that these issues will be resolved after returning to work, it may be helpful to still address these issues in their RTW plans, in case

these challenges persist as they return to work. Discussions about where men could find help if they were bothered by these issues, whether it be through formal psychotherapy by a psychologist or a peer support group through the Phoenix Society, would be helpful as RTW plans are established. Additionally, given that men's socialization can be influential in the actions they take when accessing healthcare, continuing discussion about socialization should occur in order to change perceptions about men's participation in their medical care for both acute and chronic illness.

When considering men's participation in making medical decisions, best practice is to evaluate their desire to engage in this process (Makoul, & Clayman, 2006). Evaluating patients' desire is not as straightforward as it sounds. With the above stated differences in perceived power and stigma, men's limited agency in participating in the decision-making process, and them not believing that certain parts of planning to return to work should be addressed in a formal setting, it can be difficult for HCPs to promote collaborative decision-making when interacting with these men. Even if the men have a desire to discuss their RTW, they may not be able to because of the above-mentioned barriers. There are many intersecting socio-demographics which could affect the patient's ability to be a part of the shared decision-making process, including age or social status as Florin (2005) suggests, or education/occupation, gender, and previous involvement with the health care system, as this dissertation suggests. Health care providers, WCBs, and employers must be aware of these pressures and minimize the barriers to the process of collaborative decision making when planning burn survivors' RTW.

One barrier to making decisions about returning to work which was explicit in the majority of the men's stories was that there was an inherent ambiguity to the process of healing. The men discussed ambiguity about their role in making RTW plans; for example, what occurs

during return to work and modified return to work, the average time it takes for these plans to be implemented, and what decisions needed to be made in order to solidify these plans. Given men's difficulties with this ambiguity, perhaps information guides about RTW may be helpful in informing burn survivors about this process and encouraging them to become involved in returning to work (e.g., Bond, 2016). Also, drawing attention to the men's expertise and being very descriptive about the men's roles in the collaborative decision-making process may encourage them to become more involved in this process or to make an active decision about whether they want to be involved in this process. At this point, it is not known if increased involvement would help burn survivors in making modified return to work plans which they enjoy when returning to work. Increasingly, there is skepticism in the literature about whether collaborative decision-making increases patient satisfaction (e.g., Gattellari et al., 2001; Ludman et al., 2003; Malm et al., 2003; Morgan et al., 2000; Murray et al., 2001a, 2001b; Ruland et al., 2003; Von Korff et al., 2003; Van Roosmalen et al., 2004). However, it does seem to be promising and even intuitive to have patients be more involved in their care.

Similar to previous work on men and burn injuries (Thakrar et al., 2015), this paper demonstrates that men recovering from a burn injury may be making plans and decisions outside of their interactions with their health care providers and WCB workers. Although a trial and error style approach to burn injury recovery is often encouraged by burn units, it may be helpful to know more about the men's actions outside of the burn units. Perhaps acknowledging the patients' expertise in their respective fields and lives, and providing pointed time for them to discuss what decisions need to be made about coping with their burn injuries at their workplaces is warranted in order for HCPs to know about these decisions and influence them. It is, however,

unclear whether this would be helpful, given that as we discussed above, there can be a power imbalance between the burn survivor and the health care providers.

In general, modified RTW is an excellent way to reduce the financial costs of being injured both to the burn survivor and the workplace by having participants return to work sooner. The burn survivors in this study all wanted to RTW and resume the normalcy of daily life, but many did not enjoy the modified RTW plans that were created for them because these were either tasks that were not in their skill set, were not respectful of their full level of skill, or no tasks were able to be found because “light duties” did not exist. Therefore, it may be time to review how we discuss RTW with burn survivors. If this process is truly collaborative, stakeholders should present burn survivors with options on what duties are available and be able to choose, or the burn survivors should be able to come up with suggestions regarding what they could do themselves. With this process, it may still be inevitable that burn survivors may end up doing tasks which they may not want to do; however, at least this process allows burn survivors to voice their concerns about MRTW and respects their expertise in the workplace. What is crucial during this process is allowing burn survivors to express their opinions about choices regarding RTW. Elwyn (2012) suggests that this involves listening to the patient’s wants and needs, and explaining which options may be feasible.

In men’s narratives, they drew on two storylines which placed them in a bind. The first one was about returning to work early, the second to return to work fully healed. Both of these storylines were constructed in order for them to avoid being labelled as “lazy.” Perhaps this bind would be mitigated if we frame return to work differently, almost as a therapeutic process rather than an end goal. One concern raised by the men was that they were not able to perform their work to the best of their abilities when injured, which had financial implications to the

workplace. Currently, the WCB allows for men to RTW part-time doing modified RTW tasks. Perhaps prior to them returning to work, the WCB could allow the worker to visit the workplace and try tasks which are important to their jobs, while they are still covered by WCB benefits. During this time, the men could attempt “working” at participating workplaces, attempting tasks by trial and error as they described preferring, but not feel like a financial burden. This approach would help them be a part of the therapeutic and encouraging workplace community that they were describing. As workers attempt this process, they can also bring concerns about their performance to their HCPs to troubleshoot, thus contributing to their healing. In framing work as therapy or part of the rehabilitative process, workers would attempt their own job at their own pace at their workplace, with no expectation of productivity at the end. The workplace would also not be laden with the burden of finding modified work for the injured worker, and the worker would have a chance to self-direct their return to work with the support of all stakeholders in their recovery. This plan for “therapy as work”, could be collaboratively constructed as the men were healing and could help ease men back into work. Of course, these ideas are preliminary and require future study; however, this could help resolve some of the issues discussed throughout this dissertation.

Future Research

Throughout the discussion and the implications and recommendations sections, ideas for future research have been implied. This section will review ideas for future research based specifically on methodological and theoretical issues.

There are many avenues of future research which could expand the present work. From a methodological perspective, the group of men I interviewed in this study was fairly homogenous relative to job satisfaction, mental health, and type of employment. It would be interesting to

recruit further participants who differed in each of these areas in order to see if differing narratives are constructed. Another important area to study would be narratives about people who knew they would not RTW due to the severity of burns, amputations, or other factors. The stories constructed by the participants in my study who did not end up returning to work were similar to those who did because they were expecting to RTW. Considering stories burn survivors construct about learning that they are unable to RTW and deciding on how to proceed would be helpful as this is lacking in the literature. Related to this, we know very little about burn survivors who RTW and learn that they cannot do their jobs, thus going against many of the narratives told by the men I sampled. This would be rather important to address as over 60% of burn survivors require modifications to their jobs (Brych et al., 2001) and we know little about how long most burn survivors continue working with these modifications.

When thinking specifically about burns and RTW decision making, the most logical study to conduct next (from a methodological perspective) is interviewing burn survivors before and after returning to work in order to investigate if their MRTW plans were despised as they predicted, if they actually did feel self-conscious about scars when they returned, and what role they wished they had played in returning to work. A comparison of pre- and post-RTW narratives and even having burn survivors reflect on their pre-burn RTW narratives after they returned to work would provide stories that practitioners could use to motivate burn survivors to be more involved in RTW decision making.

Future research contributing to the gendered literature may focus more on age and acceptance of traditional masculinities in coping with a burn injury or planning to return to work. I discussed the changing attitudes of millennials towards health and work above. Perhaps more investigation with pointed questions about this may shed light on the way masculinities or men's

adoption of new or multiple masculinities is changing. Another idea would be looking at the actual differences between men and women. My research specifically did not comment on women's narratives as I did not interview many women. There are very few research studies comparing the two in the literature on burn injuries or returning to work. Addressing this in forthcoming studies may be illuminating.

Chapter 6: Conclusion

The purpose of this dissertation was to explore men's narratives about returning to work after a burn injury. Through identifying the storylines that men constructed about their return to work in the future, I was able to discuss their desire to reassert their identity as a breadwinner and the way this identity was storied in their narratives about making RTW decisions. This research allowed for a better understanding of the stigma, tensions, and challenges which the men faced as they were planning to return to work, their lack of participation in return to work decision making, and their dislike for modified return to work, due to their socialization.

Based on their narratives, I provided recommendations for how to help men through the process of planning to return to work after a burn injury. Some of these recommendations included: educating all stakeholders on how to address the stigma associated with being framed as "lazy"; increasing public awareness about the importance of the WCB and the good that financial assistance can do; conducting further investigation on the way workplace communities can best support men during RTW from a burn injury; decreasing the ambiguity associated with healing from a burn injury; normalizing distress over burn injury symptoms; and allowing men to visit their workplace before their official RTW date to practice doing tasks that they would normally do during their jobs.

In telling stories about their futures returning to work, the men in this study were able to express their voices; voices which can easily become lost in the reams of research on the biomedical aspects of healing from a burn injury, or drowned out in the societal stigma assigned to injured workers. From the men's stories, it was clear that they contend with ambivalence and numerous tensions which pulled them in different directions while planning to return to work after a burn injury. Addressing these tensions may allow stakeholders in the RTW process to

better collaborate with burn survivors on plans to return to work and to their workplace communities.

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Appendix A: Ethics Approval Certificate



UNIVERSITY
OF MANITOBA

BANNATYNE CAMPUS
Research Ethics Board

P126 - 770 Bannatyne Avenue
Winnipeg, Manitoba
Canada R3E 0W3
Telephone 204-789-3255
Fax 204-789-3414

HEALTH RESEARCH ETHICS BOARD (HREB) CERTIFICATE OF FINAL APPROVAL FOR AMENDMENTS AND ADDENDUMS

PRINCIPAL INVESTIGATOR: Mr. S. Thakrar	INSTITUTION/DEPARTMENT: UofM/Psychology	ETHICS #: H2014:088
HREB MEETING DATE (If applicable):		APPROVAL DATE: October 20, 2014
STUDENT PRINCIPAL INVESTIGATOR SUPERVISOR (If applicable): Supervisor: Dr. M. Medved		
PROTOCOL NUMBER: NA	PROJECT OR PROTOCOL TITLE: Men's Narratives of Preparing to Return to Work After a Burn Injury	
SPONSORING AGENCIES AND/OR COORDINATING GROUPS: UofM Internal Funds		

REMINDER: THE CURRENT HREB APPROVAL FOR THIS STUDY EXPIRES: March 24, 2015

REVIEW CATEGORY OF AMENDMENT:	Full Board Review <input type="checkbox"/>	Delegated Review <input checked="" type="checkbox"/>
Submission Date of Investigator Documents: October 14, 2014	HREB receipt date of Documents: October 16, 2014	

THE FOLLOWING AMENDMENT(S) and DOCUMENTS ARE APPROVED FOR USE:

Document Name	Version(if applicable)	Date
---------------	------------------------	------

Protocol:

Consent and Assent Form(s):

Other:

Slide to be used to advertise study at the Mamingwey Burn Survivor Conference

submitted October
14, 2014

CERTIFICATION

The University of Manitoba (UM) Health Research Board (HREB) has reviewed the amendment to the research study/project named on this **Certificate of Approval** as per the category of review listed above and was found to be acceptable on ethical grounds for research involving human participants. The amendment and documents listed above were granted final approval by the Chair or Acting Chair, UM HREB.

HREB ATTESTATION

The University of Manitoba (UM) Health Research Board (HREB) is organized and operates according to Health Canada/ICH Good Clinical Practices, Tri-Council Policy Statement 2, and the applicable laws and regulation of Manitoba. In respect to clinical trials, the HREB complies with the membership requirements for Research Ethics Boards defined in Division 5 of the Food and Drug Regulations of Canada and carries out its functions in a manner consistent with Good Clinical Practices.

Appendix B: Consent Form



Faculty of Arts
Department of Psychology

P404 Duff Roblin Bldg,
University of Manitoba,
Winnipeg, MB R3T 2N2
Phone: [REDACTED]
Fax: [REDACTED]
[REDACTED]@umanitoba.ca

RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM

Title of Study: Men's Narratives of Preparing to Return to Work After a Burn Injury

Principal Investigator: Sulaye Thakrar, PhD Candidate, Department of Psychology, University of Manitoba,
Phone: [REDACTED]

Supervisor: Maria Medved, Assistant Professor, Department of Psychology
University of Manitoba, Phone: [REDACTED]

You are being asked to participate in a research study. Please take your time to review this consent form and discuss any questions you may have with the study staff. You may take your time to make your decision about participating in this study and you may discuss it with your friends, family or (if applicable) your doctor before you make your decision. This consent form may contain words that you do not understand. Please ask the study staff to explain any words or information that you do not clearly understand.

Purpose of Study

This research study is being conducted to study how male burn survivors plan to return to work after a burn injury. This study will focus on your experience with pain, scarring, and emotional distress and how you are planning to overcome these as you return to work. The central aim of this study is to investigate how men understand, find meaning, and make decisions about returning to work before they have done so. The findings will help increase our understanding of how to best support burn survivors during this stage of recovery.

A total of 15 participants will participate in this study

Study procedures

This study will involve:

- A. Two Audiotaped Interviews with Sulaye Thakrar
- B. You completing a basic demographic information questionnaire before the first interview.
- C. The researchers reviewing your medical chart to obtain an understanding of the severity of your burn injury.
- D. Filling out surveys after each interview to better understand the stories you tell in your interview.

Title of Study: Men's Narratives of Preparing to Return to Work After a Burn Injury

Both sessions will take approximately 75 minutes. The interview will be audiotaped and transcribed. The recording and transcription will be kept anonymously at the University of Manitoba. The researcher may decide to take you off this study if you become extremely distressed. You can also stop participating at any time. However if you decide to stop participating in the study, we would encourage you to talk to the study staff first.

If you would like to receive a summary of the study results, please leave your contact information with us and we will send you this information when it becomes available.

Risks and Discomforts

There is a minor risk that you may feel distressed from discussing your burn injury. Please note that you only have to provide as much information as you feel comfortable and you may stop, change topics or withdraw at any time.

Benefits

There is no direct benefit to you from participating in this study, although sometimes people find it helpful to talk about their burn experiences with others. We hope the information learned from this study will benefit other people with burns in the future.

Costs

There is no cost to participating in this study. All the procedures, which will be performed as part of this study, are provided at no cost to you. We will reimburse you for taxi expenses or parking when you provide a receipt if you incur such expenses in order to participate in this study.

Payment for participation

You will be given a \$20 gift card to Tim Hortons per study visit to a maximum of \$40 upon termination of your participation in this research study. You will receive this honorarium before the interview begins.

Confidentiality

Information gathered in this research study may be published or presented in public forums; however your name and other identifying information will not be used or revealed. Despite efforts to keep your personal information confidential, absolute confidentiality cannot be guaranteed. Your personal information may be disclosed if required by law. Please note that we are required to report instances of previously unreported abuse involving children other than yourself (i.e. persons who are still minors) or of yourself if you are judged as a vulnerable person, and situations in which you are judged to be a danger to yourself or others.

Raw data will be identified by subject number or pseudonym only (names will not be used). All identifying information (e.g. places, names, etc.) from the interviews will be deleted from audiotapes and will not be transcribed. Data will be kept in a secure office to which only the research team will have access. The information will be kept for 5 years after completion of all phases of the study and will be destroyed on June 1st, 2020.

Title of Study: Men's Narratives of Preparing to Return to Work After a Burn Injury

The University of Manitoba Health Research Ethics Board may review records related to the study for quality assurance purposes.

All records will be kept in a locked secure area and only those persons identified with the research study will have access to these records. If any of your research records need to be copied for the above purposes, your name and all identifying information will be removed. No information revealing any personal information such as your name, address or telephone number will leave the University of Manitoba.

Voluntary Participation/Withdrawal from the Study

Your decision to take part in this study is voluntary. You may refuse to participate or you may withdraw from the study at any time. Your decision not to participate or to withdraw from the study will not affect your care at this centre. If the study staff feel that it is in your best interest to withdraw you from the study, they will remove you without your consent.

We will tell you about any new information that may affect your health, welfare, or willingness to stay in this study.

Medical Care for Injury Related to the Study

You are not waiving any of your legal rights by signing this consent form nor releasing the investigator(s) or the sponsor(s) from their legal and professional responsibilities.

Questions

You are free to ask any questions that you may have about your treatment and your rights as a research participant. If any questions come up during or after the study or if you have a research-related injury, contact the principal researcher: Sulaye Thakrar [redacted] or his supervisor: Dr. Maria Medved [redacted].

For questions about your rights as a research participant, you may contact The University of Manitoba, Bannatyne Campus Research Ethics Board Office at [redacted].

Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

Statement of Consent

I have read this consent form. I have had the opportunity to discuss this research study with Sulaye Thakrar and or his study staff. I have had my questions answered by them in language I understand. The risks and benefits have been explained to me. I believe that I have not been unduly influenced by any study team member to participate in the research study by any statements or implied statements. Any relationship (such as employer, supervisor or family member) I may have with the study team has not affected my decision to participate. I understand that I will be given a copy of this consent form after signing it. I understand that my participation in this study is voluntary and that I may choose to withdraw at any time. I freely agree to participate in this research study.

Title of Study: Men's Narratives of Preparing to Return to Work After a Burn Injury

I understand that information regarding my personal identity will be kept confidential, but that confidentiality is not guaranteed. I authorize the inspection of any of my records that relate to this study by The University of Manitoba Research Ethics Board for quality assurance purposes.

By signing this consent form, I have not waived any of the legal rights that I have as a participant in a research study.

_____ **I agree to be contacted for future follow-up in relation to this study,**
 Yes _ No _

Participant signature _____ **Date** _____
 (day/month/year)

Participant printed name: _____

I, the undersigned, have fully explained the relevant details of this research study to the participant named above and believe that the participant has understood and has knowingly given their consent

Printed Name: Sulaye Thakrar **Date** _____
 (day/month/year)

Signature: _____

“Role in the study: _____ *[This must be done by an authorized/qualified member of the research team i.e. investigator, study nurse, etc.]”.*

[If applicable: For studies where there may be potential enrollment of staff/students of the institution or family members of the research team]

Relationship (if any) to study team members: _____

Appendix C: Job Satisfaction Survey

The JSS is a copywrited scale and was removed.

It can be downloaded for free at

<http://shell.cas.usf.edu/~pspector/scales/jsspag.html>

Page 2 of the JSS is a copywrited scale and was removed.

It can be downloaded for free at

<http://shell.cas.usf.edu/~pspector/scales/jsspag.html>

Appendix D: Patient Health Questionnaire

The PHQ is a copywrited scale and was removed.

It can be donwloaded for free at

https://www.phqscreeners.com/sites/g/files/g10049256/f/201411/English_0.pdf

PHQ page 2

The PHQ is a copywrited scale and was removed.

It can be donwloaded for free at

https://www.phqscreeners.com/sites/g/files/g10049256/f/201411/English_0.pdf

Appendix E: Interview One Guide

1. How did you get into your field of work?

What has the job been like for you? Do you like what you do? Do you want to return?

2. What is your workplace like? Have others worked there with injuries?

3. What has burn injury recovery been like for you? What challenges have you faced?

How do you think you will address these at work?

4. What are your thoughts on returning to work?

How was the decision made to return to work?

5. Who have you talked to about returning to work?

What have you talked about? How did this conversation go? Did you deal with WCB? How was dealing with them?

6. What will work be like when you return?

Do you think your work will be affected by you having a burn injury? Do you think you are ready to return to work?

7. How have others responded to your burn?

Do you think your co-workers will treat you the same or differently now that you have a burn injury? What do you think you'll say if your co-workers ask you about your burn? What will you do if co-workers/customer's look at your burn scars?

8. What have you done at home to prepare yourself for returning to work?

How do you think this will help?

Have you done any activities which resemble your work since your burn injury? Is there anything you will do to make your return to work smoother?

Appendix F: Interview Two Guide

1. Have you had any experiences in the last couple of weeks which have influenced how you feel about returning to work? What happened?
2. In our last interview you told me about.... Have you thought about this any further?

Follow up questions generated from narrative analysis of the first interview

3. How do you feel about returning to work currently?

How is recovery going? How are you feeling?

How will you know when you are ready to return to work?
4. When do you return to work? What are your plans for when you first returning to work?
5. Have you thought about returning to work since our last interview?

Who did you talk to about returning to work since our last interview?

What has changed about your plans to return to work since our last interview?
6. Is there anything you would recommend to someone who is planning to return to work after a burn injury?

Appendix G: Transcription Conventions

Reproduced from Medved and Brockmeier (2004) with permission.

< > Speed up talk

> < Slow down talk

[] Start and end of overlapping speech

(2) Pauses in seconds (here: 2 seconds)

(.) Micropause

(:) Prolongation of preceding vowel

((Text)) Transcriber's comment

Underlining Emphasis

CAPITALS Speech that is louder than surrounding speech

— Utterance interrupted

Italics Increase in pitch

Appendix H: Medical Chart Review, and Demographics Questionnaire**Demographics Questionnaire:**Personal:

Age: Culture:

Relationship status/ family composition: Education:

Prior medical injuries or illness:

Work

Field of work: Position:

Do you enjoy your job? Amount of time working there:

When are you planning on returning to work? Plan established for returning to work?

Were you burned at your workplace?

Are you receiving WCB or disability benefits while off work?

Burn Chart Review

Date of Injury

Place burn occurred

Hospital Duration

Hospital Discharge

Size

Location

Severity

Depth of Burn

Type of Burn (scald, flame, contact, electrical, cold-related, chemical)

Type and Amount of Surgeries Required