

Strategies to develop and maintain occupational health and safety measures in small businesses employing immigrant workers in an urban area in Montreal

Authors:

Sylvie **Gravel**, PhD, Department of Organization and Human Resources, School of Management, University of Quebec at Montreal, gravel.s@uqam.ca

Jacques **Rh eume**, PhD, Department of Social and Public Communication, University of Quebec at Montreal, rh eume.jacques@uqam.ca

Gabrielle, **Legendre**, Master's student, Organization and Human Resources, University of Quebec at Montreal, legendre.gabrielle@courrier.uqam.ca

Address correspondence to:

Sylvie Gravel, PhD,
Professor
D epartement d'organisation et ressources humaines,
 cole des sciences de la gestion
Universit  du Qu bec   Montr al
Case Postale 6192, succursale Centre-ville
Montr al, Qu bec, Canada
H3C 4R2
514 987-3000 extension 2941
514 987-0407
Gravel.s@uqam.ca

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Abstract (202 words)

In large urban centres, immigrants are employed by businesses in which there is a high prevalence of serious and fatal occupational injuries. In Montreal, professionals in the field have observed that small businesses (SB) employing immigrants fail or neglect to appropriate the management of occupational health and safety measures. According to OHS professionals numerous factors hamper appropriation including managers' and workers' understanding of health and safety law. This project presents our preliminary findings regarding this lack of understanding with respect to the following: 1) arguments for appropriation; 2) technical and political capacities for prevention activities; and 3) principal internal actors. A prospective study design with a control group is used. The observation sample comprises 20 SBs that meet the following criteria: 1) The enterprise has fewer than 50 employees; and 2) at least 25% of the workers were born outside the country. The control group is comprised of 10 SBs that are similar but employ fewer (<25%) immigrant workers. Preliminary findings indicate that workers and employers have problems understanding OHS regulations. The barriers to comprehension are not solely linguistic in nature; the actors also have difficulty grasping the culture of OHS, particularly the basic principle of worker-employer parity.

Background (5800 words excluding references)

This project grew out of the concerns voiced by occupational health and safety professionals (physicians, nurses, hygienists, audiologists, and toxicologists) who work in a primary healthcare facility, the Centre des Services Sociaux et de Santé (CSSS) de la Montagne. The health centre's territory covers a densely populated urban area in Montreal, 50% of whose residents are immigrants. There are 14,903 companies producing goods and services in the area, and 89% of them have 50 or fewer employees (CSSS de la Montagne, 2007). OHS professionals associate problems in appropriating safety management in small businesses (SB) with those having a largely immigrant workforce. However, it is not possible to draw a direct connection between such problems and the makeup of the workforce because the public record contains no data on ethnic, migration or linguistic background.

In their day-to-day interventions, OHS professionals perceive three factors that hamper appropriation of corrective and preventive measures related to accidents or occupational diseases in small businesses. First, market globalization and international competition have led companies to focus on survival strategies and maintaining production to the detriment of their responsibility to provide workers with a safe and healthy environment. Second, small-business managers see prevention and protection measures as a cost rather than an investment. Third, the way workers and managers understand OHS law is determined by their cultural experience of the business and industrial environment in the host society and elsewhere.

Many studies have dealt with the first two points. However, although the literature has touched on the issue of OHS prevention problems in a multiethnic setting, few studies have dealt with it. Research in Australia by Quinlan et al. (2004, 1999) indicates that there is a direct link between market globalization and a weakened company commitment to health and safety. Studies demonstrating the benefits of investing in OHS cannot counter a company's tendency to disregard workplace safety in the face of economic instability; this issue has been of constant concern to proponents of Occupational Health and Safety Management (Frick et al., 2000). The perception by people who run small businesses that it does not pay to invest in OHS is that much more firmly entrenched when the workforce can be easily replaced (Mayer et al., 1997).

The third point—that the capacity of SB managers and workers to develop a health and safety culture is determined by their cultural experience of the business and industrial environment in the host society—is seldom discussed in the literature (Vickers et al., 2003). There are studies that document immigrant workers' problems and their poor understanding of their rights to receive compensation and to keep their job after an occupational injury (Gravel, 2006). Other studies have noted their lack of involvement in OHS measures (Soto et al., 1997; Stange et al., 1991). However, only one of the recently reviewed studies addresses the issue of their ability to understand the law on prevention (Amodu, 2008).

This article presents the preliminary results of a study whose purpose is to document the capacity of managers and workers in small businesses employing a majority of immigrant workers to develop a corporate health and safety culture. The preliminary findings comprise the observations made over the course of the first year of

research regarding the dynamics of safety-management appropriation in 10 companies. These businesses constitute one third of the projected sample for the study, which is to be completed in 2011. This comparative study seeks to cast light on the dynamics that characterize appropriation by the companies—which may be deemed complete, neglected, abandoned, or unknown—as determined by OHS professionals.

What is known on the subject

Difficulty in appropriating safety management is typical of large, cosmopolitan, Western cities. The studies by Quinlan et al. (2004) have established a link between weakened company commitment to OHS and market globalization. This observation can be generalized to many enterprises in Western countries, where SBs are more vulnerable to shifting competitive circumstances (Ahonen et al., 2007; Dollard, 2006). Managers who have to contend with a decline in business and workers threatened with possible job loss focus on developing survival strategies, the first of which is most often to reduce the costs of production, including OHS costs (Mayhew et al., 2002). Even though many studies have demonstrated the benefits of investing in health and safety, they cannot counter the tendency by companies to cut such investment in the face of economic instability (Dorman, 2000).

Since Henrich's studies (1931) on the direct and indirect costs of occupational injuries, proponents of OHS management (OSH-M) have tried to develop incentives for businesspeople to implement and sustain health and safety measures (Biddle et al., 2005; Dorman, 2000; Frick et al., 2000). International competition, however, has led small businesspeople to rely on being able to replace workers easily rather than on trying to prevent injuries (Mayhew et al., 1997). Meanwhile, unskilled and low-skilled workers, including immigrants, put little or no effort into health and safety since they believe there is little to gain from such measures, which might even compromise their employment (Stange et al., 1991).

None of the studies reviewed on OHS management deals with the way health and safety law is interpreted in an intercultural setting. Whatever research has been conducted on intercultural management has focused on problems that arise during corporate mergers or international expansion but has never dealt with issues of compliance with national OHS regulations (Bertrand, 2006; Meier, 2006; Coeurderoy, 2005). The literature only rarely considers the culture shock that may be provoked by occupational health and safety values and the philosophy of safety management in an intercultural setting (Aktouf, 2006).

Over the past few years, a series of studies have looked at which processes might be conducive to the appropriation of safety management and the emergence of an OHS culture in SBs. However, they have only rarely dealt with the ethnocultural composition of the workforce. Rather, the research has documented the influence of structural characteristics of businesses on the development and implementation of OHS promotion and prevention activities. The point of departure for the studies is the observation by external OHS actors that they are powerless in so far as their efforts cannot produce a culture of health and safety in SBs (Charpentier-Roy et al., 2001).

The implementation of OHS measures is not only affected by structural factors,

but is also influenced by the dynamics between internal actors (employers, workers, unions, and joint committees) and external actors (consultants, prevention mutual group advisors and inspectors). Baril-Gingras et al. (2006) developed a conceptual framework centring on the relationship between workers and managers. The framework comprises four dimensions: 1) structural characteristics of the enterprise and its workforce; 2) the actors' technical and political capacity for prevention activities; 3) internal regulation and control methods; and 4) state regulations affecting implementation. Baril-Gingras et al. (2004) observed that recurrent transformations in the implementation of OHS measures can be attributed to the investment of internal resources, which external OHS workers are in no position to replace because they lack influence. Small businesses display many variations in the way they appropriate OHS measures (Marchand et al., 2001; Champoux et al., 1999). They tend to rely on the more or less formal participation of an OHS committee, but participation can be easily undermined by such structural conditions as high staff turnover (Rinefort et al., 1998). In general, conditions are deemed more conducive to the implementation of prevention activities when a firm's structural characteristics resemble those of large, unionized companies with a mainly male, skilled, middle-aged, white workforce.

For workers to make an effective contribution, the organization must provide for them to be trained and informed and give them opportunities to put forward their views and establish channels of communication with management (Walters, 2004; Eakin et al., 1998). Many OHS systems are based on such mechanisms as OHS committees that have equal employer-worker participation, (Simard, 1997). However, in seeking solutions, SB employers generally make their analyses on their own without either calling on external expertise or conferring with their employees (Dorman, 2000). Managers do not generally conduct consultations in a spirit of collegiality.

Newby (1977) found that on farms a pattern of paternalistic relations and a mode of production that entails interdependence and cooperation are not necessarily conducive to a dialogue of equals about OHS. However, even workers in small agricultural operations tend to be more involved in safety management if they are members of an association or union (Walters, 2004). Such associations fulfil an educational and communications function and encourage workers to leverage change in their locality and in the companies that employ them.

In an urban setting, it is almost unthinkable to group workers from small businesses together in a local association. In North America's large cities, many immigrants find their first job in the host society in businesses where the prevalence of occupational injury is high (Quandt et al., 2001; California Working Immigrant Safety and Health, 2002). In California, the relative risk of occupational illness or injury due to accident is thus 2.2 for Hispanic workers as compared to Whites and 1.4 as compared to Blacks (Robinson, 1989). The prevalence of nonfatal, irreversible injuries is also higher among immigrant workers; amputations occur twice as often among Hispanics as among Whites or African Americans (Sorock et al., 1993).

The workers in question have no special skills, are unaware of their rights as employees and know nothing about the role they can play or about the potential they have to participate in OHS committees. They put little effort (or have difficulty putting any effort) into collective actions to improve health and safety in their work environment for

fear of reprisal by their employer (Guthrie et al., 2005; Lashay et al., 2002; Sum, 1996). Moreover, problems of communication between co-workers can leave them isolated. Unless informed by a compatriot, allophone workers may not understand danger signs or emergency orders in critical situations and thus may face an increased risk of accident (Premji et al., 2008; Nash, 2001; Krahn et al., 1990). Studies in the United States have further demonstrated that workers from ethnocultural communities (for example, African Americans and Hispanic Americans) do not feel that proposals on health and safety measures affect them (Williams, 2001).

Little work has been done to explore the dynamics between the different actors—employers, employees, and consultants—in the implementation of OHS measures in small businesses with a high proportion of immigrant workers either in Canada or elsewhere (Wickramasekara, 2007). The lack of research is cause for concern, particularly since economic growth in many Western countries turns in large measure on a massive, continuous flow of foreign labour (McCauley, 2005; Pascoe et al., 2002). In this project we propose to explore strategies that may foster appropriation and maintenance of safety measures as well as the conditions for developing a health and safety culture in small enterprises with a large immigrant workforce. Our findings will make a significant contribution to OHS practice in large, cosmopolitan cities.

Study objectives

This prospective study seeks to understand the difficulties involved in appropriating workplace-safety measures in small businesses (SBs) with a high proportion ($\geq 25\%$) of immigrant workers so that strategies can be developed to overcome them. We hypothesize that immigrants who know little or nothing about their rights as workers have difficulty fulfilling a role of influencing and contributing to the appropriation of safety management. In light of this hypothesis, we have formulated the following research questions:

Which strategies and arguments create a synergy conducive to appropriating management of OHS measures in a context of competition and market globalization that threatens production and profitability in small businesses?

How can the appropriation of safety management be sustained so that a culture of workplace safety may be created in small businesses with a large immigrant workforce?

This study is part of a broader process aimed at improving services to SBs in an industrial area of Montreal where territories had recently been amalgamated. The team of OHS professionals judged that this period of change would give them an excellent opportunity to better relations with small businesses. The project comprises three objectives:

1. to describe the arguments that businesses use to explain their involvement in or withdrawal from OHS programs;
2. to determine workers' and employers' respective technical and political capacities for prevention activities and the relations between actors in implementing measures to prevent and protect against occupational injury (accident or illness);
3. to identify the main internal actors (managers, workers, OHS-committee members) and external actors (OHS professionals from the CSSS, advisors from joint sector-

based association, OHS consultants) who can change or may have changed the way workplace-health programs are implemented.

Methods

A prospective design with a control group is used to study the way OHS measures are implemented in an urban setting in SBs with a high proportion of immigrant workers. The SBs in the target industrial territory are representative of small companies employing immigrant workers in urban areas.

The study population is comprised of unionized and nonunionized private-sector SBs with fewer than 50 workers at least 25% of whom are immigrants (that is, born outside Canada). Neither immigration status (citizen, landed immigrant, refugee, or awaiting status) nor length of stay in Canada is considered. The research team uses the CSSS health and safety professionals' empirical knowledge to draw up a profile of the workforce in each study enterprise beforehand. The profile will subsequently be validated with employers or their representatives during the OHS professionals' regular visits to the company.

The judgment sample consists of about 20 establishments in which one or more professionals from any discipline on the CSSS de la Montagne's OHS team has conducted an intervention since June 2008. The target sample represents 21% of the potential pool of businesses in the year after merger of the territories (CSSS de la Montagne, 2007). The OHS professionals' knowledge of the companies will be used to select study enterprises that fulfil two inclusion criteria: employing 50 or fewer people and having a workforce at least 25% of which is made up of immigrants.

The control group is composed of 8 to 10 SBs that fulfil the same criteria but do not employ as many immigrants. The enterprises in the control group thus employ fewer than 50 workers, operate in industrial sectors comparable to those of the companies in the observation sample and have a workforce over 75% of which is Canadian born.

In the strategy to recruit businesses for the observation sample, all enterprises that meet the inclusion criteria in terms of size, immigrant profile and OHS-team intervention are asked to take part. Four types of interventions are considered: 1) interventions that are part of company-specific health programs related to the risks associated with a type of production; 2) interventions that are part of targeted intervention programs; 3) interventions concerning non-standard exposure in a particular sector of production; and 4) interventions in response to a company's request for prevention advice. The first 30 businesses (20 observation SBs, 10 control SBs) drawn from the list of companies in which an intervention was performed between June 1st 2008 and 31 May 2009 will be used in the study. Each company withdrawn from the sample will be replaced by another one without regard to the type of intervention. This strategy will allow us to include both enterprises that have been successful and those that have encountered difficulties in implementing OHS measures.

Each of the three research objectives involves different study variables. For the first one, *describing the arguments businesses advance to explain their involvement in or withdrawal from OHS programs*, the study variables are 16 arguments drawn from a range of studies. For the second objective, *determining workers' and employers'*

technical and political capacities for prevention activities and the relations between actors who have been released from regular work to implement OHS measures, the study variables are the following: the needs, expectations and perceptions of the actors with respect to various factors and competencies (training, resources for information or expertise, attitudes and value accorded to OHS, knowledge of the law); and the contribution of the people released from work to implement OHS measures. For the third study objective, identifying the main internal and external actors who can change or may have changed the strategic direction that companies provide in implementing an OHS program, the study variables are as follows: the roles and responsibilities of employers and workers in implementing OHS measures; and the roles and responsibilities of external health and safety professionals.

The control variables are: a) known risk factors in the enterprise; b) the frequency, seriousness and recurrence of known accidents or occupational illnesses as recorded in company files; c) structural characteristics of the company, including size, union associations and OHS committees; d) management characteristics (family owned, independent, subsidiary, franchise, subcontractor); e) number of OHS interventions in the company; and f) type of expertise required for the interventions.

The sources, collection and processing of the data are similar for all three study objectives. The sources of information are the employers and workers in the company and the OHS professionals from the CSSSs that are partners in the project. Data on the views of employers and workers are collected in face-to-face interviews and from observations made by the professionals during their visits. The interviews are conducted on the business premises by the principal investigator accompanied by a research assistant. To avoid any suspicion on the part of the company, the interviews are not taped. Records are immediately made of the notes taken by the investigator and the research assistant to make sure the information gleaned is faithfully rendered. The observations of OHS professionals from the CSSS are collected in a second interview with one or sometimes two professionals working with the same company who offer their respective observations.

The data are entered on Excel and Nvivo software and processed to categorize the appropriation of safety management as complete, neglected, abandoned, or unknown. The categories will be used in a comparative analysis of the case studies of the observation and control SBs.

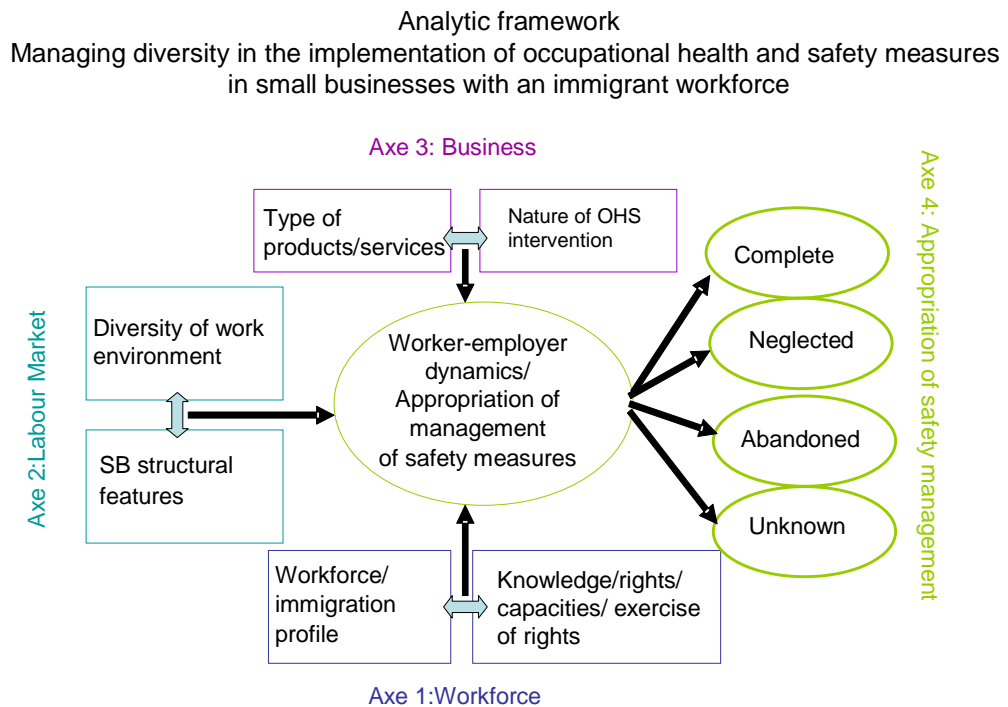
For instance, data gathering began on June 1st 2008 and will continue until 30 May 2010. We estimate that each company will be visited at least twice over the 30-month observation period. Data will be collected biannually from CSSS administrative files to complement the information on how the implementation of OHS plans and measures is proceeding.

The analytical model used is based on one developed by Baril-Gingras et al. (2004, 2006) that focuses on the elements of worker-manager dynamics in appropriating safety management. The model has been augmented by an examination of immigrant workers' limitations as actors in safety-management appropriation in the SBs that employ them. Limitations associated with barriers to access to compensation are considered: including fear of reprisal (for example, dismissal and loss of income); communication problems (such as those involving translation and comprehension of OHS instructions

and measures); and difficulty adapting to management structures (such as OHS joint committees). This model will provide a point of reference for the different analyses.

The analytic framework examines the way the following interactions relate to each other:

Figure 1



Results

This article is a discussion of the preliminary, partial results of the study obtained over the course of the first year of data gathering from June 2008 to June 2009; the actual observation period will continue for another 18 months. The interviews at the 10 companies and the observations of the OHS professionals working with them are described here in summary form. Since the observation period has not ended, it is premature to present a content analysis.

The interviewees were, for the most part, managers or executives of the participating enterprises. In these small businesses, one person often wears several hats and so may act as manager, personnel officer and prevention officer. In no case were we able to meet worker members of OHS committees.

Of the ten companies that have already taken part in the study, eight are in the study group, and two are in the control group. Each employs 50 or fewer workers

although one has additional seasonal employees. There is a wide spread ranging from 20% to 90% in the proportion of immigrant workers. For the first year of data gathering, the participating companies were in the wood-processing, fabricated-metal-product and food sectors, and they present chemical (4), ergonomic (1) and thermal hazards (2) as well as injuries related to falls (1) and cuts (2). There are also cases of occupational illnesses, wood-dust related asthma (2) and deafness (1). Some companies present more than one hazard. Although only two of the companies are unionized, all but one has an OHS committee. Still, employers and workers are not necessarily equally represented, and the committees operate on an ad hoc basis as problems occur and emergencies arise.

A. *Arguments to explain appropriation of safety management*

The scientific and professional literature presents many arguments that illustrate the managers', supervisors' and workers' attitudes to appropriating management of health and safety measures. The preliminary results indicate that managers tend to make a good number of arguments in favour of OHS: it improves worker health, demonstrates the employer's concern for the workers, makes workers happier, and improves product quality. These arguments are conducive to worker retention and seem to be more common in companies suffering a shortage of labour.

Representatives of small businesses also make unfavourable arguments, though: OHS increases production costs; takes up too much time, slows production, requires special skills, constitutes a series of constraints, and results in the proliferation of accident and illness reports. Obviously, production costs are a primary consideration in these enterprises, which must continually balance investment in production against immediate returns.

Even workers who are member of OHS joint committees raise concerns that health and safety measures slow production or take up too much time. Production constraints are such that workers too are somewhat hesitant to adopt new OHS measures out of concern for their job. They see such measures primarily as restricting their movements and their ability to carry out their duties easily. Some managers maintain that it is harder to overcome resistance to safe behaviour among veteran employees, for they have developed work methods that fit into their particular comfort zone.

In short, all the actors proffer arguments both for and against appropriation. Only businesses that have developed an OHS culture adopt attitudes and arguments that are consistent with it. Company size, sector of production and unionization apparently do not serve to promote favourable management attitudes to OHS.

B. *Technical and political capacity for implementing OHS measures*

The preliminary findings indicate that supervisors are the engines of safety-management appropriation in small businesses as long as they have the support of management. The first of the supervisors' OHS-related tasks is to give workers initial training in their duties. Seven of the ten participating enterprises provide orientation when a worker is hired; this may take three to four hours depending on the complexity of the tasks. These companies also require workers to take special health and safety training

during the year. For instance, sessions deal with safety for industrial-truck operators, emergency measures and evacuation. On average, training takes 10 to 30 hours depending on the type of production and the specific job involved.

Communication problems with allophone personnel in the ten companies in the study arise during both orientation upon hiring and safety training. Instructions on safety, safe work methods and emergency measures are given in Canada's official languages, but many workers do not have the necessary language skills when they are hired and develop them only on the job. In a food company, the person in charge of human resources and workplace safety spoke enough Spanish to realize that new Hispanic workers had not understood the safety instructions properly. She therefore had all the training sessions repeated by a more experienced Hispanic employee.

One of the ten businesses went through a major economic downturn and many workers were laid off. The company seized the opportunity to enrol in a regional program to upgrade its workforce and received financial assistance to train all its employees in new procedures, including OHS measures. This company is unique, though, in that it is the only one in our study with a human resources manager, who had developed different worker-training scenarios for periods of slump and growth.

Respondents were also questioned to determine what they knew about the following topics: a) OHS laws, regulations and standards; b) external resource people; c) risk-evaluation methods; d) the coordination of responsibilities and of corrective measures to be introduced into the workplace. Half the respondents duly recognized that their knowledge of some of these issues was average and, in some cases, limited. One supervisor, a PhD in chemistry who was highly qualified in his field of production, reported that his training in his country of origin in Eastern Europe had not acquainted him with the culture of workplace health and safety that is promoted in North America. He is studying the relevant laws, regulations and standards without a guide or any prior direction.

Company representatives were asked about internal verification of OHS measures and how often it takes place. All the businesses have a schedule for checking and maintaining machinery, emergency equipment and evacuation plans. Some make annual audits of specific areas and conduct an investigation when an accident occurs. However, in a fair number of enterprises, these functions are outsourced to external consultants, prevention mutual groups or specialists (for example, ergonomists) who are called on to deal with specific problems.

C. *Principal internal and external actors who influence safety management appropriation*

The external consultants with the greatest influence on the appropriation of safety management are OHS professionals from the local health and social services centres (CSSS) and health and safety inspectors. The members of the CSSS team—physicians, nurses, hygienists, and audiologists—act as consultants; they do not charge for their services, and they have no binding legal power or authority to impose financial sanctions. In contrast, the inspectors have both legal and financial powers and have the right even to padlock machines and hold up or halt production. The other external actors, the advisors from sector-based associations or prevention mutual groups, seldom have any influence.

When asked in which matters the external actors' influence is felt, respondents said that inspectors and professionals play an important role in improving the evaluation and perception of hazards. However, our respondents maintain, the OHS professionals and inspectors do not change—or only slightly affect—a company's sense of accountability or its commitment to implementing corrective and preventive measures.

When questioned about the internal actors and their influence, respondents from the companies indicated that, while the OHS committees are undeniably influential, they seldom appropriate the entire process equally well. To find out what members of OHS committees contribute, we broke their duties down into the following four stages: 1) defining a health and safety problem; 2) seeking potential solutions; 3) implementing solutions; and 4) monitoring and making adjustments to solutions that have been implemented. In general, OHS committee members put their time into looking for solutions and spend very little time analyzing problems or remedial effects. In fact, the respondents, including the ones who play a lead role on their company health and safety committee, spend only two to four hours a week on these duties. Except during accident investigations, other members spend even less time. In short, OHS committee members operate reactively, responding to accidents and to suggestions from health and safety professionals or inspectors.

Joint OHS committees have been established in most of the participating companies, but they are not representative of the ethnocultural makeup of the workforce. All the committees hold their meetings and conduct business in one of the two official languages. Communication between management and workers is also in the official languages. On a day-to-day basis, however, workers often converse in their mother tongue. Indeed, in the eight companies with a majority of immigrant workers, we found that the employees used eighteen languages to communicate with each other.

The few immigrants who are members of OHS committee are supervisors who have been in Canada for many years and have worked for their company for over five years. They have better communication skills and so can pass along OHS instructions. However, they are not necessarily better able to comprehend the culture of health and safety or advance the basic principle of employer-worker parity upon which the culture rests. In accordance with this principle, workers of every background should be involved in every stage of the process from analyzing problems, through seeking solutions, to implementing them and evaluating their impact. The notion is apparently not well understood. The democratic implications of the joint employer-worker approach to OHS are not fully realized in the small businesses in the sample. Some of the respondents are aware of this deficiency and attribute it to their limited understanding of the culture of health and safety and to the workers' lack of interest in getting involved in any duties besides their job.

In short, strategies conducive to the voluntary, democratic appropriation of safety management seem to be lacking in these small businesses. When external actors (OHS professionals and inspectors) propose corrective and preventive measures, the companies offer no objection and adopt them properly. However, it is hard for the businesses to take the time needed to engage in appropriation actions and processes that would entail a

contribution on the part of the workers. Language of communication and culture are obstacles, but they do not adequately explain the situation.

Discussion

A number of limitations must be considered in discussing the preliminary results. First, the data are incomplete; we are in only the first part of the data collection period, and there are still eighteen months left to complete the sample. Furthermore, the data we have deal with the managers and OHS representatives. Observations for OHS professionals from the CSSSs have been completed for only five of the businesses. An impact analysis comparing the dynamics of appropriation as perceived by the companies to the evaluation of appropriation by the OHS professionals (complete, neglected, abandoned and unknown) is therefore incomplete and premature.

Although the study is incomplete, some of the emergent findings confirm observations made in other studies. Thus, as Amodu (2008) found, business size and structure are not necessarily strong determinants of compliance with OHS regulations. However, the form of implementation measures and regulatory design do strongly influence compliance behaviour. As the preliminary results regarding potentially influential actors indicate, Amodu (2008) found that appropriation in companies is driven by inspectors' recommendations and accommodative or punitive sanctions. The form of self-regulation is very important in eliciting company compliance. Since managers rarely, if ever, fully and clearly comprehend the regulations that apply to them, the dynamics of company compliance are not easy to understand. In Amodu's view (2008), compliance is explained by fear of sanction or punishment as well as by regulatory design, the regulatory activities of inspectors in the field, the political and economic environment in which regulations are enacted, and the visibility given to sanctions for violations.

Comprehension problems are, of course, exacerbated in multiethnic, multilingual settings. A number of epidemiological surveillance studies on occupational injuries among immigrant workers have prompted workplace health and safety authorities in California to augment inspection activities in industries employing Hispanic workers and to accredit inspectors fluent in the languages workers speak. Though welcomed, these first steps have been deemed inadequate, and authors such as Brown et al. (2002) have called for more: improved multilingual communication capabilities on the part of agency inspectors; more enforcement operations in high-risk workplaces employing immigrants; and the creation of an Office of Immigrant Workers within the Labor Force Development Agency.

According to the British researchers Vickers et al. (2003), given the ethnic "heterogeneity that exists within the small businesses sector", a "multifaceted" approach is needed to increase "awareness of health and safety issues and [improve] health and safety practices in small businesses". The authors suggest a series of actions that would be appropriate to all large, cosmopolitan cities: 1) recognizing that the approach to management in small businesses is more informal and reactive than in large ones; 2) increasing inspection visits; 3) working flexibly with partners involved in promoting OHS awareness and good practice; and 4) making information and advice on OHS more

readily available from sources that are not associated with punitive sanctions (Vickers et al., 2003). It should be noted that studies show that small businesses already tend to turn to anonymous internet services to assess the extent and significance of hazards to which workers in their sector of production have been exposed (Biddle et al., 2005).

In Manitoba, researchers aware of the importance of immigrant workers to economic growth in their province have launched projects to evaluate the impact of actions to foster immigrant-worker participation in OHS measures (WCB, 2008). The studies will be related to the work of committees with the following terms of reference:

- to draw up two manuals (one for employers and one for employees) on the impact of cultural differences on occupational health and safety;
- to take stock of OHS training material that can overcome language barriers;
- to develop print resources in five languages to help immigrant workers better understand their rights in the workplace and the responsibilities of their employers;
- to put a course for agricultural workers on the Workplace Hazardous Materials Information System (WHMIS) online in five languages.

Conclusion

A number of studies have made the same observations: The employment of immigrants is a solution to the problems of labour-force renewal in many countries. However, such workers are overexposed to occupational injuries because, on the one hand, they are concentrated in very high-risk industries and, on the other, they know little or nothing about their rights or duties or about the prevention methods available to them. The problems of linguistic accessibility have been well delineated. Methods have been proposed to correct these problems and to promote cultural adaptations of OHS measures. Still, these processes for improving and developing culturally appropriate health and safety activities seem to miss the essence of preventive health and safety work: joint action and mutual, democratic commitment by employers and employees. It would seem that democracy in small businesses is in and of itself incompatible with maintaining productivity and the work relationship. Though endeavouring in good-faith to transform their OHS-management methods, employers recognize that their understanding of health and safety laws and regulations is at best partial, and they consequently seek support for their efforts.

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