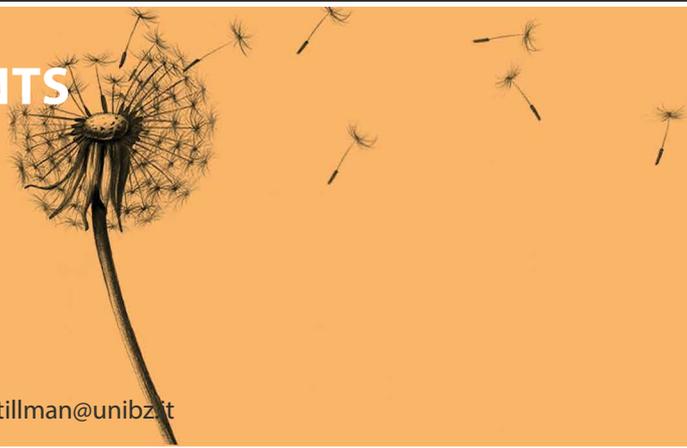


WHY ARE THERE MORE ACCIDENTS ON MONDAYS?



An executive summary of Motu Working Paper 20-01

Michelle Poland, Isabelle Sin and Steven Stillman

Motu Economic and Public Policy Research

michelle.poland@worksafe.govt.nz, isabelle.sin@motu.org.nz, steven.stillman@unibz.it

SUMMARY HAIKU

Work injuries fall
more often on Mondays. Blame
physiology.

INTRODUCTION

Previous research has found there are more workers' compensation claims for injuries on Mondays than on any other day of the week. This has been referred to as the "Monday Effect". Strains and sprains are especially likely to occur on a Monday.

In this paper, we examine the Monday Effect in Aotearoa New Zealand, which has an unusual universal no-fault accident compensation system that covers all injuries regardless of where they occur and pays the same compensation to workers for injuries occurring at work and during their leisure time.

ABOUT ACCIDENT COMPENSATION IN AOTEAROA NEW ZEALAND

Under the Accident Compensation Act 2002, everyone in Aotearoa New Zealand is entitled to comprehensive injury insurance cover, including tourists and the self-employed. Insurance coverage includes compensation for the costs of injury following an accident, such as medical treatment, lost wages and additional expenses where required (e.g. home help). When a person seeks treatment for an injury (e.g., visits a doctor, dentist, physiotherapist), the treatment provider will complete a form with information on initial diagnosis and ability to work (if relevant) and send it to the Accident Compensation Corporation on the patient's behalf. Claims made under the scheme provide complete coverage of all injuries in New Zealand for which treatment has been provided by doctors, dentists and physiotherapists.

THE MONDAY EFFECT

Internationally, the Monday Effect has been blamed on individuals falsely claiming injuries that happened over the weekend actually occurred on Monday in order to access workers' compensation benefits. Another hypothesis is that the Monday Effect is physiological, i.e. workers are actually more prone to strains and sprains after a weekend off from work, perhaps because of fatigue or hangovers as a result of weekend activities or a dislike of working on a Monday.

In the Aotearoa New Zealand context, we are able to directly test this hypothesis and also the more general case that the Monday Effect is caused by the existence of weekends. This could occur because doctors' offices are closed on the weekend or because people generally do not like Mondays and consequently have lower pain thresholds.

DATA

The data used in this paper come from the Integrated Data Infrastructure (IDI), an individual-level longitudinal data set managed by Statistics New Zealand that links individuals from numerous administrative and survey data sources. The main IDI data used here is all accepted accident compensation claims. The data cover the period January 2001 to July 2018.

This research was completed as part of a PhD in Economics. It was undertaken with funding from the Macandrew-Stout Postgraduate Scholarship in Economics; University of Otago Postgraduate Publishing Bursary; WorkSafe New Zealand; and Marsden Grant 12-UOO-067. Access to the anonymised data used in this study was provided by Statistics New Zealand in accordance with security and confidentiality provisions of the Statistics Act 1975. The findings are not Official Statistics. The results in this paper are the work of the authors, not Statistics NZ, nor WorkSafe New Zealand, nor the Accident Compensation Corporation, and have been confidentialised to protect individuals from identification. See the paper for the full disclaimer.



RESULTS

We find that there is a Monday Effect in New Zealand: 21.7 percent of weekday work injury claims that result in compensation for time away from work occur on a Monday, which is more than the 20 percent we would expect if injuries were spread evenly across the week. The size of the Monday Effect for sprains and strains is slightly larger, with 22.3 percent of weekday work lost-time claims for sprains and strains occurring on a Monday.

We find evidence of a Monday Effect for sprains and strains that result in lost time that occur to workers off the job (21.1 percent) and for sprains and strains to working age individuals that result in hospitalisation (21.4 percent).

We find work injuries that occur on a Monday are less severe than injuries on other weekdays, as measured by compensation for lost work time. We also find that the higher proportion of work claims is not specific to Mondays. Rather, the proportion of weekly work claims starts high on a Monday and decreases steadily through the week, with the fewest claims on a Friday.

CONCLUSIONS

We find a significant Monday Effect in Aotearoa New Zealand even though workers have no incentive to fraudulently claim that weekend injuries occurred at work on the Monday. However, the magnitude of excess Monday work lost-time injuries in New Zealand (1.7 percent) is substantially lower than that found in prior studies of Ontario (4.7 percent) and Minnesota (3.0 percent), where incentives for fraudulent claims are much stronger than in New Zealand. This suggests fraudulent claims may play a role in the Monday Effect in these other jurisdictions, but is not the full story.

Our other findings suggest that the remaining part of the Monday effect is due to the existence of weekends. Individuals are either fatigued from weekend activities or have lower pain thresholds earlier in the week, and this is what causes an elevated level of injury claims on Monday both at and away from work.

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