Title:

Systemic barriers to reporting work injuries and illnesses in contexts of language barriers

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Abstract

Background. Workers who experience language barriers are at increased risk of work-related injuries and illnesses and face difficulties reporting these health problems to their employer and workers' compensation. In the existing occupational health and safety literature, however, such challenges are often framed in individual-level terms. We identify systemic barriers to reporting among injured workers who experience language barriers within the varying contexts of Ontario and Quebec, Canada.

Methods. This study merges data from two qualitative studies that investigated experiences with workers' compensation and return-to-work, respectively, for injured workers who experience language barriers. We conducted semi-structured interviews with 39 workers and 70 stakeholders in Ontario and Quebec. Audio recordings were transcribed and coded using NVivo software. The data was analysed thematically and iteratively.

Results. Almost all workers (34/39) had filed a claim, though most had initially delayed reporting their injuries or illnesses to their employer and/or workers' compensation. Workers faced several obstacles to reporting, including confusion surrounding the cause and severity of injuries and illnesses; lack of information, misinformation, and disinformation about workers' compensation; difficulties accessing and interacting with care providers; fear and insecurity linked to precarity; claim suppression by employers; negative perceptions of and experiences with workers' compensation; and lack of supports. Language barriers amplified each of these difficulties, resulting in significant negative economic, health, and claim impacts.

Conclusion. Improving the linguistic and cultural competence of organizations and their representatives is insufficient to address under-reporting among workers who experience language barriers. Efforts to improve timely reporting must tackle the policies and practices that motivate and enable under-reporting for workers, physicians, and employers.

Keywords: Language barriers; under-reporting; claim suppression; workers' compensation; injured workers; work injuries and illnesses.

Introduction

Workers who experience language barriers are over-represented in hazardous jobs[1-3] and face increased risk within jobs due to difficulties around health and safety communication as well as disproportionate exposures.[4-6] For example, language barriers have been associated with exposure to patient violence among home care providers.[7] As a result, workers who experience language barriers have elevated rates of occupational injuries, illnesses and deaths compared to other workers.[8-10] Inequities also exist in responses to illness and injury, as they face obstacles reporting to their employer and filing a claim with workers' compensation.[11] At the same time, language barriers are commonly cited as a reason immigrants and migrants under-report,[5] with previous research pointing to the role of language-related information gaps, repercussion fears, and difficulties navigating workers' compensation.[12-15]

However, in the occupational health and safety literature, language barriers have typically been framed as a trait of individuals rather than a characteristic of the system.[16] From this perspective, gaps, fears, and difficulties are attributed to workers because of inherent language deficits. This approach contributes to a superficial, acritical, and de-contextualized understanding of how language shapes health and safety experiences.[16,17] Previous research has found that, rather than abstract language barriers, material considerations such as job insecurity motivate workers' responses to illness and injury; however, it has generally failed to document the policies and practices that shape workers' responses.[18] Research is therefore lacking on the systemic factors that motivate and enable under-reporting in contexts of language barriers.

We present data from two Canadian studies which documented the experiences of injured workers who experience language barriers, in Quebec with the Commission des Normes, de l'Équité, de la Santé et de la Sécurité du travail (CNESST, formerly CSST), and in Ontario with the Workplace Safety and Insurance Board (WSIB). In previous publications, we described differences between the jurisdictions in workers' compensation policies and practices,[19] including with regards to language accommodations,[20] and their role in shaping the experiences of injured workers who experience language barriers. This article explores systemic barriers to reporting and claim filing within the varying workers' compensation policies and practices of Ontario and Quebec and their differing laws and politics around language and diversity.

Methods

This study merges data from two qualitative studies that investigated experiences with workers' compensation and return-to-work, respectively, for injured workers who experience language barriers. For both studies, the core team was composed of the lead investigator, an associate professor with over two decades' experience researching issues of racialization, immigration, and language in health and safety, and two research assistants. The lead investigator's French-English bilingualism and experience of having lived and worked in each of Quebec and Ontario afforded her an understanding of the intricacies of language politics in both provinces. At the same time, the social location of the two research assistants, a qualitative researcher with English as second language who had immigrated to Canada, and a law student who had provided employment integration services to newcomers, may have shaped our interpretation of the challenges experienced in contexts of language barriers.

The first study was conducted in 2016-2017 in Ontario and Quebec while the second study was conducted in 2018-2019 in Ontario. In total, we interviewed 39 workers and 70

stakeholders. We recruited workers who self-reported difficulties communicating verbally, or in writing, in their province's dominant language (English in Ontario and French in Quebec), and who experienced a work-related injury or illness.[1] Workers were recruited through social media, online and newspaper ads, clinics, unions, community organizations and by posting flyers and leafleting in various locations. For both studies, we translated our recruitment material into several languages but interviewed workers in any language. All workers were offered the assistance of a professional interpreter, but a little over half (21/39) chose to communicate without one. Workers were provided with an English or French consent form that was also verbally explained by the interviewer. When an interpreter was present, he or she orally translated the consent form using a script that repeatedly checked for understanding. Workers provided written or verbal consent prior to the interview. In the interview, workers were asked about their work experiences, their injury or illness, their experiences reporting and/or claim filing, their recovery and return-to-work, the impact of their illness or injury (e.g., on work, family, finances), and suggestions for improvement to programs and services.

The stakeholders we recruited had specialized knowledge about the workers' compensation and return-to-work process, and specifically about the challenges facing workers who experience language barriers. We recruited stakeholders through our networks and snowball sampling. All were provided with and signed a consent form prior to the interview. Stakeholders were asked about their interactions with injured workers who experience language barriers, including how they perceived, evaluated, and addressed language barriers within their professional contexts. They were also asked about trends they observed (e.g., with regards to reporting, return-to-work), and about strategies that could help address barriers to workers' compensation and return-to-work. For both worker and stakeholder interviews, saturation was reached when new interviews failed to generate new themes.

All interviews were semi-structured and lasted from one and a half to two hours. They were recorded and transcribed, and data was managed with *NVivo* software. Interview transcripts were each coded by a team member using a mixed coding strategy, whereby some codes were defined a priori while others emerged from the data. Team members worked collectively on the coding list as well as on the development and analysis of themes. Analysis was iterative, as it was done in parallel with data collection and helped shape interview questions. The analysis emphasized various stages and contexts in injury and claim trajectories (e.g., the injury/illness, reporting and claim filing, access to and experiences with health care, workers' compensation, and return-to-work). For each of these themes and associated sub-themes we highlighted system-level factors that facilitated or hindered access to workers' compensation and sustainable return-to-work. Whenever possible we also explored differences in experiences and outcomes according to literacy, education, culture, legal status, age, gender, nature of injury, employment situation (unionization status, employment precarity, etc.) and representation.

Our two studies were framed by MacEachen and colleagues' grounded analysis of common mechanisms for return-to-work problems.[21] In this work, organizational dysfunctions across workplace, healthcare, vocational rehabilitation, and workers' compensation systems combine to form a "toxic dose" of problems for workers following a work injury or illness.

[1] To ensure our analysis was as current and comprehensive as possible, for the workers' compensation study we included workers with and without claims but excluded workers whose claims were closed more than three years prior to the interview. For the return-to-work study, we included workers who filed claims after 2011 and received return-to-work support/services.

Within this framework we investigated the ways in which workers' compensation policies and practices, which were shown by MacEachen and colleagues to improperly address differences in knowledge, resources, and interests among parties, are experienced in the context of language barriers specifically.

For the return-to-work study, an advisory committee made up of the core research team, co-investigators with expertise in occupational health, and representatives from each of the WSIB and a legal clinic for injured workers, provided feedback on our findings throughout the project. For both studies, results were presented and discussed at various points at injured worker advocacy meetings and in workshops organized by injured workers, advocates and/or researchers, and which at times included representatives from the WSIB and the Ontario Ministry of Labour. Feedback on the studies' reports was also sought from injured worker advocates in Ontario and Quebec prior to publication.

Ethics approval for both studies was obtained from the [institution name] Ethics Board. All names are pseudonyms and details have been changed as appropriate to protect the anonymity of participants.

Results

Participant characteristics

Worker characteristics are presented in Table I. We interviewed an almost equal number of men (20/39) and women (19/39). Most workers were between the ages of 41-60 (67%), had been in Canada for over 10 years (74%), with a plurality originally from Asia (46%). Mandarin was workers' most common first language (11/39), followed by Spanish (6/39) and Arabic (4/39), though our sample represented 17 different languages, some more or less common (data not shown). Most workers had attained an education at the college level or higher[2] (62%), although workers were predominantly employed in the low wage service sector (31%), in factories (31%), and in construction or other manual jobs (28%). Almost all workers (34/39) had filed a workers' compensation claim, though most had initially delayed reporting their injuries or illnesses to their employer and/or filing a claim with workers' compensation, with delays ranging from a few days to over a year (data not shown).

[2] The definition of college education varies between jurisdictions but was defined in our study as a practical certificate or degree that usually ranges from 1-3 years in duration.

Table I. Worker Characteristics

Characteristics		Ontario N=26	Quebec N=13	Total N=39
Gender	Man	14	6	20
	Woman	12	7	19
Age	40 or less	2	5	7
	41-60	20	6	26
	60+	4	2	6
Years in Canada	5 years or less	2	1	3
	6-10	2	5	7
	11-25	16	3	19
	More than 25	6	4	10
Region of origin	Asia	17	1	18
	Middle East and North Africa	4	4	8
	Caribbean	2		2
	Europe	3	1	4
	Latin America		6	6
	Canada		1	1
Education	High school or less	10	4	14
	College or professional training	6	4	10
	Bachelor	7	4	11
	Masters	2	1	3
	Unknown	1		1
Occupation	Service sector	8	4	12
	Factory	6	6	12
	Construction	3	1	4
	Other manual (maintenance, warehouse)	5	2	7
	Technical	3		3
	Transport	1		1

The affiliations of the seventy stakeholders are presented in Table II. They included worker advisers / advocates (e.g., community legal workers), union representatives, and health care providers (family physicians, psychiatrists, etc.). In Ontario, we additionally conducted interviews with WSIB staff, and with representatives from two independent agencies of the Ontario Ministry of Labour which offer advice, education, and representation in matters of workers' compensation, the Office of the Worker Adviser (OWA) and Office of the Employer Adviser (OEA). In Quebec, we were not able to interview CNESST staff, and there is no equivalent of the OEA and OWA. Additionally, since our return-to-work study was conducted in Ontario exclusively we did not interview language and employment service providers in Quebec.

Table II. Stakeholder Affiliations

Affiliation	Ontario N=62	Quebec N=8	Total N=70
Worker advisers	18	5	23
Health care providers	13	1	14
Employers / employer advisers	6		6
Workers' compensation staff	20		20
Union representatives	2	2	4
Language service providers	1		1
Employment service providers	2		2

Reporting barriers

a) Confusion surrounding the cause and severity of injuries and illnesses

Workers' jobs exposed them to repetitive, strenuous, high-pressure, and/or monotonous tasks, and lacked in health and safety training and prevention. As a result, workers experienced a range of injuries and illnesses, leading to varying degrees of physical and mental impairment. Reporting delays were particularly lengthy for illnesses which developed over time and were invisible to others, compared to injuries which were sudden and visible to colleagues and supervisors. Mental health problems were almost always unreported, due to their invisible nature and stigma. Language barriers amplified these difficulties, as noted by Richard, an Ontario health care provider:

> So first of all, if you have an injury – if it's acute – if it's possibly quite easy to see by the supervisor…who usually has proficient experience in English. So the person without English – little English – can show 'this is where I got hit! I got struck.' The problem then of course is with the repetitive strain injury, which is probably the most common type of injury, where there's tennis elbow, lower back pain, or shoulder problems. Then it is difficult to express to the supervisor that, 'I have a problem.'

As well, workers sometimes struggled to connect their illness to their work, while those who had worked for multiple consecutive or concurrent employers found it difficult to identify one incident employer. Many workers also reported that they had not understood the severity of their condition and had believed their health problem would be dismissed as not serious and would improve by resting or taking medication; however, as they continued to work while injured or ill, their health deteriorated. Evelyn, an Ontario direct support worker (Patois as mother tongue, in Canada for over 20 years), explained that "When you get hurt you just ignore it always until it comes really bad." Indeed, most delayed reporting and/or filing a claim until they were no longer able to work.

b) Lack of information, misinformation, and disinformation about workers' compensation

At the time or injury or onset of symptoms, most workers had never heard of workers' compensation. Others knew about workers' compensation but not how to file a claim. Lindsay, a WSIB staff, noted that "I often find then I'll get claims three months later because they have no idea what WSIB is and they have no idea how to apply for it or how to submit a claim." Many workers also had misconceptions about the workers' compensation system, for example believing that it compensated only for very serious injuries, or for health problems that were not their fault. Many workers blamed themselves for their injuries and illnesses, for instance because they had not used personal protective equipment and despite being encouraged to do so to increase productivity.

Stakeholders noted that workers lacked information because they came from countries with weaker or non-existent workers' compensation systems, and because information was not provided at the time of immigration or by their employer. They explained that the ignorance of workers was willful on the part of employers who purposely disinformed workers or failed to inform them about their rights. Information on workers' compensation was also difficult to find independently, particularly in contexts of language barriers, for instance as the websites of the WSIB and CNESST were only available in English and French.

c) Difficulties accessing and interacting with care providers

Some workers credited doctors for helping them connect their health problem to work and understand its severity, and for informing them of their entitlements. For example, Amina, a Quebec sewing machine operator (Arabic as mother tongue, in Canada for 10 years), explained that:

> Me I don't even know why I want to go to the CSST. What is it, because I got hurt on the job? He [the doctor] said to me 'M'am, that is how the system is, you have to go to the CSST'.
>
> (Speaking through an interpreter, translated from French)

In Ontario, several workers also noted that their claim had been initiated by their doctor. While Ontario doctors are required to report work-related injuries and illnesses to the WSIB, in Quebec only the worker may initiate a claim.[22] However, interviews with stakeholders revealed that health care access was particularly difficult for workers who experience language barriers, especially those who are new immigrants, non-status, or temporary foreign workers, and who may lack health care coverage, access to transportation, and/or knowledge of the system. Finding a doctor who shares the worker's language was also difficult; while hospital staff have access to formal interpretation services, doctors in family practices or walk-in clinics do not. Language barriers with care providers hindered diagnosis, the establishment of work-relatedness, and the collection and reporting of detailed health information, with implications for the claim.

Additionally, finding doctors who were willing to engage with the workers' compensation system was often difficult, as doctors' opinions were frequently challenged or overlooked by employers and adjudicators, and as the process was seen as burdensome and insufficiently remunerated. Paul, an Ontario health care provider, illustrated his disinclination to engage with workers' compensation by recounting a particular case:

> The patient had to go to his lawyer who had to get all the documentation going back I think twenty years. From all the WSIB assessments down to actually injury, actual surgery, etc., etc., and this was like a thick box of documents that were brought to us. Do we need, do we have somebody paying us to go through all that documentation? Nobody does.

The complexity of work injury or illness cases for doctors was compounded in contexts of language barriers. As a result, doctors were reported to sometimes decline to ask patients about work, or to fail to engage or delay engaging with workers' compensation. Some stakeholders noted that emergency room doctors were more likely than doctors in other settings to engage with workers' compensation, perhaps due to the severity of the presenting health problem, whereas doctors at walk-in clinics were described as less likely than family doctors to do so.

d) Fear and insecurity linked to employment, economic, and status precarity

Workers were afraid to report their injuries and illnesses to their employer or to make a claim to workers' compensation because of the fear of job loss in a precarious labour market. Most workers in our study were in jobs with tenuous employment relationships, such as involving temporary employment agencies. Indeed, several workers mentioned concealing medical documentation, including requests for time off work or for modified or accommodated work, from their employer. This was the case of Aleyna, a Quebec sewing machine operator (Turkish as mother tongue, 17 years in Canada):

> And when I was not feeling well and I consulted the doctor, he gave me a paper to stop work and by fear, I did not give this paper to my supervisor or my boss thinking they will fire me or tell me there is no more work. So, I hid many times the medical report that my doctor gave me.
>
> (Speaking through an interpreter, translated from French)

Jeff, an Ontario physician, similarly explained that "[Workers] have access [to rights], but they don't have protection… [They ask] 'Are you sure this wouldn't affect my ability to keep on working here'? And we cannot guarantee that." Workers also feared that information on their health problem or compensation claim would become known to future employers and thus jeopardize their ongoing ability to secure work. This was illustrated by Taahid, an Ontario factory worker (Arabic as mother tongue, in Canada for 5 years):

> If I apply for a job at some factory, they will search about my file history and they find I have a problem in my back. 'Why would we be hiring him? We don't need that.' So I told the doctor, 'Don't write anything in the computer or the system.'

Prospective employers do not have access to workers' health or claim information, however for some workers, such as those working through temporary employment agencies or as temporary migrants, a report of injury or illness would indeed hinder future employment through that channel. While many workers with precarious legal status, such as refugees, additionally feared deportation, stakeholders reported that migrant workers were routinely repatriated for medical reasons.

The financial precarity workers experienced as minimum wage or below minimum wage workers in the informal sector also prevented them from reporting, as a lack of economic resources meant they were unable to wait for benefits, which were not guaranteed, or to live off benefits, which represented 85% and 90% of net earnings in Ontario and Quebec respectively. For workers in the informal sector, the lack of documentation proving employment and wages represented additional barriers to reporting.

e) Claim suppression strategies by employers

Employers were incentivized to under-report work-related injuries and illnesses as insurance premiums were tied to the number of lost-time days. As a result, employers in both provinces hired through temporary agencies to avoid liability for work injuries and illnesses. They also used a range of strategies to persuade, manipulate, coerce, intimidate, and threaten workers to continue to work or return to work and either refrain from filing or drop their claim. Employers were typically angry at reports of injuries and illnesses and interactions were often adversarial. Employers were said to question workers, accuse them of malingering, and blame them or non-work factors for the injury or illness. Owen, an Ontario community legal worker, explained that "If you wait too long because you didn't know the process, it's like 'Why did you wait this long.' But if you do everything right, it's like 'Why did this happen in the first place?'". It was also common for employers and temporary employment agency operators to threaten workers' employment or im-migration status. Despite anti-reprisal legislation in both provinces, in practice stakeholders explained that workers were routinely laid off or pushed out for reporting. Workers were also discouraged from pursuing their claim by witnessing their colleagues', friends', and relatives' negative experiences with their employers.

Some employers were described as appearing supportive while intentionally misleading workers. Examples include concealing information about workers' compensation or portraying it negatively, offering to pay for workers' time off, or advising them to claim employment insurance or other benefits – in some cases using the latter to argue against work-relatedness in eventual workers' compensation claims. This was illustrated by Sonechka, a Quebec construction worker (Russian as mother tongue, in Canada for 12 years) who explained that "After that I started receiving letters from CSST to declare the accident but my boss kind of proposed to me that he will pay my entire sick leave if I keep quiet."

According to participants, some employers provided work accommodations that were quickly removed or promised accommodations that never materialized to dissuade workers from filing a claim. Harry, a telecommunications technician (Mandarin as mother tongue, in Canada for 18 years) related his experience as follows:

> Okay so the job I did like a kind of injured job. A lot of people get injured and the company will say 'Oh, we'll offer you the lighter job' but after a while they will like set up obstacles for you and like just force you to leave.

Employers additionally took advantage of language barriers, in some cases completing forms in a way that delayed or denied the claim, such as by including incorrect contact information for the worker or introducing inaccuracies in the description of the incident. According to Jacques, a Quebec community legal worker, workers sometimes signed forms without understanding them:

> We regularly see employers who will write the claim for the workers and the way it is written, me it's clear that I read that and I tell myself that all the conditions are there to refuse the claim. Of course the employer phrased it well, which says that 'Ultimately, I never had an injury but I am making a claim'.
>
> (Translated from French)

Ontario employers are required to report work injuries and illnesses to the WSIB; however, according to stakeholders they rarely did so or delayed reporting, particularly when a chronic illness was involved. Stakeholders in that province also reported that employers at times submitted the required form to the WSIB without providing a copy to the worker or informing them about the need to submit their own form, resulting in claim delays or denials as decisions were sometimes made without the worker's version of events.

f) Negative perceptions of and experiences with workers' compensation

Workers were deterred from engaging with workers' compensation due to their negative view of the system and process. According to Raoul, an Ontario community legal worker, workers' perception was sometimes shaped by their experiences in their country of origin:

> Another thing – specifically with [people from region of the world] – is authority. They are submissive and authority is life and death in their countries. When the farmer says something they don't complain. When WSIB says something , they see it as government and you don't screw around with government because they'll get ya. I mean they get ya down there, I'm sure they get ya here too. It's very hard to explain 'No you can do it here,' I mean nobody's going to hear you but at least you can scream.

Workers' views were also shaped by the negative experiences of friends, relatives, and colleagues, and eventually by their own experiences with the system. Participants described the workers' compensation process as lengthy, confusing, arduous, arbitrary, adversarial, impersonal, focused on return-to-work, and particularly difficult to navigate in contexts of language barriers. Carol, an Ontario health care provider, similarly explained that "Confusing, it [the workers' compensation system] can be, right. Especially if English isn't your first language or if you're not familiar with a country or…Everything's in English, right". For example, in both

provinces claim forms were only available in English and French, with workers often requiring the help of friends or relatives to complete them. In Ontario, workers were able complete the form in their language or over the phone with the WSIB with the assistance of an interpreter, however the workers in our study, as well as some worker advisers, were not aware of these options. In Quebec, interpreters were almost never provided, as CNESST policy established interpretation and translation as the worker's responsibility. Stakeholders noted that incomplete forms were sometimes sent back, leading some workers to drop their claims, while inaccurate forms sometimes harmed workers' credibility. Rita, an Ontario community legal worker, described the suspicion and stigma associated with language barriers:

> It comes into the systematic discrimination or understanding of injuries and injured workers and the whole labeling them as being lazy or they're lying about the injury and all that. All of those suspicions that go on about injuries, so there's a legitimacy that you get by being able to describe your injury in a medically objective manner that linguistic minorities may not have.

g) Lack of supports

The over-representation of workers who experience language barriers in smaller businesses characterized by precarious work meant that employers typically lacked strong health and safety protocols and structures and supports for reporting injuries and illnesses. As well, while workers typically worked in non-unionized environments, unionized workers such as Jasmine, an Ontario warehouse worker (Portuguese as mother tongue, in Canada for 30 years) also described a lack of support:

> Well you know of course they try to talk you out of not filing. The union rep again I don't think he's very experienced. You know he told me that you're…these types of claims you know it's 50/50 at best. It could take months. It could take years. You know consider you know your relationship with your employer. I said 'But there is no real relationship. It's just a job'.

Workers often obtained information and assistance from legal clinics, though our interviews reveal that cases generally reached that stage when there had already been significant complexities and delays. Some community legal workers, like Maria (Ontario), revealed that employers sometimes discouraged workers from contacting them. In speaking about migrant workers, she explained that "We have evidence that workers told us that specifically if they had an accident, they told them not to contact us." Family and friends were also helpful with filling out forms, translating / interpreting, as well as providing financial assistance and emotional support. For many workers in our study, this type of support was essential to their ability to report to their employer and file and navigate their claim.

Impacts

As reporting – and treatment – were delayed, injuries and illnesses often became exacerbated to the point of permanent impairment. Workers whose health initially improved at times re-injured themselves, and physical conditions frequently led to the

development of mental health conditions. This had significant material and emotional impacts on workers and families. Reporting delays also created issues with workers' claim becoming more complex due to questions around the legitimacy of the claim, the loss of key evidence such as witnesses, and the passing of time limits. Luc, a Quebec union representative, explained the complexity that results from delays:

> For example, the person who had three or four back sprains, who put up with the pain, and it happens at some point, the final straw which results in the fact that he cannot take it anymore. So when we get to him, we get to him with a back that resembles someone who has major problems. And then, it becomes difficult to make the link between what happened before. So these cases are often very heavy.
>
> (Translated from French)

Delayed or non-reporting therefore also had implications for workers' compensation, by requiring additional resources and staff to handle the claim. Failure to report additionally delayed access to rehabilitation and return-to-work supports and services, jeopardizing workers' suitable, safe, and sustainable return-to-work.

Discussion

Our study found that workers faced several systemic barriers to reporting and claim filing, including confusion surrounding the cause and severity of injuries and illnesses, particularly for chronic illnesses; lack of information, misinformation, and disinformation about workers' compensation; difficulties accessing and interacting with care providers; fear and insecurity linked to employment, economic, and status precarity; claim suppression strategies by employers; negative perceptions of and experiences with workers' compensation; and lack of supports in various domains (workplace, family, etc.). Our findings contribute to the literature an understanding of systemic barriers to reporting by injured workers who experience language barriers. In contrast to other studies that have framed the role of language in simplistic, individualistic terms, ours highlights how policies and practices by workers' compensation, workplace, and health care systems and their representatives, as well as larger labor market conditions, hinder the reporting of work injuries and illnesses. Indeed, underlying every aspect of injured workers' experiences with reporting is a powerlessness embedded in an increasingly precarious labour market[23,24] and a system of racial capitalism that channels and maintains highly educated racialized immigrant workers in low prestige, high-risk, precarious jobs. In this context, specific policies and practices motivated in important ways the reporting of work injuries and illnesses by workers who experience language barriers. For example, the reporting requirement for health care providers (and employers) in Ontario played a large role in helping injured workers initiate contact with workers' compensation. None of the participants in our return-to-work study, conducted in Ontario, had themselves initiated their claim. The requirement may thus be particularly beneficial to workers who lack knowledge of workers' compensation or experience difficulties filing a claim, as is the case for many who experience language barriers.

While health care represented an important pathway to reporting, workers experienced difficulties accessing providers. This issue may be particularly salient in Quebec given the lower rates of access to a regular doctor in that province compared to Ontario (74.8% versus 92.5%).[25]

Additionally, doctors were incentivized to avoid claims. As found in other studies,[26,27] doctors were often unwilling to become involved in workers' compensation claims which they viewed as contentious, insufficiently renumerated, and burdensome, particularly when there were language barriers. Employers were similarly incentivized to suppress claims due to the practice of adjusting premium rates based on claims costs. Employers hired through temporary employment agencies to avoid liability for work injuries and illnesses,[28] and/or engaged in a wide range of claim suppression strategies, some predicated on exploiting language barriers. Claim suppression may be more significant in temporary jobs,[29] where immigrants and migrants are disproportionately represented.[30,31] It may also be more important in sectors experiencing labor shortages, many of which low wage,[32] as workers are pressured into returning to work. Our results help counteract the prevailing "bad apple" discourse that prevails in public discourse with regards to employers engaging in such strategies by highlighting how the system motivates and enables them.

Attributes of the workers' compensation's system also complicated reporting. Participants described the system as confusing, arduous, arbitrary, adversarial, impersonal, and characterized its outcome as uncertain and benefits as insufficient. Gaps in language accommodations compounded difficulties. This was especially true in Quebec where, in line with the Charter of the French Language and other relevant legislation, the CNESST has a policy to "promote the use and quality of French at the [CNESST]" and "favor French unilingualism in the activities of the latter" (p.3, our translation).[33] Unlike in Ontario, where professional interpretation and translation are available to workers upon request, workers in Quebec who were unable to communicate in French or English were required to provide their own interpreters.[20] Rooted in efforts to protect the French language and culture, which represent a minority in Canada,[34] the Quebec government recently adopted measures under Bill 96 to further entrench French as the exclusive language of government.[35] Under the new rules, immigrants and refugees will be allowed to receive services in a language other than French for six months after arrival, after which all government services will be provided in French, with the exception of situations involving "health, public safety or the principles of natural justice." It is unclear whether and how this new legislation will further restrict language accommodations at the CNESST and in other relevant settings such as hospital emergency departments.

Despite reporting barriers, evidence suggests that among injured or ill workers, those who experience language barriers are more likely than their counterparts to file a workers' compensation claim, perhaps because they have more severe injuries, or because they more often lack alternative sources of income replacement.[8,36,37] Additional challenges with workers' compensation and inferior outcomes relative to their counterparts await workers who experience language barriers,[3,8] as reflected in claim denials,[3,8] delays in first payment[38], longer benefits duration,[39] and difficulties accessing work reintegration services and returning to work.[11,19,26,40-42] Our study indicates that at least some of the difficulties with workers' compensation and return-to-work originate in reporting delays, highlighting the importance of understanding the cumulative nature of barriers as workers navigate the post illness and injury landscape. Our findings, which lend support to previous research showing that under-reporting decreases as injury severity increases,[43] therefore has important implications for the success of rehabilitation and return-to-work. Like other research,[44] our results demonstrate that the inability to access workers' compensation benefits and services and to return to work promptly, safely and

sustainably can have devastating financial, family and health consequences for workers, all of which risk broadening existing socio-economic and health inequities.

Limitations

Our study is limited by the uneven number of worker and stakeholder interviews across the provinces, which may have impacted our understanding of workers' compensation policies and practices in Quebec. Given that we were not able to interview CNESST representatives, the descriptions of Quebec policies and practices were obtained exclusively from the experiences of claimants and stakeholders and may not reflect the full range of practices within the CNESST. As well, the use of snowball sampling for recruiting some of the stakeholders may have hindered representativeness by over-emphasizing certain perspectives. Our findings may also be influenced by our worker recruitment strategy, which relied heavily on worker advocacy organizations and may therefore reflect more complex cases. Additionally, most of the workers in our sample had been in Canada for more than a decade, with some more than 25 years. Several of the challenges described are more prevalent among newcomers, and it is possible that our study failed to fully capture those experiences. Indeed, as little over half of the workers were able to communicate in their province's dominant language, our study may not be generalizable to those who experience more significant language barriers. Finally, while our analysis lacks a gender lens, our results may be more relevant to women given that a greater proportion of immigrant women than men lack official language proficiency upon arrival to Canada – 48% versus 34% – and over time.[45] Future research should explore how gender intersects with other dimensions to shape reporting in contexts of language barriers.

Conclusion

Our study describes the systemic conditions that motivate and enable the under-reporting of work injuries and illnesses among workers who experience language barriers in Canada. Language barriers in this context were systematically ignored or exploited, amplifying reporting barriers. While previous research in the U.S. has advocated for the provision of information and language accommodations,[46] these measures alone are not sufficient to redress inequities. Without tackling the policies and practices that place racialized immigrants at risk and underlie under-reporting, language accommodations may provide injured workers with little more than better knowledge of and easier communication with a fundamentally inequitable system.

References

1. Smith PM, Mustard CA. The unequal distribution of occupational health and safety risks among immigrants to Canada compared to Canadian-born labour market participants: 1993–2005. *Saf. Sci.* 2010;48(10):1296-1303.
2. Smith PM, Mustard C. Comparing the risk of work-related injuries between immigrants to Canada and Canadian-born labour market participants. *Occup. Environ. Med.* 2009;66(6):361-7.
3. Premji S, Duguay P, Messing K, Lippel K. Are immigrants, ethnic and linguistic minorities over-represented in jobs with a high level of compensated risk? Results from a Montreal, Canada study using census and workers' compensation data. *Am. J. Ind. Med.* Sep 2010;53(9):875-85.
4. Premji S, Messing K, Lippel K. Broken English, broken bones? Mechanisms linking language proficiency and occupational health in a Montreal garment factory. *Int. J. Health Serv.* 2008;38(1):1-19.
5. Kazi MR, Ferdous M, Rumana N, Vaska M, Turin TC. Injury among the immigrant population in Canada: exploring the research landscape through a systematic scoping review. *Int. Health*. 2019;11(3):203-214.
6. De Jesus-Rivas M, Conlon HA, Burns C. The impact of language and culture diversity in occupational safety. *Workplace Health Saf.* 2016;64(1):24-27.
7. Do Byon H, Zhu S, Unick GJ, Storr CL, Lipscomb J. Language barrier as a risk factor for injuries from patient violence among direct care workers in home settings: findings from a US national sample. *Violence Vict*. 2017;32(5):858-868.
8. Premji S, Krause N. Disparities by ethnicity, language, and immigrant status in occupational health experiences among Las Vegas hotel room cleaners. *Am. J. Ind. Med.* 2010;53(10):960-975.
9. Tiruneh A, Siman-Tov M, Radomislensky I, ITG, Peleg K. Characteristics and circumstances of injuries vary with ethnicity of different population groups living in the same country. *Ethn Health.* 2017;22(1):49-64.
10. Panikkar B, Woodin MA, Brugge D, Desmarais AM, Hyatt R, Gute DM. Occupational health outcomes among self-identified immigrant workers living and working in Somerville, Massachusetts 2006–2009. *J. Immigr. Minor. Health*. 2013;15(5):882-889.
11. Gadoury C, Lafrance R. *Quand la réadaptation professionnelle mène à l'appauvrissement et à la précarité d'emploi*. Union des travailleurs et travailleuses accidenté-e-s de Montréal, Montreal, 2016.
12. Menzel NN, Gutierrez AP. Latino worker perceptions of construction risks. *Am. J. Ind. Med.* Feb 2010;53(2):179-87.
13. Kosny A, MacEachen E, Lifshen M, et al. Delicate dances: immigrant workers' experiences of injury reporting and claim filing. *Ethn Health*. 2012;17(3):267-90.
14. Gravel S, Vissandjée B, Lippel K, Brodeur J-M, Patry L, Champagne F. Ethics and the compensation of immigrant workers for work-related injuries and illnesses. *J. Immigr. Minor. Health*. 2010;12(5):707-714.
15. Prado JB, Mulay PR, Kasner EJ, Bojes HK, Calvert GM. Acute pesticide-related illness among farmworkers: barriers to reporting to public health authorities. *J. Agromedicine*. 2017;22(4):395-405.

16. Premji S. Discourse on culture in research on immigrant and migrant workers' health. *Am. J. Ind. Med.* 2019;62(6):460-470.
17. Viruell-Fuentes EA, Miranda PY, Abdulrahim S. More than culture: structural racism, intersectionality theory, and immigrant health. *Soc. Sci. Med.* 2012;75(12):2099-2106.
18. Gleeson S. Leveraging health capital at the workplace: An examination of health reporting behavior among Latino immigrant restaurant workers in the United States. *Soc. Sci. Med*. 2012;75(12):2291-2298.
19. Premji S, Begum M, Medley A, MacEachen E, Côté D, Saunders R. Return-to-work in a language barrier context: Comparing Quebec's and Ontario's workers' compensation policies and practices. *Pistes*. 2021;23(1)
20. Premji S, Begum M, Medley A. Language Accommodations in Workers' Compensation: Comparing Ontario and Quebec. *New Solut*. 2022;31(4):452-459.
21. MacEachen E, Kosny A, Ferrier S, Chambers L. The "toxic dose" of system problems: why some injured workers don't return to work as expected. *J. Occup. Rehabil.* 2010;20(3):349-366.
22. Lippel K, Eakin JM, Holness DL, Howse D. The structure and process of workers' compensation systems and the role of doctors: A comparison of Ontario and Québec. *Am. J. Ind. Med.* 2016;59(12):1070-1086.
23. Kreshpaj B, Bodin T, Wegman DH, et al. Under-reporting of non-fatal occupational injuries among precarious and non-precarious workers in Sweden. *Occup. Environ. Med.* 2022;79(1):3-9.
24. Reid A, Lenguerrand E, Santos I, et al. Taking risks and survival jobs: Foreign-born workers and work-related injuries in Australia. *Saf. Sci*.. 2014;70:378-386.
25. Statistics Canada. Access to a Regular Medical Doctor, 2014. https://www150.statcan.gc.ca/n1/pub/82-625-x/2015001/article/14177-eng.htm. Accessed July 14, 2022.
26. Côté D, Gravel, S., Dubé, J., Gratton D., White B. *Relations interculturelles: Comprendre le processus de réadaptation et de retour au travail*. Institut de recherche Robert-Sauvé en santé et en sécurité du travail, Montreal, 2017.
27. Singleton A, IAVGO Community Legal Clinic. *Bad medicine: A report on the WSIB's transformation of its healthcare spending*. IAVGO Community Legal Clinic, Toronto, 2017.
28. MacEachen E, Senthanar S, Lippel K. L'indemnisation des travailleurs précaires en Ontario: résistance des employeurs et droit de parole limité pour les victimes de lésions professionnelles. *Pistes*. 2021;(23-1)
29. Saunders R, Cardoso S, O'Grady J. *Estimates of the nature and extent of claim suppression in British Columbia's workers compensayion system*. Institute for Work and Health, Toronto, 2020.
30. Fuller S, Vosko LF. Temporary employment and social inequality in Canada: Exploring intersections of gender, race and immigration status. *Soc. Indic. Res*. 2008;88(1):31-50.
31. Noack AM, Vosko LF. *Precarious jobs in Ontario: Mapping dimensions of labour market insecurity by workers' social location and context*. Law Commission of Ontario, Toronto, 2011.
32. Statistics Canada. Labour shortage trends in Canada, 2022. https://www.statcan.gc.ca/en/subjects-start/labour_/labour-shortage-trends-canada. Accessed July 14, 2022.

33. Commission de la santé et de la sécurité au travail. *Politique de la Commission de la santé et de la sécurité du travail en matière de langue*. CSST, Montreal, 2013.
34. Houle R. *Scénarios de projection de certaines caractéristiques linguistiques de la population du Québec (2011-2036)*. Office québécois de la langue française, Montreal, 2021.
35. Marchand L. What's in Quebec's new law to protect the French language. *CBC*. May 21, 2022. https://www.cbc.ca/news/canada/montreal/bill-96-explained-1.6460764. Accessed July 14, 2022.
36. Sears JM, Bowman SM, Adams D, Silverstein BA. Who pays for work-related traumatic injuries? payer distribution in Washington State by ethnicity, injury severity, and year (1998–2008). *Am. J. Ind. Med.* 2013;56(7):742-54.
37. Smith PM, Kosny AA, Mustard CA. Differences in access to wage replacement benefits for absences due to work-related injury or illness in Canada. *Am. J. Ind. Med.* Apr 2009;52(4):341-9.
38. Bonauto DK, Smith CK, Adams DA, Fan ZJ, Silverstein BA, Foley MP. Language preference and non traumatic low back disorders in washington state workers' compensation. *Am. J. Ind. Med.* 2010;53(2):204-215.
39. Workplace Safety and Insurance Board. *Strategic plan 2012-2016: strategic direction*. WSIB, Toronto, 2012.
40. Mojtehedzadeh S. Injured workers face benefit cuts as compensation board assigns them 'phantom jobs' with 'ghost wages': Report. *The Toronto Star*. May 22, 2019. https://www.thestar.com/news/canada/2019/05/22/injured-workers-face-benefit-cuts-as-compensation-board-assigns-them-phantom-jobs-with-ghost-wages-report.html. Accessed July 14, 2022.
41. Premji S. Barriers to Return-to-Work for Linguistic Minorities in Ontario: An Analysis of Narratives from Appeal Decisions. *J. Occup. Rehabil*. 2015;25(2):357-367.
42. Sears JM, Bowman SM, Hogg-Johnson S. Disparities in occupational injury hospitalization rates in five states (2003–2009). *Am. J. Ind. Med.* 2015;58(5):528-40.
43. Orellana C, Kreshpaj B, Burstrom B, et al. Organisational factors and under-reporting of occupational injuries in Sweden: A population-based study using capture–recapture methodology. *Occup. Environ. Med.* 2021;78(10):745-752.
44. Senthanar S, MacEachen E, Lippel K. Return to work and ripple effects on family of precariously employed injured workers. *J. Occup. Rehabil.* 2020;30(1):72-83.
45. Statistics Canada. Official language proficiency and self-reported health among immigrants to Canada. Statistics Canada. http://www.statcan.gc.ca/pub/82-003-x/2011004/article/11559-eng.htm. Accessed July 14, 2022.
46. Gany F, Dobslaw R, Ramirez J, Tonda J, Lobach I, Leng J. Mexican urban occupational health in the US: A population at risk. *J. Community Health*. 2011;36(2):175-179.