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Artículo de Investigación Científica o Tecnológica

Workers' Experiences Reporting Workplace Accidents: An Analysis from the General System of Occupational Risks in Colombia

Experiencias de trabajadores que reportaron accidente de trabajo: un análisis desde el Sistema General de Riesgos Laborales colombiano

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Abstract

Aim: To understand the experiences of workers who have reported at least one workplace accident within the General System of Occupational Risks in Colombia, focusing on injuries, sequelae, consequences, and the healthcare and economic benefits received.

Methods: A qualitative, hermeneutic-comprehensive approach was used. Data were collected through semi-structured interviews, coded, and thematically analyzed. The findings were compared with similar studies to enhance the discussion.

Results: Workers experienced injuries such as lacerations, fractures, low back pain, concussions, sprains, and muscle strains. Reported sequelae included physical, emotional, and psychological effects. Additionally, economic, occupational, and family consequences were identified. Some workers received healthcare and financial compensation from Occupational Risk Administrators, yet these benefits were perceived as insufficient.

Conclusions: Workers face multidimensional impacts beyond physical impairments. The current strategies focus on medical rehabilitation and financial compensation but do not ensure comprehensive recovery, including job stability, emotional well-being, and social reintegration. A rehabilitation model integrating mental health services, social support, and vocational reintegration is needed to address system gaps and improve workers' quality of life.

Key words: Workplace Accidents, Occupational Injuries, Occupational Health Services, Rehabilitation, Compensation and Redress, Quality of Life, Social Support

Resumen

Objetivo: Comprender las experiencias de las personas trabajadoras que han reportado al menos un accidente de trabajo dentro del Sistema General de Riesgos Laborales en Colombia, centrándose en las lesiones, secuelas, consecuencias y los beneficios en salud y económicos recibidos.

Métodos: Se utilizó un enfoque cualitativo de tipo hermenéutico-comprensivo. Los datos fueron recolectados mediante entrevistas semiestructuradas, codificados y analizados temáticamente. Los hallazgos se contrastaron con estudios similares para fortalecer la discusión.

Resultados: Se identificaron lesiones como laceraciones, fracturas, lumbalgia, contusiones, esguinces y distensiones musculares. Se reportaron secuelas físicas, emocionales y psicológicas, así como consecuencias económicas, laborales y familiares. Algunas personas trabajadoras recibieron atención en salud y compensación económica por parte de las Administradoras de Riesgos Laborales, pero percibieron estos beneficios como insuficientes.

Conclusiones: Las personas trabajadoras enfrentan impactos multidimensionales que van más allá de las afectaciones físicas. Las estrategias actuales se centran en la rehabilitación médica y la compensación económica, pero no garantizan una recuperación integral que incluya estabilidad laboral, bienestar emocional y reinserción social. Se requiere un modelo de rehabilitación que integre servicios de salud mental, apoyo social y reintegración ocupacional para reducir brechas en el sistema y mejorar la calidad de vida de las personas afectadas.

Palabras clave: Ruido, efectos del ruido, ruido en el ambiente de trabajo, condiciones de trabajo, estado de salud

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Introduction

Work allows individuals to satisfy their social and economic needs, produce goods and services for individual and collective well-being, and develop a meaningful existence. [1] Furthermore, it acts as a social determinant that influences the health of workers. The health of the working population is not only determined by lifestyle and personal behaviors but is also related to work conditions and the risks associated with work activities. [2,3] Hence, understanding the interrelationship between work and workers' health is necessary.

Work-related accidents can lead to alterations in physiological functions, bodily structures, or disability. [4,5] They also have implications in terms of quality-of-life costs and are associated with economic and productivity lo sees. [6,7] Morbidity and mortality related to the workplace not only result in suffering for the worker but also for their immediate family. Moreover, it can influence the well-being and health of each family member. [6] Therefore, it is imperative to investigate the family's situation to comprehend the implications of work accidents and take preventive measures to avoid exacerbating the situation.

In Colombia, the General System of Occupational Risks (hereinafter referred to as GSORL) focuses on occupational health. [8] The system was implemented through Law 100 of 1993, [9] which established the General System of Comprehensive Social Security (GSISS) based on general regimes in health, pensions, occupational risks, and complementary social services.

The GSORL encompasses procedures, regulations, and entities aimed at preventing, protecting, and attending to the affiliated working population from the effects of accidents and illnesses arising out of or in connection with work. [10] Occupational health, conceived both as an object of study and as an applied technique within the system, seeks to achieve the maximum possible well-being of workers, both in the performance of their duties and in the consequences that these may generate at different levels. [11]

To achieve this purpose, occupational health must be addressed through three pillars: the obligation to prevent, workers' right to protection, and an assurance system with a focus on occupational health. [8,12] Based on this approach, the adverse consequences of work accidents must be countered to protect and guarantee workers' occupational health. [13]

To address the consequences arising from a work accident within the GSORL, protective mechanisms have been established, including: medical, surgical, therapeutic, and pharmaceutical assistance, hospitalization services, dental care, medication supply, auxiliary diagnostic services, treatment, physical and vocational rehabilitation; [14] economic benefits such as temporary medical incapacity subsidy payments, [10] compensation for loss of earning capacity, disability pension when the loss equals or exceeds 50%, [9] survivor's pension or pension substitution for beneficiaries. [9] and procedural manuals for comprehensive rehabilitation and occupational reintegration [15,16].

Comprehensive rehabilitation comprises a set of social, familial, psychological, therapeutic, educational, and training actions, of limited time, articulated, defined, and led by a multidisciplinary and interdisciplinary team, involving the human being as an active subject of their own process, the family, the work and social community, in achieving the proposed objectives, aimed at achieving changes in the worker and their environment, towards social reintegration, the development of satisfactory occupational activity, and a dignified life. [15,17]

The recognition of the aforementioned healthcare and economic benefits derived from injuries and sequelae from accidents is a right that, in turn, is an essential part of decent work. [12,18] These benefits seek to guarantee and protect the right to occupational health. Likewise, occupational health, as a branch of public health, must be safeguarded. [12]

Addressing work-related accidents becomes even more relevant considering the figures from the International Labour Organization (hereinafter ILO). [9] According to the ILO, 2.78 million workers lose their lives each year due to work accidents and illnesses, while 374 million suffer non-fatal work accidents, representing a public health problem. [20] In the case of Colombia, during the period 1994–2022, 11,019,937 accidents qualified as work-related were recorded in the system. [21]

In this context, the present study aims to contribute to the occupational health of the working population by understanding participants' experiences following work accidents within the framework of the GSORL in Colombia. The purpose is to identify the barriers they face and areas for improvement, in order to ensure and protect workers' right to comprehensive rehabilitation or adequate care for the consequences resulting from the accident.

Materials and methods

The study adopted a qualitative approach, [22] focusing on understanding social and cultural phenomena. Meanings, perspectives, and experiences of the research participants were explored. Additionally, a hermeneutic-comprehensive study was conducted, through which the experiences of the participants in relation to the object of study were interpreted and understood. [23]

As a data collection instrument, semi-structured interviews were used (24). Furthermore, document review was employed as a technique to explore, collect, select, and analyze information present in documents related to the research topic. [22]

Population and sample

The study population included workers affiliated with the GSORL who had experienced at least one reported workplace accident. Twenty participants were selected, evenly distributed between workers and family members, using convenience sampling.

Inclusion criteria

for workers were: being of legal age, residing in the department of Antioquia, having reported at least one workplace accident to the ARL in the last 10 years, and having received some benefit from the system. Regarding the selected family members, those whom

the worker considered closest in terms of emotional and economic support were included.

Data collection and analysis

Participants were voluntarily recruited, with prior knowledge of the research purpose, and were interviewed in the order they agreed to participate, under informed consent and maintaining their anonymity throughout the data collection process.

With the participant's authorization, the interview was conducted individually, and the session was recorded. The recordings were transcribed using the online service Gglot.com. Initially, manual data extraction was performed into an Excel matrix, and subsequently, coding was done using ATLAS.ti software version 23.3.4. Each participant was assigned a unique code for identification.

The coding process was developed in three stages. Firstly, open coding was carried out, involving the categorization of each fragment of the texts. This stage allowed for exploration and identification of emerging categories. Secondly, axial coding was conducted, where the categories identified in the previous stage were organized thematically and systematically. Relationships were explored, and the underlying structure of the data was understood. Finally, selective coding was performed, focusing on the most relevant categories such as injuries, sequelae, consequences, and benefits received, elaborating relationship maps according to rootedness and density.

Regarding the validity and quality of the results, once the data were coded, theoretical triangulation technique was used by comparing the categories addressed in the interviews with the information found in the results of similar studies. This contributed to validating the research findings.

The ethical component of this study was based on Resolution 8430 of 1993 of the Ministry of Health of Colombia [25]. According to this regulation, it was determined that the present study does not entail significant risks for the participants, as it does not involve interventions or intentional modifications to biological, physiological, psychological, or social variables of the individuals who participated in the research.

Results

The results are presented structured into the following categories of analysis:

a) Injuries resulting from workplace accidents: In the context of this study, an injury is defined as the harm to health experienced by a worker as a consequence or on the occasion of their work, after being exposed to one or more occupational risk factors. [12]

b) Sequelae of injuries caused by workplace accidents: This term refers to the medium or long-term repercussions on the health and well-being of workers who have suffered injuries. These sequelae can manifest at the physical, emotional, and psychological levels.

c) Consequences: This aspect refers to the effects that workers perceive as resulting from the workplace accident. These consequences encompass economic, emotional, psychological, occupational, and familial aspects.

d) Benefits received from the GSORL, both healthcare and economic: These refer to the medical assistance or financial support received by the worker as a consequence of the workplace accident.

Additionally, the analysis categories are presented through graphs. The analysis is displayed in terms of rootedness (G), which refers to the frequency of mentions of a theme, and density (D), representing the number of times a theme is related to others. [26]

Work-related injuries

Figure 1 provides a graphical representation of the injuries resulting from occupational accidents reported by the study participants. In this figure, red boxes highlight the number of accidents each participant has experienced. Among the injuries mentioned, bone fractures are the most common, followed by hand crush injuries, sprains and muscle strains, cuts, lower back pain, and concussions.

Bone fractures, the most prevalent injury in this group of workers, show the highest values in both rooting and density. High rooting indicates that these fractures are frequently reported in injury records, while high density suggests a close association of these injuries with other types of injuries or risk factors.

The data analysis reveals variability in the number of accidents reported by the participants. One individual reported experiencing five accidents, while two participants reported four accidents each. Another two mentioned having had three accidents, and three participants reported two accidents each. Finally, two participants reported only one accident.

Sequels

Figure 2 presents two types of sequelae identified by the participants and highlighted in red: psychological and emotional sequelae, and physical sequelae. Physical sequelae, shown in yellow, include chronic pain, physical limitations, and cognitive impairment. In turn, emotional and psychological sequelae, also highlighted in yellow, encompass anxiety, depression, and behavioral changes.

Among the physical sequelae mentioned by participants, chronic pain stands out as the most prevalent and significant. This type of pain persists beyond the expected recovery period and affects quality of life. Chronic pain has a rootedness score of 18, indicating its high frequency of mention, and a density score of 8, reflecting the frequency with which it is associated with other themes.

Physical limitations refer to restrictions in mobility and the ability to perform daily tasks. These limitations can reduce individual autonomy and may require adjustments in both work and home environments. Cognitive impairment includes alterations in mental functions such as memory and concentration, impacting participants' ability to perform effectively at work and in daily life.

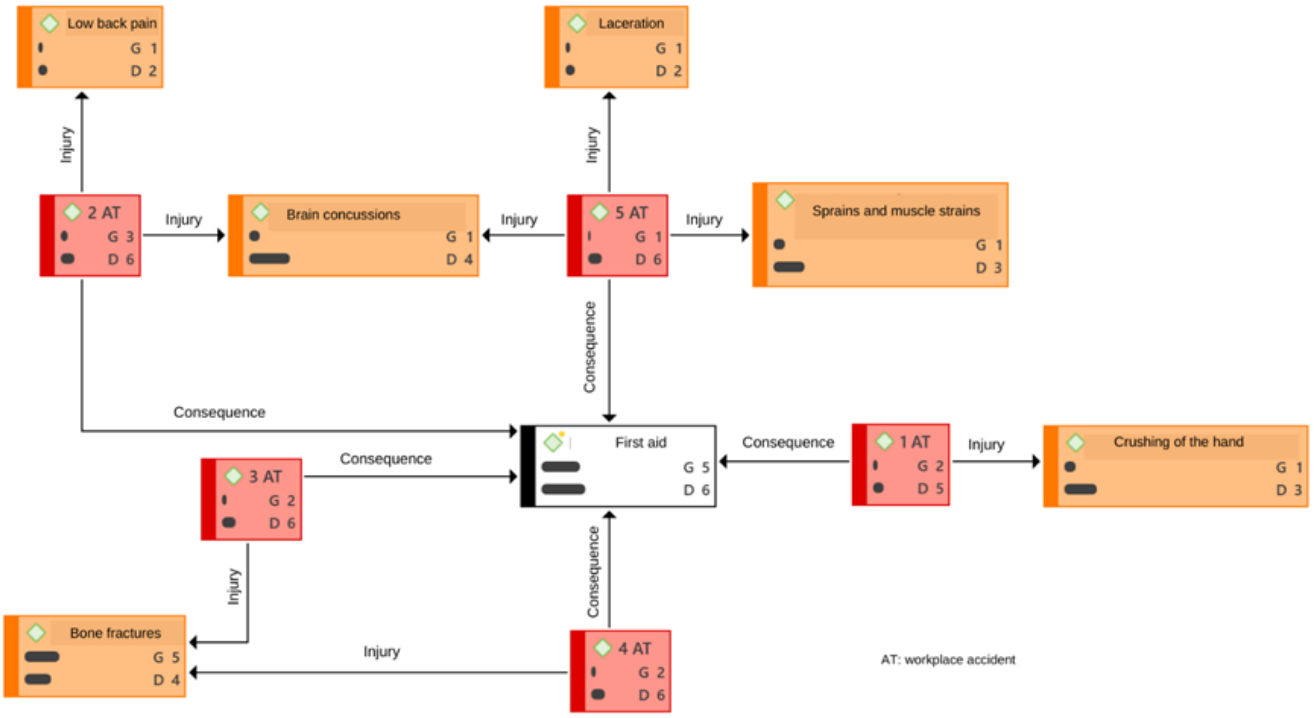

Figure 1. Injuries resulting from workplace accidents. Interviews coding conducted in ATLAS.ti. The analysis is displayed in terms of rootedness (G), which refers to the frequency of mentions of a theme, and density (D), representing the number of times a theme is related to others [29]

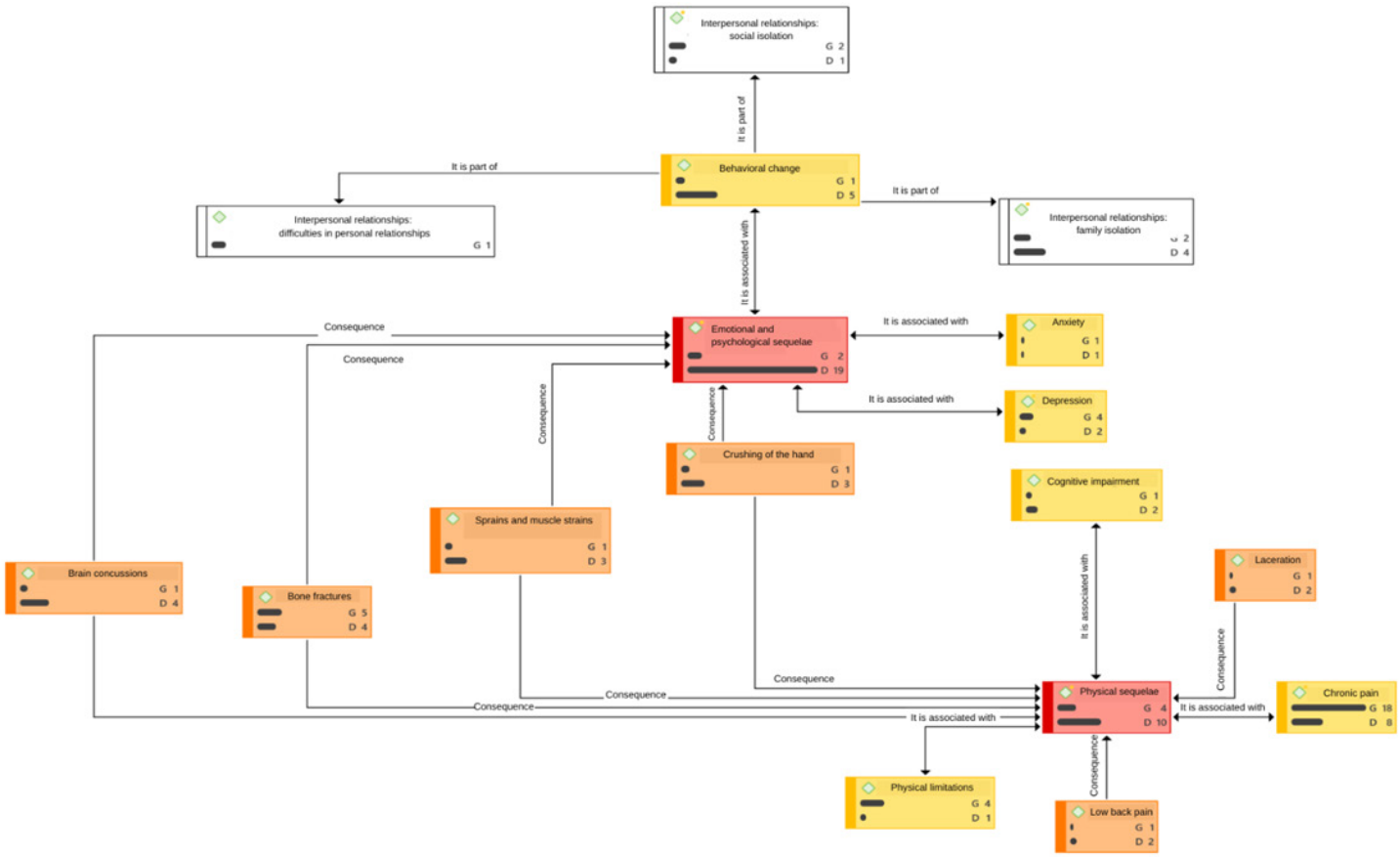

Figure 2. Sequelae of injuries caused by workplace accidents. Interviews coding conducted in ATLAS.ti. The analysis is displayed in terms of rootedness (G), which refers to the frequency of mentions of a theme, and density (D), representing the number of times a theme is related to others [29]

Consequences

Figure 3 identifies the main consequences of workplace accidents among participating workers, classified into four dimensions: emotional and psychological, occupational, economic, and familial. Emotional and psychological sequelae play a fundamental role in the experience of these workers, showing high density and rootedness, with values of 6 and 12, respectively, evidencing their interconnection with other areas, such as occupational, economic, and familial aspects.

Frustration stands out as the most rooted emotional consequence, indicating its prevalence and significance in the participants' emotional response, reflecting a notable sense of discontent and disappointment. Fear, while less rooted than frustration, remains significant and underscores ongoing concerns about the future. Other sequelae, such as depression, dissatisfaction, and uncertainty, with a rootedness of 4, also affect well-being, though less frequently.

In the occupational dimension, Figure 3 indicates impacts related to dismissal, discrimination, and reintegration under work restrictions, factors with high rootedness levels, reflecting the frequency of these impacts in workers' post-accident experiences.

The economic situation of the participants also worsens, with a rootedness of 7 and density of 3, linked to dependency on others (rootedness of 5 and density of 3) and dismissal (rootedness of 2). In the familial sphere, sequelae exhibit rootedness and density values of 5, associated with family isolation, inability to contribute economically at home, and the search for external support.

Regarding the familial consequences stemming from workplace accidents, family members expressed negative emotions and economic needs. Likewise, they pointed out the absence of interventions aimed at providing family support, a situation associated with a lack of accompaniment, as depicted in Figure 4.

In the familial context, there is a lack of intervention to provide support to the family of the worker following the workplace accident, with a rootedness of 10 and a density of 2. This absence of intervention is associated with a lack of accompaniment, which has a rootedness of 6 and a density of 1. These findings highlight how the absence of intervention and adequate support for the family significantly impacts the familial environment after the workplace accident.

Additionally, family participants reported economic needs, evidenced by a rootedness of 5, suggesting that financial difficulties are a relevant concern in the family setting. Frustration emerges as a dominant emotion, with a rootedness of 3, followed by dissatisfaction and lack of emotional support, both with a rootedness of 2. Frustration reflects an emotional response linked to the dimensions of lack of support and economic needs.

Benefits received by workers

As evidenced in Figure 5, some participants reported receiving economic benefits from the Occupational Risk Administrator, such as compensation for loss of work capacity and payments for temporary medical disability. They also reported receiving assistance benefits, including surgeries, physical therapy, psychological treatment, and medications.

Regarding economic benefits, compensation for loss of work capacity had a rootedness of 4 and a density of 1, while payments for temporary medical disability showed a rootedness of 3 and a density of 1. This suggests that these benefits were recognized as part of the compensations offered by the Occupational Risk Administrator within the framework of the General System of Occupational Risks. However, the low density, with a value of 1 in both cases, indicates that, while important, they do not represent the core benefits.

In relation to assistance benefits, medications emerged with the highest rootedness, with a value of 12 and a density of 3, suggesting significant presence among the offered benefits. Surgeries had a rootedness of 7 and a density of 3, reflecting their importance and recurrence in the treatment provided. Physical therapy showed a rootedness of 4, indicating a lower frequency compared to medications and surgeries, although it remains a relevant benefit. In contrast, psychological treatment was mentioned by only one participant, resulting in low rootedness and minimal density, suggesting lesser relevance in the care received.

Discussion

The relationship between health and work is a dynamic phenomenon influenced by social determinants. [27,30] Work, by conferring dignity upon individuals, intertwines with health, contributing to well-being at both individual and collective levels. [1,19] Additionally, the socioeconomic development of humanity is conditioned by the health status of its workforce. [20] This linkage requires holistic strategies and approaches to maintain harmony between both.

Therefore, it is imperative to understand the implications of a work accident, both for workers and their families. Likewise, understanding the assistance provided by actors within the GSRL and determining if they are focused on comprehensive rehabilitation is crucial. The absence of a comprehensive rehabilitation approach results in an increase in medically diagnosed work-related conditions, which have a high morbidity rate, affecting individuals in their productive years. [20]

Moreover, within the framework of designing public policies related to comprehensive rehabilitation and managing corresponding services, understanding the expectations, meanings, perspectives, and experiences related to work accidents is fundamental. This is crucial for formulating interventions coherent with the needs of the working population and their families.

In this context, the interview results provide insight into the implications of work accidents for the interviewed working population and their families. Initially, according to the injuries reported by the workers, they resulted in sequels that directly affected the well-being of both the workers themselves and their families.

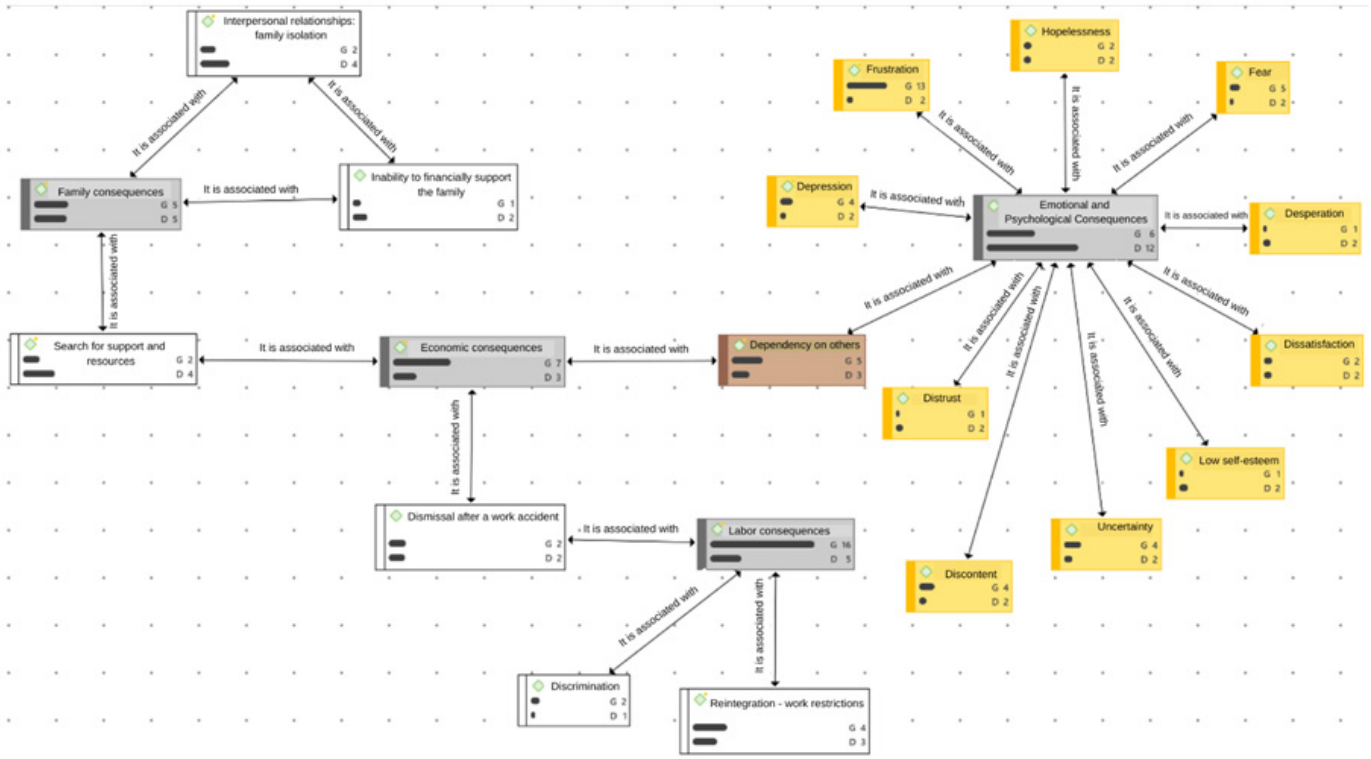

Figure 3. Consequences of workplace accidents. Interviews coding conducted in ATLAS.ti.

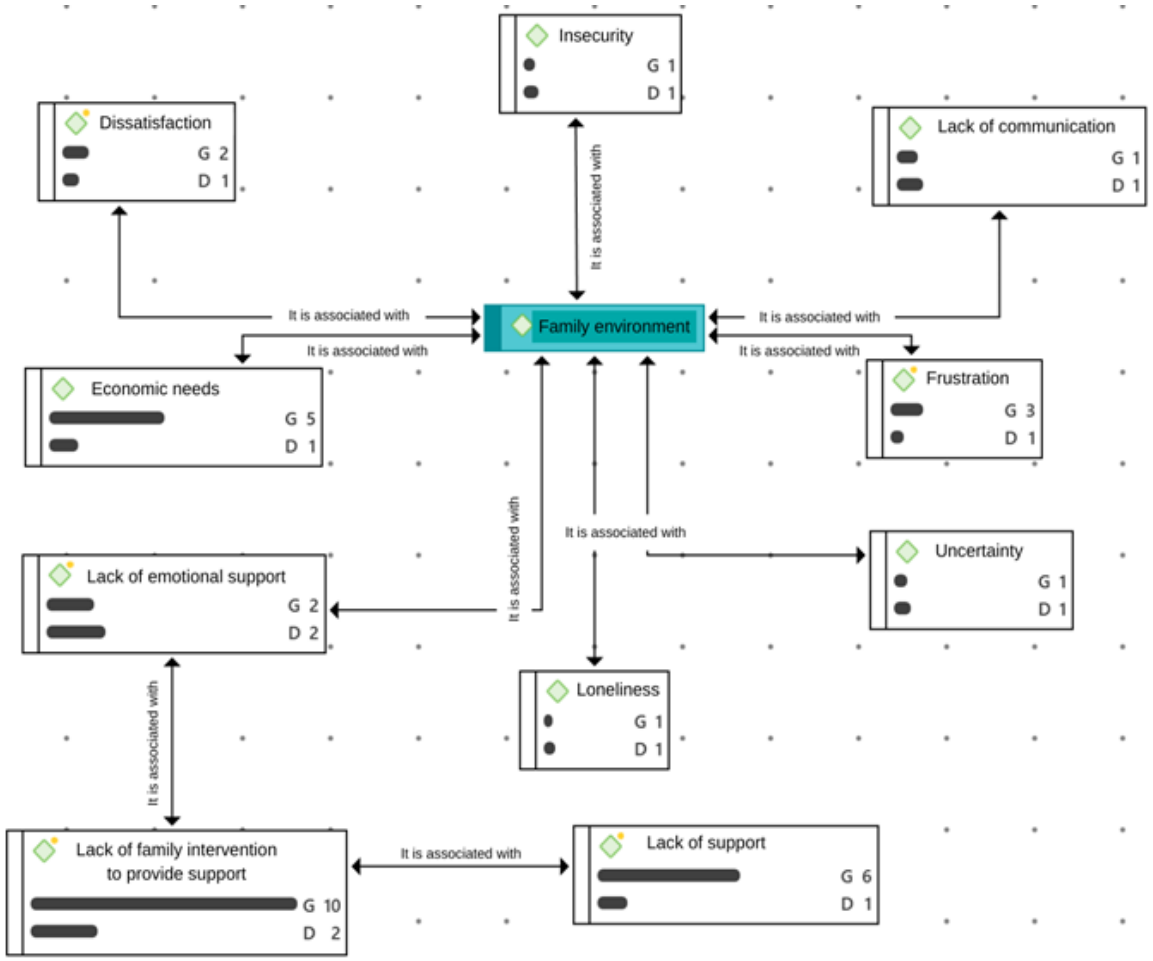

Figure 4. Family consequences. Interviews coding conducted in ATLAS.ti

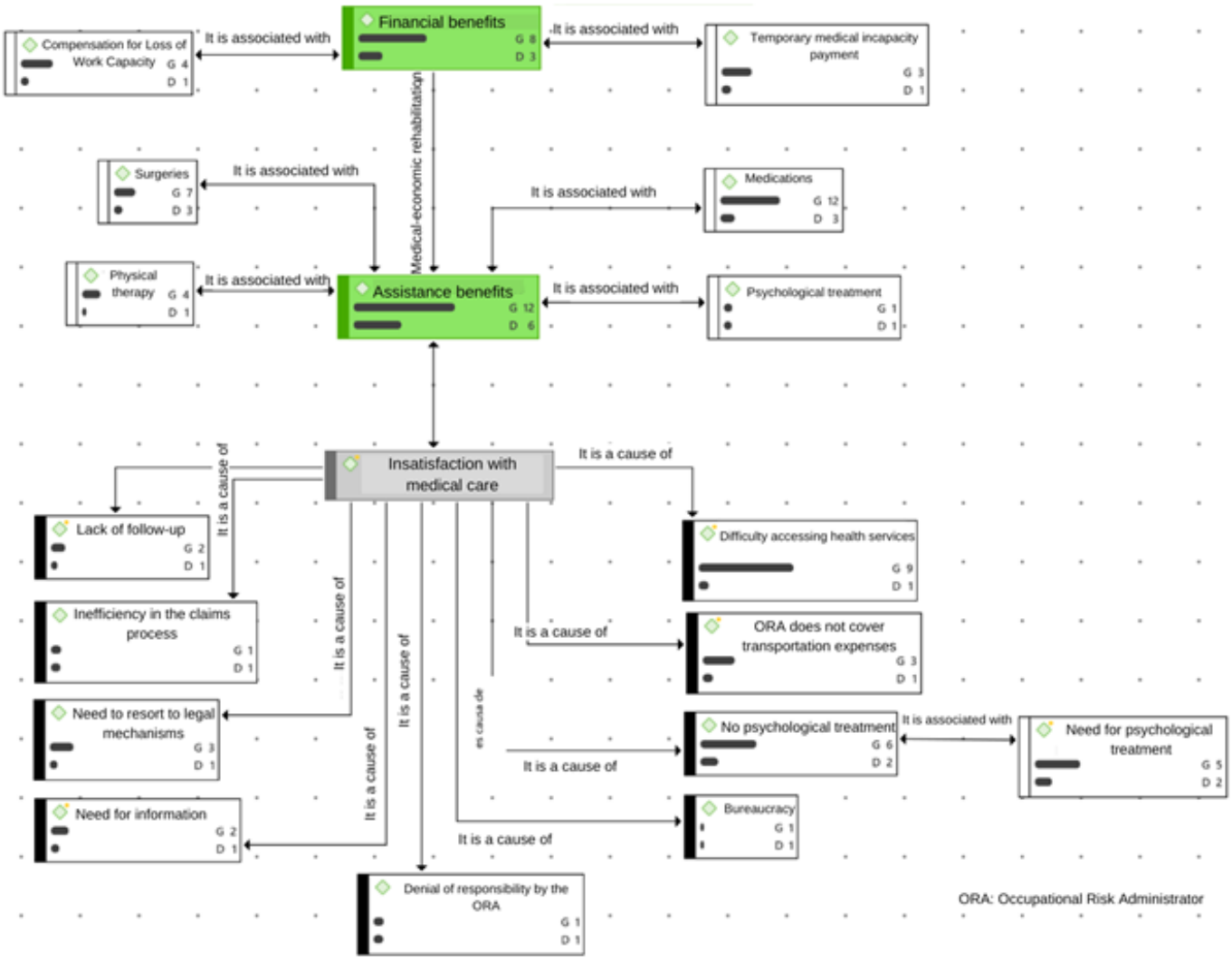

Figure 5. Benefits received from the GSORL, both healthcare and economic. Interviews coding conducted in ATLAS.ti.

Despite these experiences, workers reported not receiving a comprehensive and suitable response to their needs in terms of medical care, economic, labor, social, or family aspects. Additionally, they express that, although they received initial functional medical care or periodic or one-time sums of money for the accident, these were not sufficient to protect and guarantee their comprehensive rehabilitation. Also, economic detriment is perceived as an effect that emerges after the accident, which aligns with other studies that have analyzed the same phenomenon. [6,7]

The findings demonstrate the relationships between physical, emotional, psychological, and labor components that emerge after a work accident. It is noted that healthcare processes lack comprehensiveness and present access barriers such as difficulty accessing health services, denial of responsibility by the GSRL, or bureaucratic procedures, hindering comprehensive and timely care.

The interview results are in line with other studies indicating that rehabilitation-related interventions are not adequately managed and are provided in a fragmented and incomplete manner, without involving the family, community, and environment. [28] Moreover, they focus on isolated therapeutic activities addressing deficits in functions and bodily structures, more related to clinical diagnosis.

The results could be rooted in the lack of sufficient comprehensive rehabilitation services within the GSRL, [29] resulting in workers not obtaining a comprehensive process addressing the individual and their diagnosis from a biopsychosocial perspective and other factors that may condition their social and occupational integration. [30]

Comprehensive rehabilitation within the GSRL protects the right to occupational health, ensuring that occupationally injured workers have access to necessary mechanisms for their recovery and systemic and biopsychosocial inclusion. [28] The WHO has recognized the importance of occupational health in protecting workers' health and has promoted the implementation of policies and programs for the prevention and rehabilitation of workers injured by work-related causes. [17]

Comprehensive rehabilitation for workers with work-related injuries is an essential component to ensure the protection of occupational health and guarantee the human right to health. [18]

Therefore, it is imperative that all actors within the Colombian GSRL actively engage and assume responsibility in realizing the comprehensive rehabilitation model.

Occupational health in Colombia as an essential element of the fundamental right to health is inherent to the individual, and therefore, they have the right to rehabilitation and social integration. [18] However, tension persists between health as a fundamental human right and its realization, as the processes and strategies used for the provision of health services, even for the GSRL, present access barriers and obstacles in the recognition and payment of economic benefits. [31]

Conclusions

Following a work accident, when necessary, mechanisms aimed at comprehensive rehabilitation should be implemented. This involves adopting measures of a social, familial, psychological, therapeutic, educational, and formative nature, which should be of short duration and precisely coordinated. These measures should be supervised by a multidisciplinary team of experts encompassing various disciplines. It is crucial to actively involve the injured worker as the primary agent of their own recovery, as well as their family and the labor and social community.

Concrete goals should be established that lead to transformations both in the injured individual and their environment, with the cardinal objective of facilitating their social reintegration, achieving meaningful employment, and leading a dignified life. This would require the participation and collaboration of experts in different fields to ensure multidisciplinary and holistic care for affected workers. Therefore, it is imperative for all actors within the system to actively engage and assume responsibility in the process.

The absence of efficient and effective mechanisms for comprehensive rehabilitation following a work accident for the working population affiliated with the GSRL highlights the lack of protection and guarantee of effective enjoyment of workers' occupational health.

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