



## Perspectives interdisciplinaires sur le travail et la santé

23-1 | 2021

Le retour au travail après une lésion professionnelle pour les travailleuses et travailleurs en situation de précarité

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#### Electronic version

URL: <http://journals.openedition.org/pistes/7144>

DOI: 10.4000/pistes.7144

ISSN: 1481-9384

#### Publisher

Les Amis de PISTES

#### Electronic reference

Stephanie Premji, Momtaz Begum, Alex Medley, Ellen MacEachen, Daniel Côté and Ron Saunders, "Return-to-Work in a Language Barrier Context : Comparing Quebec's and Ontario's Workers' Compensation Policies and Practices", *Perspectives interdisciplinaires sur le travail et la santé* [Online], 23-1 | 2021, Online since 08 April 2021, connection on 27 April 2021. URL: <http://journals.openedition.org/pistes/7144> ; DOI: <https://doi.org/10.4000/pistes.7144>

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# Return-to-Work in a Language Barrier Context : Comparing Quebec's and Ontario's Workers' Compensation Policies and Practices

*Le retour au travail dans un contexte de barrières linguistiques : Une étude comparative des politiques et des pratiques d'indemnisation des victimes de lésion professionnelle au Québec et en Ontario*

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## 1. Introduction

- 1 Workers' compensation can play a critical role in lessening the social and economic hardship caused by work-related injuries or illnesses and fostering sustainable return-to-work. Injured workers sometimes have difficulties accessing compensation, and those who experience language barriers have added difficulties compared to other workers (Gravel et al. 2007 ; Premji et al., 2010 ; Kosny et al., 2012). Yet, with rare exception (Premji, 2015), little information exists on the role of workers' compensation policies and practices in facilitating or hindering access to benefits and services for workers who experience language barriers. A comparative analysis of Quebec and Ontario workers' compensation systems offers a unique opportunity to examine similarities and differences in how language is taken into account in the return-to-work process, and how this in turn shapes experiences and outcomes for injured workers. Here language barriers are defined as a continuum of difficulties with regards to communicating or understanding verbal or written information.

## 1.1 Background

- 2 According to the 2016 Census of Canada, the proportion of individuals who lack knowledge of English and French is 2.5 % in Ontario and 0.9 % in Quebec (Statistics Canada, 2016). This proportion is higher in some areas, with data showing that in Toronto one in 20 residents is unable to converse in either official language (Social Planning Toronto, 2018). The data undoubtedly underestimates the extent of the issue since it excludes individuals who have some knowledge of the official languages but nevertheless experience language barriers. Immigrants will represent between 25-30 % of Canada's population in the next two decades, and as a result the nation's linguistic diversity is expected to rise significantly (Statistics Canada, 2017).
- 3 Language barriers influence employment in hazardous jobs (Smith et al., 2009 ; Premji et al., 2010) and increase exposure to harmful conditions within jobs (Premji et al., 2008 ; Do Byon et al., 2017). Individuals who lack proficiency in the majority language are more likely than their fluent counterparts to work in physically demanding, manual jobs (Smith et al., 2009 ; Premji et al., 2010) as well as in jobs that lack labour protections, such as those provided by unions (Smith and Mustard 2010). Within occupations, language barriers may also increase the risk of injury or illness as workers may experience difficulties understanding or communicating information relevant to health and safety (Premji et al., 2008 ; Salminen, 2011 ; O'Connor et al., 2014 ; De Jesus-Rivas et al., 2016 ; Kazi et al., 2018). As a result of these disproportionate exposures, workers who experience language barriers have been found to have elevated rates of occupational injuries, illnesses and deaths compared to other workers (Premji and Krause, 2010 ; Panikkar et al., 2013 ; Tiruneh et al., 2017).
- 4 Evidence shows that once injured, workers who experience language barriers often lack knowledge about their rights, encounter obstacles to reporting, and face difficulties with their employers and with care and compensation systems (Gravel et al., 2007 ; de la Hoz et al., 2008 ; Scherzer and Wolfe, 2008 ; Gravel et al., 2010 ; Menzel and Gutierrez, 2010 ; WSIB, 2012 ; Gadoury and Lafrance, 2016). Research has shown that they may not report due to lack of information about rights and resources and fear of repercussions (de la Hoz et al., 2008 ; Scherzer and Wolfe, 2008 ; Menzel and Gutierrez, 2010). In Toronto, a qualitative study on immigrants and service providers found that among 28 immigrant workers, those with imperfect English were often discouraged from filing a claim by their employer or misinformed about their rights (Kosny et al., 2012). That study, as well as other research conducted in Montreal (Gravel et al. 2007 ; Gravel et al. 2010 ; Côté et al. 2017), found that language barriers further resulted in difficulties with the compensation process including filling out forms, following procedures, respecting deadlines, understanding communications, and self-advocating.
- 5 Despite this, evidence from Canada and the United States 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 (Smith et al., 2009 ; Premji and Krause, 2010 ; Sears et al., 2013). However, workers who experience language barriers have been found to have inferior claim outcomes relative to their fluent counterparts (Premji et al., 2010 ; Premji and Krause, 2010), as reflected in delays in first payment (Bonauto et al., 2010) and claim denials (Premji et al., 2010 ; Premji and Krause, 2010).

- 6 Language barriers may also pose particular challenges for return-to-work, an important stage in injury and claim trajectories that has significant resource implications for the workers' compensation system as well as social, economic and health implications for injured workers (Boden et al., 2001 ; Lax and Klein, 2008). In Ontario, analyses of claims data by Workplace Safety and Insurance Board (WSIB) statisticians found that, after controlling for covariates that included the nature of disability, French speaking claimants had a 7 % higher risk of longer benefits duration relative to English speaking claimants, while claimants speaking other languages had a 21 % higher risk (WSIB, 2012). Evidence of difficulties returning to work were further revealed by an internal audit that found that just 27 % of injured workers who experience language barriers and who completed a WSIB work transition program found a job, with some job categories for these workers having a 0 % employment rate (Mojtehdzadeh, 2019). Data from Quebec has similarly shown difficulties finding employment (Côté et al., 2017) and elevated rates of unemployment for these workers upon returning to the labour market after a work injury or illness (Gravel et al., 2007 ; Gravel et al., 2010 ; Gadoury and Lafrance, 2016).
- 7 Language barriers may contribute to poor return-to-work experiences and outcomes due to misunderstandings with employers and adjudicators over return-to-work arrangements (Kosny et al., 2012 ; Premji, 2015), and with care providers over diagnosis, treatment and rehabilitation (Dressler and Pils, 2009 ; Côté, 2013 ; Côté et al., 2017). They may also present an obstacle to finding and keeping employment, just as do functional limitations (Côté, 2017). In parallel, return-to-work policies and practices may contribute to poor outcomes by failing to adequately consider language barriers. For example, Premji (2015) analysed appeal decisions in Ontario and found that workers who experience language barriers faced multiple, systemic barriers such as being assessed with English-language tools, being assigned work that required more English skills than they had, receiving insufficient English language training, etc. Similarly, MacEachen and colleagues (2010) found that the duration of English language training provided by the WSIB was frequently lacking, whereas in Quebec, a survey conducted among 215 injured workers who benefited from work reintegration services (57 of whom were immigrants) found that French or English language training was never provided (Gadoury and Lafrance, 2016). A Washington study found that workers whose preferred language was not English were least likely to use retraining funds for an innovative self-directed vocational retraining program that was offered to all eligible workers (Sears et al., 2015), suggesting that language barriers may impact workers' ability to independently identify and complete skills training.
- 8 There are important differences in the language accommodation policies and practices of workers' compensation systems across jurisdictions. In Quebec, the Commission des Normes, de l'Équité, de la Santé et de la Sécurité du travail (CNESST), in line with the Charte de la Langue Française, provides that documents addressed to workers may be translated, or that workers may be served, in a language other than French on an as-needed basis (communication with employers, however, must be in French) (CNESST, 2018). In Ontario, the WSIB, in line with the French Language Services Act, guarantees access to governmental services in French, though no such legislative requirement exists for non-official languages. Despite differences in legislative frameworks, both the CNESST and WSIB report offering interpretation and translation services, official language training, and having developed specialized strategies, staff, or tools to address

language barriers (Premji et al., 2019). However, there exists little information on how these, and other policies and practices relating to workers' compensation in general and return-to-work in particular, are enacted and experienced in contexts of language barriers. Based on qualitative interviews in Quebec and Ontario, the present study sought to produce detailed knowledge to address this gap.

## 2. Methods

- 9 Our study is framed within MacEachen and colleagues' (2010) grounded analysis of common mechanisms for return-to-work problems. 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. Our data collection and analysis methods therefore sought to bring to the forefront the perspectives of diverse players, including workers, who operate within these various systems. Within this framework we investigated the ways in which return to work 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.
- 10 Over 2016-2017, we conducted a comparative case study of Ontario and Quebec compensation systems through qualitative interviews with injured workers and key informants. Key informants were individuals with specialized knowledge about the workers' compensation claim process and specifically about the challenges facing individuals who experience language barriers. Most of the interviews were conducted in the Greater Toronto Area and Montreal Metropolitan Area. We recruited workers who self-identified as having difficulties with English in Ontario or French in Quebec (verbally or in writing) and who experienced an injury or illness because of their work. To ensure that our analysis of policies and practices was as current and comprehensive as possible, we did not include participants whose claims were closed more than three years prior to the interview. Workers were recruited through social media, online ads, clinics, unions, and community organizations such as legal clinics. In Toronto we also posted flyers and leafleted in subway stations. We translated our recruitment material into a few languages suggested by community organizations that assisted with recruitment or spoken by individuals in our networks. However, we interviewed workers from any language group, if they experienced language barriers.
- 11 We interviewed 14 injured workers in Ontario and 13 in Quebec. Interviews were conducted in-person in private study rooms in public libraries or at the offices of community organizations, and in a few cases over the phone when travel would have precluded conducting the interview. We offered all workers the assistance of a professional interpreter, however most (19/27) declined. While these workers were able to communicate, to various degrees, their stories to researchers, they struggled with regards to the infinitely more complex and consequential workers' compensation system. All were provided with an English or French consent form that was also verbally explained by the interviewer prior to the interview. When an interpreter was present, he or she orally translated the consent form for participants using a script that checked for understanding. In the interview, workers were asked about their pre- and post-injury trajectories, interactions with stakeholders (e.g. employers, healthcare practitioners, compensation staff, etc.), and recommendations to address barriers.

- 12 We recruited key informants through our networks, snowball sampling and cold calling/emailing. We interviewed 24 key informants in Ontario and 8 in Quebec, either in-person or over the phone. All signed a consent form that was sent to them electronically prior to the interview. Key informants were asked about how they perceived, evaluated, and/or addressed language barriers within their contexts. They were also asked about systemic trends, and about strategies that could help alleviate difficulties at the individual, organizational and legislative levels.
- 13 Interviews were semi-structured and lasted approximately one and a half to two hours. They were recorded and transcribed, and data was managed with *NVivo* software. Interview segments were coded and the codes were grouped into themes through an analysis process that spanned and informed data collection. Thematic analysis emphasized various dimensions or stages in injury and claim trajectories, including pre and post immigration work experiences, the work and injury/illness context, reporting and claim filing, access to and experiences with health care, workers' compensation and return-to-work, and impacts on workers and families. For each of these themes and associated sub-themes we highlighted factors that facilitated or hindered access to workers' compensation and sustainable return to work. 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. Ethics approval for this study was obtained from the McMaster University Research Ethics Board (certificate # 2016 154). All names are pseudonyms and details have been changed as appropriate to protect the anonymity of participants.

### 3. Participant Characteristics

- 14 Characteristics of the injured workers interviewed are presented in Table 1. Women represented 13/27 of participants. A large majority of participants was over the age of 40 (20/27) and had been living in Canada for over ten years at the time of the interview (19/27). A vast majority had attained a level of education at the college level or higher (20/27), three of whom had pursued training or obtained degrees in Canada. In Ontario and Quebec, the plurality of participants was from Asia (8/14) and Latin America (6/13), respectively, and Mandarin and Spanish were the first languages for most participants in each of those provinces. The workers experienced varying levels of spoken and/or written official language proficiency.
- 15 At the time of injury, most injured worker participants were employed in factories (10/27), the low-wage service sector (6/27), construction (4/27) or in other manual jobs such as in warehouses and recycling plants (5/27). A few participants reported working for temporary agencies or in seasonal work or having irregular hours (5/27). All participants had experienced a workplace injury or illness, with the injury or illnesses occurring between 1 month and 12 years prior to the interview (median of 5 years). Of the 27 injured worker participants, 22 had filed a workers' compensation claim. Of those who filed a claim, 14 had their claim accepted and received some benefits or services as a result (e.g. wage replacement, medical assistance, etc.). Other participants had their claim denied (8/22), three of whom had appealed and were waiting for a decision at the time of interview.

- 16 Characteristics of the thirty-two key informants are presented in Table 2. They included health care providers (family physicians, psychiatrists, occupational health care providers, etc.), union representatives, and worker advisers (e.g. community legal workers). In Ontario, we additionally conducted interviews with WSIB staff and with representatives from 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 exists no equivalent of the OEA and OWA, independent agencies of the Ontario Ministry of Labour which offer advice, education, and representation in matters of workers' compensation.

Table 1. Characteristics of Injured Worker Participants

Variables		Ontario N=14	Quebec N=13
First language	Mandarin	7	-
	Arabic	2	1
	Caribbean patois	1	-
	Korean	1	-
	Portuguese	1	1
	Spanish	1	5
	Turkish	1	2
	English	-	1
	Russian	-	1
	Cambodian	-	1
	Persian	-	1
Sex	Male	8	6
	Female	6	7
Age (in years)	40 or less	2	5
	41-50	4	2
	51-60	6	4
	60 +	2	2
Region of home country	Asia	8	1
	Middle East and North America	2	4

	Caribbean	2	-
	Europe	2	1
	Latin America	-	6
	Canada	-	1
Number or years spent in Canada	5 years or less	1	1
	6-10	1	5
	11-15	5	2
	16-20	3	1
	21-25	3	-
	More than 25	1	4
Education / training	High school or less	3	4
	College professional training	3	4
	Bachelor	5	4
	Masters	2	1
	Unknown	1	-
Occupation	Service sector	2	4
	Factory	4	6
	Construction	3	1
	Other manual (maintenance, warehouse)	3	2
	Technical	2	-

Table 2 Characteristics of Key Informants

Affiliation	Ontario N =24	Quebec N =8
Worker advisers	9	5
Health care providers	4	1
Employer advisers	1	
Workers' compensation staff	8	



Union representatives	2	2
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## 4. Results

- 17 Our analyses revealed systemic barriers to workers' compensation access and sustainable return- to-work in both provinces for workers who experience language barriers. These barriers originated early in employment trajectories which were characterized by limited opportunities and which culminated in injuries and illnesses. Below we describe the various hurdles confronted by workers in the claim and return-to work process as pertains to reporting, navigating compensation and care, returning-to-work with the pre-injury employer, and returning-to-work with a new employer – including assessments, suitable job determination, training, and job search. We found that gaps in language accommodations were compounded by policies and practices that inadequately considered language barriers as well as the socio-economic reality of workers who experience them.

### 4.1 Employment Path and Injury

- 18 In Quebec and Ontario, workers who experience language barriers had limited labour market opportunities. Prior to their injury or illness they typically experienced unsafe working conditions such as repetitive or strenuous tasks, heavy workloads, lack of training, low wages, employment precarity, and professional deskilling, conditions which placed them at a high risk of work-related injuries and illnesses.

“I’m just thinking of a fast food place that hires a lot of immigrant labour... They have those training certificates and manuals on top but they are all in English and there is no time to go in and check on all of that and see if you are actually practicing any of them... the work pace is so fast that sometimes even if you have that training, there is a clash between working that fast and the demands you have that are put on you.” Rita, Community legal worker, Ont.

- 19 Many reported getting hurt because of being asked to do things they were not used to or trained to do. As a result of these conditions, workers suffered injuries or developed health problems which sometimes impaired them permanently.

### 4.2 Delayed Reporting

- 20 Workers often delayed reporting their injuries and illnesses due to a lack of information about workers' compensation, a lack of access to family doctors, claim suppression strategies by employers, and the complexity of the claim filing process – all of which were amplified in contexts of language barriers.

« Moi je ne connais même pas pourquoi je veux aller à la CSST [ancienne CNESST]. C’est quoi, parce que moi je suis blessée dans le travail ? J’ai dit : « Pourquoi aller à la CSST ? », il [médecin] m’a dit : « Madame, c’est comme ça le système, il faut aller à la CSST. » Amina, injured factory worker, Qc (speaking through an interpreter)  
 “I don’t even know why I want to go to the CSST [former CNESST]. What is it, because I got hurt at work ? I said “Why go to the CSST ?”, he [doctor] said to me : “Ma’am, the system is like that, you have to go to the CSST”. Amina, injured factory worker, Qc (speaking through an interpreter)

- 21 Workers tended to report their injuries when they were severe enough that they impacted their ability to work. Some reported taking a leave to recover but returning to work prematurely at the insistence of their supervisor or employer. Delayed reporting therefore resulted in concomitant delays accessing health and rehabilitation services and in health problems becoming aggravated, which jeopardized recovery and return-to-work.

### 4.3 Navigating Compensation and Care

- 22 Once in the compensation system, our research found that workers' language needs were not systematically assessed and addressed by the WSIB and CNESST and that this had implications for return-to-work. In Ontario, workers, employers, and doctors have the option to flag language needs on claim forms, though this information was not always reported and not recorded by the automated claim registration system. Alternatively, in Quebec, no option is available to flag language needs on claim forms. As a result, in both provinces, language needs were typically identified informally through conversation, at varying points in the compensation process, or missed or minimized by compensation staff.
- 23 Staff at the WSIB and CNESST had access to professional interpretation and translation services ; however, differences were reported in their utilization. WSIB staff reported commonly using language services to communicate with workers, though workers and key informants asserted that language services were not always offered when needed :
- “Whenever they send the letters as a non-English speaker they should provide the letters in the language we are able to understand. Say, for example, all the letters were provided in English where I'm a non-English speaker I did not spend time reading the letters thoroughly. I just put them aside... so we are expecting that they would help us with the language barrier, this is #1.” Yuyen, injured factory worker, Ont. (speaking through an interpreter)
- 24 In Quebec, workers and key informants reported that CNESST staff used language services infrequently and that injured workers often paid for their own interpreters. In both provinces, workers who did not receive the assistance of a professional interpreter either communicated in French or English to the best of their ability or relied on informal interpreters such as friends of family members.
- 25 Since language barriers were not identified and addressed systematically, many workers in Ontario and Quebec navigated the claim process without being able to fully communicate and understand information in phone calls, meetings, appointments, letters, and other documents. Communication gaps also existed with other stakeholders, such as family doctors, who did not always speak the worker's language and had no access to professional language services. These gaps in language accommodations resulted in delays, misunderstandings and complexities in the claim process that postponed or prevented diagnosis, treatment, rehabilitation, recovery, and return-to-work. For example, workers reported not fully participating in and understanding decisions, even when interpreters were present, and therefore not following their return-to-work plan. These communication difficulties took place within a system that was rife with obstacles which were amplified by language barriers, namely the culture of contestation ; the issuing of conflicting directives ; the complexity of processes and terminology ; the short and strict time limits ; the absence

of face-to-face communication ; the antagonistic tone of communications ; and the lack of coordination among stakeholders involved in the claim (Premji et al. 2019).

“Because my English is not good they can fail [deny] it. They are very experienced on that. When you make claim you have to like do according their rules and the policies but our new immigrants we never experience those things.” Harry, injured technician, Ont. (speaking through an interpreter)

- 26 In addition, as we discuss below, return-to-work policies and practices that inadequately took language into account also contributed to poor experiences and outcomes for workers in both provinces.

#### 4.4 Returning-to-Work in the Pre-Injury Job

- 27 Our interviews revealed that return-to-work in the pre-injury job, which was prioritized by compensation staff in both provinces, was particularly emphasized in the case of workers who experience language barriers because of their limited opportunities in the labour market. However, often, there were limited options for return-to-work in the pre-injury jobs since modified or accommodated work involved manual labour or required official language skills.

- 28 Workers reported feeling excluded from decisions concerning accommodations or modified duties because of language barriers but, more generally, because of the lack of opportunities to contribute to the decision-making process. Some for example explained that their previous education and experience as well as career objectives were not given consideration. They also reported not fully understanding decisions even when, in Ontario, interpreters were present. This suggests that insufficient attention was placed on ensuring that workers properly communicated and understood information relating to return-to-work decisions. WSIB staff, for example, reported accepting nodding, saying ‘yes’, and signing documents as evidence of workers’ understanding and agreement.

- 29 Interviews revealed that workers were often required to do jobs that were unsuitable (e.g. menial, not considerate of functional limitations, requiring assistance that is not provided, etc.) and which in many cases exacerbated the injury or caused re-injury. However, in both provinces, workers reported difficulties negotiating their working conditions directly with their supervisor or employer due to the unequal power dynamics, to which language barriers contributed.

“Ok so, I talked to the supervisor, I only speak a few simple words, but what the supervisor said I don’t understand, it was a lot. When I asked my kids to ask the supervisor about my light duty and send the doctor’s note to the supervisor, but now the supervisor didn’t agree... He said he didn’t receive anything... The third day it’s back to normal – my hands are all swollen – I asked him “so, did you give me a light duty? If you don’t give me light duty I have to go home.” And then they said “ok you can go home.” Jing, injured factory worker, Ont. (speaking through an interpreter)

- 30 Many workers in both provinces spoke of toxic or otherwise difficult relationships with employers who sometimes tried to push them to quit. Workers struggled to relate challenges to compensation staff, and when they did, they reported that their complaints were ignored. Both the WSIB and CNESST lacked rigorous methods for monitoring return-to-work and ensuring that prescriptions for modified and accommodated work were followed by employers.

## 4.5 Returning-to-Work with a New Employer

### 4.5.1. Assessments and Job Determination

- 31 When return-to-work in the pre-injury job was not possible, an assessment was conducted to evaluate the worker's vocational, functional and linguistic abilities prior to making a determination of suitable employment. In Quebec, our interviews indicate that the rehabilitation counsellor typically conducted the assessment informally whereas in Ontario, formal assessments were usually conducted at a language assessment and/or regional evaluation center. In the formal assessment of worker's functional or vocational abilities, English-language standardized tools were sometimes used which, according to some WSIB staff, resulted in evaluations that did not properly capture workers' skills and abilities.
- 32 In the process of determining employability or suitable employment, workers in both provinces reported feeling alienated from the decision-making process and not fully understanding decisions :
- « En 2015, la CSST m'a donné un travail convenable. Alors elle m'a parlé de tout ça et elle m'a dit : « Est-ce que tu m'as compris ? » « Oui ». Puis à la fin quand on s'est parlé, elle était contente, heureuse et moi je ne savais pas pourquoi. Parce qu'elle a dit : « Normalement ici les gens qui viennent, ils font un grand problème. Des fois il faut appeler la sécurité, tout ça »...Après ça elle est allée dans le corridor pour s'en aller dans son bureau comme ça elle parlait à tout le monde : « Ah ! Ça c'était facile, le monsieur n'a pas de problème ! ». Mais pourquoi, je me suis dit... je ne comprenais pas qu'est-ce que j'avais fait. Vous comprenez ?.. Je ne savais pas pourquoi la femme était heureuse comme ça. Je me suis dit : « Alors peut-être que je n'ai rien compris. » Roberto, injured maintenance worker, Qc
- “In 2015, the CSST gave me a suitable job. So she talked to me about all of that and she said to me : “Did you understand ?” “Yes”. And at the end when we spoke, she was happy, thrilled and I did not know why. Because she said “Usually here the people who come here, they make a big problem. Sometimes we have to call security, all that”...After that she went in the hallway to go to her office and she was talking to everyone “Ah ! It was easy, he doesn't have a problem !”. But why, I said to myself...I didn't understand what I had done. You understand ? I didn't know why the woman was happy like that. I said to myself “So maybe I didn't understand anything”. Roberto, injured maintenance worker, Qc
- 33 In Quebec, language skills were said to be rarely considered in the determination of a suitable job.
- « Comme là, préposé au service à la clientèle pour un de mes clients, puis il n'est même pas capable d'écrire une phrase en français. Fait qu'il y a un problème. Ou une travailleuse qu'on voulait lui donner, je pense, une autre affaire en préposée au service à la clientèle, mais elle a de la misère à s'exprimer en français à l'oral. Alors là, un autre... mais ça on avait réussi à faire casser l'emploi convenable au tribunal pour cette raison-là notamment. » Kim, lawyer, Qc
- “Like, customer service representative for one of my clients, and he is not even capable of writing one sentence in French. So there's a problem. Or a worker to whom they wanted to give, I think, another customer service job, but she struggles to express herself verbally in French. And then another...but for that we had been able to invalidate the suitable job at the tribunal for this reason particularly.” Kim, lawyer, Qc
- 34 In Ontario, while language was considered, it was at times inadequately so, either because staff overestimated the language skills of the worker and/or underestimated

the language requirements of the job. In both provinces, the worker's prior education and training were also reported to be seldom considered in the suitable job decision.

#### 4.5.2. Training

- 35 Workers were sometimes offered skills and/or language training noting however that, according to key informants, low income workers in both provinces were unlikely to be offered training since it was deemed unnecessary to restore pre-injury wages. This was noted to impact workers who experience language barriers disproportionately by systematically limiting their access to training and maintaining them in disadvantaged employment situations :

« Et tout ça pour dire que ça, pour nous, il y a un effet systémique qui fait en sorte que les travailleurs immigrants qui ont des salaires beaucoup moins élevés que les autres, vont avoir droit à moins de mesures de réadaptation que les autres, et donc vont avoir beaucoup plus de problèmes que les autres à se trouver un emploi après parce qu'ils n'ont pas de formation. » Jacques, community worker, Qc

“And all that to say that, for us, there is a systemic effect that results in immigrant workers, who have salaries that are a lot lower than others, having fewer access to rehabilitation services than others, and so they will have a lot more problems than others finding a job after because they have no training.” Jacques, community worker, Qc

- 36 In addition, while language training was sometimes offered in Ontario, it was rarely offered in Quebec according to key informants. In cases where skills or language training were offered, key informants asserted, in both provinces, that it was typically for short periods and lacking in quality.

“OK we'll give you some training in ESL [English as second language] and then you can be a customer service representative.’ Six months of that and then that's it ; they can't even call a taxi with the English they have learned. That's a reality, that's what the system allows now.” Raoul, community legal worker, Ont.

- 37 Moreover, training could be difficult for some workers, especially those who were older, came from a manual labour background, had lower levels of education, had a disabling condition and/or were on medication.

#### 4.5.3. Job Search

- 38 Once workers were deemed to be ready to find employment, they were in some cases referred to a third-party employment service provider who provided job search support during a period of up to 12 months in Quebec and up to 12 weeks in Ontario, after which benefits were usually terminated regardless of whether a job was obtained. Interviews revealed that job search supports in both provinces consisted primarily of passive strategies such as helping prepare and submit resumes and referring workers to job search websites. In Ontario, interpreters were sometimes made available by the WSIB to assist with communication with employment service providers ; however, participants in both provinces explained that these job search supports did not allow them to develop the skills needed to job search independently, with some workers reporting requiring the help of their children to change and submit their resume. While other job search supports or strategies were sometimes used by staff, such as enrolling workers in job placements or encouraging them to find work in their language communities, these supports/strategies were largely unsuccessful in returning workers to appropriate and sustainable employment. For example, work in

one's language community could still necessitate language skills the workers lacked (e.g. server in a restaurant in Chinatown).

- 39 Accordingly, workers faced a combination of barriers in finding employment in a new job, including language barriers, functional limitations, and lack of experience :

« Dans mon CV, c'est marqué : « Langue parlée : ni français, ni anglais. ». L'unique langue parlée c'est turc et je n'ai pas d'autres expériences de travail que j'ai eu dernièrement, alors j'avais de faibles chances d'être embauchée. » Aleyna, injured factory worker, Qc (speaking through an interpreter)

"In my resume, it's written "Language spoken : neither French nor English". The only language spoken is Turkish, and I don't have other work experiences that I had recently, so I had little chances of getting hired." Aleyna, injured factory worker, Qc (speaking through an interpreter)

## 4.6. Impacts on Workers

- 40 Despite some differences in WSIB and CNEST policies and practices, injured workers who experience language barriers faced the same outcomes in Ontario and Quebec. Workers experienced devastating consequences because of their inability to properly recover and return to timely, safe, and sustainable work. They had to contend with a substantial reduction in income following their work-related injury or illness due to not being able to return-to-work or returning to lower paying work without proper compensation. As a result, they typically sought income from other benefit systems (employment insurance, disability insurance, social assistance), as well as from relatives in many cases. In addition, workers experienced emotional and physical stress due to their work injury and claim. Many struggled with avoidable permanent impairments of varying severity which negatively impacted their employment prospects and with mental health problems, increased family tensions and withdrawal from work and social life.

## 5. Discussion

- 41 Our results support those of previous research that have found added difficulties returning to work for injured workers who experience language barriers (Gravel et al., 2010 ; WSIB, 2012 ; Mojtehdzadeh, 2019) due to interpersonal communication barriers (Dressler and Pils, 2009 ; Kosny et al., 2012 ; Côté, 2013) and systemic barriers such as gaps in the area of retraining (MacEachen, 2010 ; Premji, 2015 ; Sears et al., 2015 ; Gadoury and Lafrance, 2016). To our knowledge, ours is the first study to untangle, empirically and exhaustively, how workers' compensation policies and practices shape return-to-work for workers who experience language barriers. It highlights in part how language barriers experienced at the interpersonal level are rooted in systemic failures to accommodate workers' language needs.
- 42 Our comparative perspective brought to the forefront similarities and differences between Ontario and Quebec that impacted experiences at the individual level. In both jurisdictions, recovery and return-to-work were jeopardized at the onset of injury or illness by workers delaying reporting their health problems until they became severe enough to interfere with their ability to work. Challenges to reporting included lack of information, lack of access to family doctors, claim suppression by employers, and the complexity of the claim filing process, in support of previous research that has

identified similar challenges (Gravel et al., 2007 ; de la Hoz et al., 2008 ; Scherzer and Wolfe, 2008 ; Gravel et al., 2010 ; Menzel and Gutierrez, 2010 ; Kosny et al., 2012). Health problems therefore became aggravated as exposures persisted. As well, the likelihood of the claim being accepted decreased and access to health and rehabilitation services became delayed. Our results make clear that return-to-work outcomes can be improved by addressing reporting barriers in this population. Community-based outreach and support by workers' compensation systems in multiple languages could help mitigate some of the difficulties experienced.

- 43 For those who reported their injuries, gaps in language accommodations resulted in communication barriers which led to delays, misunderstandings, and complexities which in turn hindered diagnosis, treatment, rehabilitation, recovery, and return-to-work. The gaps were more pronounced in Quebec, where it was reported that workers commonly had to pay for interpreters. This practice is concerning, given that workers who experience language barriers are economically vulnerable and shoulder an added financial burden due to their illness or injury. Also concerning is the reliance on informal interpreters in both provinces which poses concerns related to privacy, confidentiality, consent, and accuracy. Improving the linguistic competence of actors within compensation systems is therefore a necessary step in making sure that workers have fair access to benefits and services that can facilitate their recovery and return-to-work. Given that recovery and return-to-work are time-sensitive, identifying language needs systematically and early on, and providing information and services in the worker's preferred language in a timely and consistent manner are crucial. However, care must be taken to recognize the limitations of interpretation and translation, which may not guarantee proper communication (Kosny et al. 2014). Efforts must also be made to ensure that appropriate space for workers' voice, not just words, is provided, so that workers are fully involved in decisions.
- 44 Importantly, efforts to improve the linguistic competence of actors within workers' compensation systems through interpretation and translation are not sufficient to ensure equity if the indiscriminate implementation of policies and practices also creates or amplifies inequalities. Our study found that return-to-work policies and practices inadequately considered language needs. In both provinces, language barriers were inadequately considered in the determination of employability, modified, accommodated or suitable work, or training needs, though language can influence both the possibility and type of employment (Premji, 2015 ; Côté et al., 2017). As found in other studies (MacEachen et al., 2013), training was rarely offered to workers who experienced language barriers as they tended to be in low-income jobs which are not typically considered for training allotments. When offered, training was described as brief and ineffective and as failing to consider workers' prior experience and education, while job search supports were reported to be inadequate. Accordingly, all return-to-work decisions should be viewed through the lens of language, but also of literacy since official language speakers with low literacy skills may experience some of the communication difficulties noted in our study. Given that workers who experience language barriers are likely to be immigrants, it may also be important to consider the role of culture in shaping communication in the return-to-work process (Côté et al., 2017) while being careful to avoid stereotyping and unnecessarily framing behaviours in cultural terms (Premji, 2019).

- 45 Return-to-work decisions should also consider the unique social and economic context that shapes the experiences of workers who experience language barriers, such as precarious employment and over-qualification. Workers may be highly skilled or educated but nevertheless work in manual, low paid and precarious jobs characterized by hazardous conditions and lack of safety training and equipment. In our study, 20/27 workers had a college education or higher but 25/27 worked in low prestige manual or service occupations. Workers may therefore get injured or become ill in jobs they view as temporary, and as a result they may become disillusioned with a return-to-work process that emphasizes return to pre-injury employment, and as permanent impairments prevent any hope of finding and keeping jobs that match their prior experience and education (Côté, 2017 ; Gravel et al., 2017).
- 46 Our results also indicate a need to address broader, systemic workers' compensation issues, namely the culture of contestation ; the conflicting directives ; the complexity of processes and terminology ; the short and strict time limits ; the absence of face-to-face communication ; the antagonistic tone of communications ; and the lack of coordination among stakeholders (Premji et al., 2019). Recent research has found that treating workers with fairness and dignity (Orchard et al., 2019) and improving communication and coordination among compensation and return-to-work stakeholders (Jetha et al., 2019 ; Russell and Kosny, 2019) can have a positive impact on workers' mental health and facilitate their return-to-work. These challenges are not unique to workers who experience language barriers and addressing them will improve outcomes for all workers.
- 47 While workers who experience language barriers at times navigated different paths and benefited from different supports in Ontario and Quebec, ultimately their outcomes were the same as they typically faced long-term health problems, did not return to their pre-injury employment and had difficulties finding and maintaining new work. Workers reported finding themselves under or unemployed, with many having to rely, reluctantly, on family members and/or social assistance. The failure to accommodate workers' language needs and properly support their recovery and return-to-work therefore resulted in the cost of work-related injuries and illnesses being shifted from employers to injured workers and society.
- 48 Compensation policies and practices often change, and it is possible that some of the descriptions presented in this article do not reflect current experiences or conditions. For example, none of the workers in our study had experience with a new team of return-to-work specialists established by the WSIB in 2017 to handle cases involving language barriers. In addition, most of the key informants were from Ontario and, 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 other key informants and may not reflect the full range of practices within the CNESST. Our findings may also be influenced by our recruitment strategy, which relied heavily on worker advocacy organizations, and which may therefore reflect more complex cases. Lastly, most of the workers in our sample had been in Canada for more than a decade, with some for more than 25 years. Several of the challenges described (e.g. employment precarity) are more prevalent or pronounced among newcomers (Hira-Friesen, 2018), and it is possible that our study failed to capture those experiences. At the same time, our results dispel assumptions that



language barriers are associated with newcomer status and are, as such, a transient condition part of a normal process of integration.

49 Despite some limitations, this comparative study offers a starting point for in-depth analyses of the policies and practices of individual compensation systems, which is needed for the development of context-specific guidance and directives. Some general recommendations to improve return-to-work for this population, which can also be found in our report (Premji et al., 2019), include the following :

- Involve return-to-work services earlier when workers experience language barriers, are precariously employed, low income, or experience another significant barrier to return-to-work.
- Systematically conduct formal language assessments prior to establishing return-to-work plans when there are suspected or known language barriers.
- Properly consider language in return-to-work plans, including in the determination of accommodations, modified work, suitable work, employability, rehabilitation, training, and job search. Language skills should be considered as important for return-to-work as job skills.
- Examine avenues for successful language training and offer training to promote employability in a suitable job.
- Provide ample opportunities for workers to properly communicate their needs and concerns and ensure that they truly understand the information communicated to them (e.g. by asking strategic questions instead of questions that elicit “yes/no” answers).
- Establish mechanisms for complaints with regards to modified work or accommodations that minimize the need for workers to negotiate directly with their employer and institute proactive follow-ups by compensation staff.
- Ensure that long-term follow-ups are conducted to make sure that workers have successfully returned to work.
- Recognize the importance of language and other barriers to finding and maintaining employment and increase time to find suitable work.
- Publish employer return-to-work duties in multiple languages and increase fines for non-compliance to injury reporting.
- Train front-line staff on best practices for handling claims involving language barriers and institute working conditions that allow the successful application of the training.

50 Through its Centre of Excellence, the WSIB has been evaluating its work reintegration strategy for English-as-second language workers. As part of this initiative, the WSIB led a study on claim pathways for workers with language needs that was completed in 2019. It also funded us to build on the results of the present study and identify concrete strategies to promote the return to safe and sustainable work for injured workers who experience language barriers. That project resulted in a practical guide for stakeholders on ways to identify and address challenges related to language barriers in the return-to-work process (Premji et al., 2020). Another initiative involved the establishment of a specialised team of return-to-work specialists at one of the main WSIB locations to handle cases involving language barriers. Members of the specialised team reported meeting regularly to discuss issues with cases and brainstorm and strategize. They also developed an internal best practice guide for return-to-work staff with the aim of improving service delivery for clients with language needs. While these and other changes, such as the implementation of instant phone interpretation services, have the potential to improve access to benefits and services for workers who

experience language barriers in Ontario, our interviews indicate that implementation of best practice will require changes at the organizational level, namely in the reduction of the caseload for workers' compensation staff. Currently, the situation is one of "paradoxical management" where the practical requirement of the intervention by compensation staff is not met, resulting in gaps between prescribed and actual work (Côté, 2018 ; Côté and Dubé, 2019). In Quebec, the CNESST has noted the issue of language barriers in its 2020-2023 Strategic Plan (CNESST, 2020) but, while it was involved in the development of a tool to assist with the intercultural competence of compensation stakeholders, to our knowledge no initiatives have specifically targeted the issue of language barriers.

## 6. Conclusion

- 51 Despite some methodological limitations, our study documents gaps in the consideration of language barriers by workers' compensation systems in two provinces, and the resulting negative impacts on workers' experiences and outcomes with regards to return-to-work. With the increasing linguistic diversity of the workforce in Canada and other industrialized countries, public administration systems must put in place measures to ensure that the provision of benefits and services is irrespective of one's language. As well, they will need to consider, in the development and application of policies and practices, the broader social and economic context that shape the return-to-work experiences of workers with language barriers, including issues of over-qualification and precarious employment. In addition to resulting in devastating physical, emotional, financial, and social impacts for injured workers, the failure to accommodate language needs and consider the socio-economic context will amplify social inequalities and result in higher costs for society.

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## BIBLIOGRAPHY

Boden, L.I., Biddle, E.A., Spieler, E.A. (2001). Social and economic impacts of workplace illness and injury : current and future directions for research. *American Journal of Industrial Medicine*, 40, 4, 398-402.

Bonauto, D. K., Smith, C.K., Adams, D.A., Fan, Z.J., Silverstein, B.A., Foley, M.P. (2010). Language preference and non-traumatic low back disorders in Washington State workers' compensation. *American Journal of Industrial Medicine*, 53, 2, 204-215.

Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST). (2020). *Plan stratégique 2020-2023*. Montréal, 40 p. [www.cnesst.gouv.qc.ca/Publications/200/Documents/DC200-1591web.pdf](http://www.cnesst.gouv.qc.ca/Publications/200/Documents/DC200-1591web.pdf)

Commission des normes, de l'équité, de la santé et de la sécurité du travail. (2018). *Politique relative à l'emploi et à la qualité de la langue française à la CNESST*. Montréal, 17 p.

- Côté, D. (2013). Intercultural communication in health care : challenges and solutions in work rehabilitation practices and training : a comprehensive review. *Disability and Rehabilitation*, 35, 2, 153-163.
- Côté, D., Dubé, J. (2019). Fatigue de compassion, fatigue de diversité : l'œuf ou la poule ? *Periferia*, 11, 3, 163-187.
- Côté, D., Dubé, J. (2018). Pratiques de soins en réadaptation et diversité ethnoculturelle : l'adaptation des services peut-elle soutenir la performance et la santé des professionnels ? Dans *Clinique en sciences sociales : sens et pratiques alternatives* eds I. Fortier, S. Hamisultane, I. Ruelland, J. Rhéaume, S. Beghdadi p. 266-278. Presses de l'Université du Québec, Québec.
- Côté, D., Gravel, S., Dubé, J., Gratton, D., White, B.W. (2017). *Relations interculturelles : comprendre le processus de réadaptation et de retour au travail*. IRSST, Montréal, R-967, 156 p. [www.irsst.qc.ca/media/documents/PubIRSST/R-967.pdf?v=2020-06-10](http://www.irsst.qc.ca/media/documents/PubIRSST/R-967.pdf?v=2020-06-10)
- De Jesus-Rivas, M., Conlon, H.A., Burns, C. (2016). The impact of language and culture diversity in occupational safety. *Workplace Health & Safety*, 64, 1, 24-27.
- De la Hoz, R.E., Hill, S., Chasan, R., Bienenfeld, L.A., Afilaka, A.A., Wilk-Rivard, E., Herbert, R. (2008). Health care and social issues of immigrant rescue and recovery workers at the World Trade Center site. *Journal of Occupational and Environmental Medicine*, 50, 12, 1329-1334.
- Do Byon, H., Zhu, S., Unick, G.J., Storr, C.L., Lipscomb, J. (2017). 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 and Victims*, 32, 5, 858-868.
- Dressler, D., Pils, P. (2009). A qualitative study on cross-cultural communication in post-accident in-patient rehabilitation of migrant and ethnic minority patients in Austria. *Disability and Rehabilitation*, 31, 14, 1181-1190.
- Gadoury, C., Lafrance, R. (2016). *Quand la réadaptation professionnelle mène à l'appauvrissement et à la précarité d'emploi*. UTTAM, Montréal, 79 p.
- Gravel, S., Brodeur, J.-M., Vissandjée, B., Champagne, F., Lippel, K. (2007). Incompréhension des travailleurs immigrants victimes de lésions professionnelles de leurs difficultés d'accéder à l'indemnisation. *Migration et Santé*, 131, 2, 1-42.
- Gravel, S., Dubé, J., Côté, D., White, B., Gratton, D. (2017). Le retour au travail d'immigrants ayant subi une lésion professionnelle : les embûches de la rencontre interculturelle et la précarité du lien d'emploi. *Alterstice : revue internationale de la recherche interculturelle*, 7 1, 21-38.
- Gravel, S., Vissandjée, B., Lippel, K., Brodeur, J.-M., Patry, L., Champagne, F. (2010). Ethics and the compensation of immigrant workers for work-related injuries and illnesses. *Journal of Immigrant and Minority Health*, 12, 5, 707-714.
- Hira-Friesen, P. (2018). Immigrants and precarious work in Canada : Trends, 2006-2012. *Journal of International Migration and Integration*, 19, 1, 35-57.
- Jetha, A., Yanar, B., Lay, A.M., Mustard, C.A. (2019). Work disability management communication bottlenecks within large and complex public service organizations : a sociotechnical systems study. *Journal of Occupational Rehabilitation*, 29, 4, 754-763.
- Kazi, M. R., Ferdous, M., Rumana, N., Vaska, M., Turin, T.C. (2018). Injury among the immigrant population in Canada : exploring the research landscape through a systematic scoping review. *International Health*, 11, 3, 203-214.

- Kosny, A., MacEachen, E., Lifshen, M., Smith, P. (2014). Another person in the room : using interpreters during interviews with immigrant workers. *Qualitative Health Research*, 24, 6, 837-845.
- Kosny, A., MacEachen, E., Lifshen, M., Smith, P., Jafri, G.J., Neilson, C., Pugliese, D., Shields, J. (2012). Delicate dances : immigrant workers' experiences of injury reporting and claim filing. *Ethnicity & Health*, 17, 3, 267-290.
- Lax, M. B., Klein, R. (2008). More than meets the eye : social, economic, and emotional impacts of work-related injury and illness. *New Solutions : A Journal of Environmental and Occupational Health Policy*, 18, 3, 343-360.
- MacEachen, E., Kosny, A., Ferrier, S., Chambers, L. (2010). The "toxic dose" of system problems : why some injured workers don't return to work as expected. *Journal of Occupational Rehabilitation*, 20, 3, 349-366.
- MacEachen, E., Kosny, A., Ferrier, S., Lippel, K., Neilson, C., France, R.-L., Pugliese, D. (2013). The ideal of consumer choice in social services : challenges with implementation in an Ontario injured worker vocational retraining programme. *Disability and Rehabilitation*, 35, 25, 2171-2179.
- Menzel, N. N., Gutierrez, A.P. (2010). Latino worker perceptions of construction risks. *American Journal of Industrial Medicine*, 53, 2, 179-187.
- Mojtehedzadeh, S. (2019). Injured workers face benefits cuts as compensation board assigns them 'phantom jobs' with 'ghost wages' : Report. The Toronto Star, May 22. [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](http://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)
- O'Connor, T., Flynn, M., Weinstock, D., Zanoni, J. (2014). Occupational safety and health education and training for underserved populations. *New Solutions : A Journal of Environmental and Occupational Health Policy*, 24, 1, 83-106.
- Orchard, C., Carnide, N., Smith, P. (2019). How does perceived fairness in the workers' compensation claims process affect mental health following a workplace injury ? *Journal of Occupational Rehabilitation*, 30, 1, 40-48.
- Panikkar, B., Woodin, M.A., Brugge, D., Desmarais, A.M., Hyatt, R., Community partners of the Somerville Community Immigrant Worker Project (2013). Occupational health outcomes among self-identified immigrant workers living and working in Somerville, Massachusetts 2006-2009. *Journal of Immigrant and Minority Health*, 15, 5, 882-889.
- Premji, S. (2015). Barriers to return-to-work for linguistic minorities in Ontario : an analysis of narratives from appeal decisions. *Journal of Occupational Rehabilitation*, 25, 2, 357-367.
- Premji, S. (2019). Discourse on culture in research on immigrant and migrant workers' health. *American Journal of Industrial Medicine*, 62, 6, 460-470.
- Premji, S., Begum, M., MacEachen, E., Medley, A. (2020). *A guide to identifying and addressing challenges related to language barriers in return to work*. McMaster University School of Labour Studies, Hamilton, 25 p. <http://hdl.handle.net/11375/25331>
- Premji, S., Begum, M., Medley, A., MacEachen, E., Saunders, R. (2019). *Language barriers and workers' compensation access in Ontario and Quebec*. McMaster University School of Labour Studies, Hamilton, 57 p. <http://hdl.handle.net/11375/25019>
- Premji, S., Duguay, P., Messing, K., Lippel, K. (2010). Are immigrants, ethnic and linguistic minorities over-represented in jobs with a high level of compensated risk ? Results from a Montréal, Canada study using census and workers' compensation data. *American Journal of Industrial Medicine*, 53, 9, 875-885.

- Premji, S., Krause, N. (2010). Disparities by ethnicity, language, and immigrant status in occupational health experiences among Las Vegas hotel room cleaners. *American Journal of Industrial Medicine*, 53, 10, 960-975.
- Premji, S., Messing, K., Lippel, K. (2008). Broken English, broken bones ? Mechanisms linking language proficiency and occupational health in a Montreal garment factory. *International Journal of Health Services*, 38 1, 1-19.
- Russell, E., Kosny, A. (2019). Communication and collaboration among return-to-work stakeholders. *Disability and Rehabilitation*, 41, 22, 2630-2639.
- Salminen, S. (2011). Are immigrants at increased risk of occupational injury ? A literature. *The Ergonomics Open Journal*, 4, 125-130.
- Scherzer, T., Wolfe, N. (2008). Barriers to workers' compensation and medical care for injured Personal Assistance Services workers. *Home Health Care Services Quarterly*, 27, 1, 37-58.
- Sears, J. M., Bowman, S.M., Adams, D., Silverstein, B.A. (2013). Who pays for work-related traumatic injuries ? Payer distribution in Washington State by ethnicity, injury severity, and year (1998-2008). *American Journal of Industrial Medicine*, 56, 7, 742-754.
- Sears, J. M., Wickizer, T.M., Schulman, B.A. (2015). Expanding vocational retraining options for injured workers : An experiment in worker choice. *Work*, 52, 3, 663-676.
- Smith, P. M., Chen, C., Mustard, C. A. (2009). Differential risk of employment in more physically demanding jobs among a recent cohort of immigrants to Canada. *Injury Prevention*, 15, 4, 252-258.
- Smith, P. M., Kosny, A., Mustard, C.A. (2009). Differences in access to wage replacement benefits for absences due to work-related injury or illness in Canada. *American Journal of Industrial Medicine*, 52, 4, 341-349.
- Smith, P. M., Mustard, C.A. (2010). The unequal distribution of occupational health and safety risks among immigrants to Canada compared to Canadian-born labour market participants : 1993-2005. *Safety Science*, 48, 10, 1296-1303.
- Social Planning Toronto (2018). *Talking access and equity : A profile of City of Toronto residents who speak neither official language*. A visual summary. Toronto, 19 p. [www.socialplanningtoronto.org/talking\\_access\\_equity](http://www.socialplanningtoronto.org/talking_access_equity)
- Statistics Canada (2016). *Language highlight tables, 2016 census*. Ottawa. [www12.statcan.gc.ca/census-recensement/2016/dp-pd/hltfst/lang/Table.cfm?Lang=E&T=21&Geo=00](http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/hltfst/lang/Table.cfm?Lang=E&T=21&Geo=00)
- Statistics Canada (2017). *Immigration and diversity : Population projections for Canada and its regions, 2011-2036*. Ottawa, 139 p. [www150.statcan.gc.ca/n1/en/pub/91-551-x/91-551-x2017001-eng.pdf?st=nYP7Ut9Q](http://www150.statcan.gc.ca/n1/en/pub/91-551-x/91-551-x2017001-eng.pdf?st=nYP7Ut9Q)
- Tiruneh, A., Siman-Tov, M., Radomislensky, I., Peleg, I.K. (2017). Characteristics and circumstances of injuries vary with ethnicity of different population groups living in the same country. *Ethnicity & Health*, 22, 1, 49-64.
- Workplace Safety and Insurance Board (WSIB) (2012). *Strategic plan 2012-2016 : strategic direction*. Toronto.

## ABSTRACTS

The question of how workers' compensation systems should account for language barriers is of increasing importance given Canada's growing linguistic diversity. This study is the first to

empirically examine, based on interviews with injured workers and key informants, return-to-work policies and practices through the lens of language barriers. By comparing two jurisdictions, Quebec and Ontario, the study highlights similarities and differences in language accommodation and return-to-work policies and practices that shape the experiences of injured workers with language needs. It argues that gaps in this regard, which are more pronounced in Quebec, contribute to poor return-to-work outcomes for these workers in both provinces.

La façon dont les régimes d'indemnisation des victimes de lésion professionnelle doivent tenir compte des barrières linguistiques est d'une importance capitale à la lumière de la diversification linguistique croissante du Canada. S'appuyant sur des entrevues menées auprès de travailleurs accidentés et d'informateurs clés, cette étude est la première à examiner, de manière empirique, les politiques et les pratiques du retour au travail sous l'angle des barrières linguistiques. En comparant les juridictions du Québec et de l'Ontario, l'étude met en lumière des similitudes et des différences touchant les accommodements linguistiques ainsi que les politiques et les pratiques du retour au travail qui déterminent les expériences des travailleurs accidentés ayant des besoins linguistiques. Elle fait valoir que les lacunes à cet égard, qui sont plus marquées au Québec, contribuent à un faible retour au travail pour ces travailleurs dans les deux provinces.

## INDEX

**Mots-clés:** langue, indemnisation des accidentés du travail, retour au travail, politiques et pratiques travailleurs accidentés

**Keywords:** language, workers' compensation, return-to-work, policies and practices, injured workers

## AUTHORS

### STEPHANIE PREMJI

McMaster University School of Labour Studies, 1280 Main Street West, Kenneth Taylor Hall Room 701, Hamilton, Ontario, L8S 4M4, [spremji@mcmaster.ca](mailto:spremji@mcmaster.ca)

### MOMTAZ BEGUM

Institute for Work and Health, 481 University Avenue, Suite 800, Toronto, Ontario, M5G 2E9, [mbegum@iwh.on.ca](mailto:mbegum@iwh.on.ca)

### ALEX MEDLEY

University of Ottawa, Faculty of Law candidate, Fauteux Hall, 57 Louis Pasteur Street, Ottawa, Ontario, K1N 6N5, [amedl075@uottawa.ca](mailto:amedl075@uottawa.ca)

### ELLEN MACEACHEN

University of Waterloo School of Public Health and Health Systems, 200 University Avenue West, Waterloo, Ontario, N2L 3G1, [Ellen.maceachen@uwaterloo.ca](mailto:Ellen.maceachen@uwaterloo.ca)

### DANIEL CÔTÉ

Institut de recherche Robert-Sauvé en santé et en sécurité du travail, 505, boulevard de, Maisonneuve Ouest, Montréal (Québec) H3A 3C2, [Daniel.cote@irsst.qc.ca](mailto:Daniel.cote@irsst.qc.ca)

**RON SAUNDERS**

Institute for Work and Health, 481 University Avenue, Suite 800, Toronto, Ontario, M5G 2E9,  
rsaunders@iwh.on.ca