

INTERCULTURAL ENCOUNTERS

Issues and Intervention Strategies
Involving Immigrant Workers with
an Occupational Injury

AWARENESS AND INFORMATION DOCUMENT

for health professionals and
occupational health and safety practitioners



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COMMENTS

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TABLE OF CONTENTS

CONTEXT	4
INTERCULTURAL ENCOUNTERS: WHERE DIFFERENT WORLDS MEET	5
THE ISSUES AT PLAY IN INTERCULTURAL ENCOUNTERS	6
1. Optimizing Communication.....	7
2. Explaining the Medical/Administrative Framework	8
3. Ensuring the Quality of the Interaction	9
A. The Professional's Intercultural Competency	10
B. The Immigrant Worker's Pre-Injury Situation.....	12
C. The Gaps in Cultural Perceptions Related to the Occupational Injury.....	14
PROBLEMATIC SITUATIONS AND INTERVENTION STRATEGIES DURING INTERCULTURAL ENCOUNTERS	15
1. Reporting the Event that Caused the Injury and Undergoing a Medical Evaluation	16
2. Start of Medical Follow-Ups and Treatments	17
3. Interventions Aimed at Reducing the Disabilities	18
4. The Return to Work.....	19
CONCLUSION	20



CONTEXT

Québec's labour market has changed significantly in the past few years, notably with the slower growth of the labour force, an aging population, higher education levels among workers and an increasing proportion of immigrants in the workforce.

In its recent work on occupational rehabilitation, the IRSST has taken a particular interest in workers in vulnerable situations, including immigrant workers. Immigrant workers are considered a more vulnerable population due to, among other things, their proportionately higher-than-average presence in sectors characterized by less favourable working conditions and higher exposure to the risk of occu-

pational injuries. Language and cultural barriers sometimes compound these factors.

The content of this document derives from a study titled *The Notion of Ethnocultural Belonging in Rehabilitation Research and Intervention: Knowledge Summaries* (published in 2012) and a study (completed in 2017) on the rehabilitation and return-to-work trajectories of immigrant workers with an occupational injury. This study highlighted the role of the health professionals and OHS practitioners involved, their intervention strategies and interactions, and the issues specific to intercultural encounters, while underscoring the impact of the organizational context on these aspects.

THIS DOCUMENT WAS DESIGNED TO INSPIRE REFLECTION, AND ULTIMATELY, TO PROMOTE THE DEVELOPMENT OF INTERCULTURAL COMPETENCIES. THIS SHOULD NOT BE TAKEN AS AN ACROSS-BOARD FORMULA TO BE APPLIED IN EACH AND EVERY ENCOUNTER WITH IMMIGRANT WORKERS².

¹ *Immigrant workers* are defined here as workers born outside of Canada.

² Intercultural relations are not limited to the immigration context. They also include all situations involving interactions between people with different cultural reference points. The reflections in this document can be applied to and improve all interventions with workers.



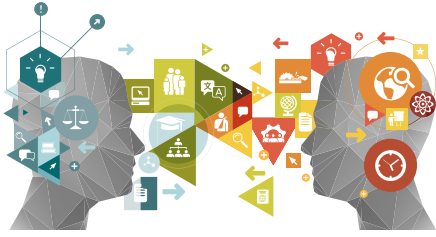
INTERCULTURAL ENCOUNTERS: WHERE DIFFERENT WORLDS MEET

To conduct interventions with immigrant workers, health professionals and occupational health and safety practitioners (from here on referred to jointly as “professionals”) have to establish direct contact with them, either in person or by phone.

As these various participants come from a wide range of cultural backgrounds, their so-called “intercultural” encounters can reveal very different perspectives. Therefore, workers with occupational injuries cannot be treated without taking into account a multitude of factors (personal identity, social organization, education, social class, gender, religion or ideology, etc.) that influence their values and how they see themselves. These variables can cause major differences in the cultural perceptions held by the individuals involved, as well as misunderstandings, lack of understanding or disagreements. It is crucial that these differences be taken into consideration.

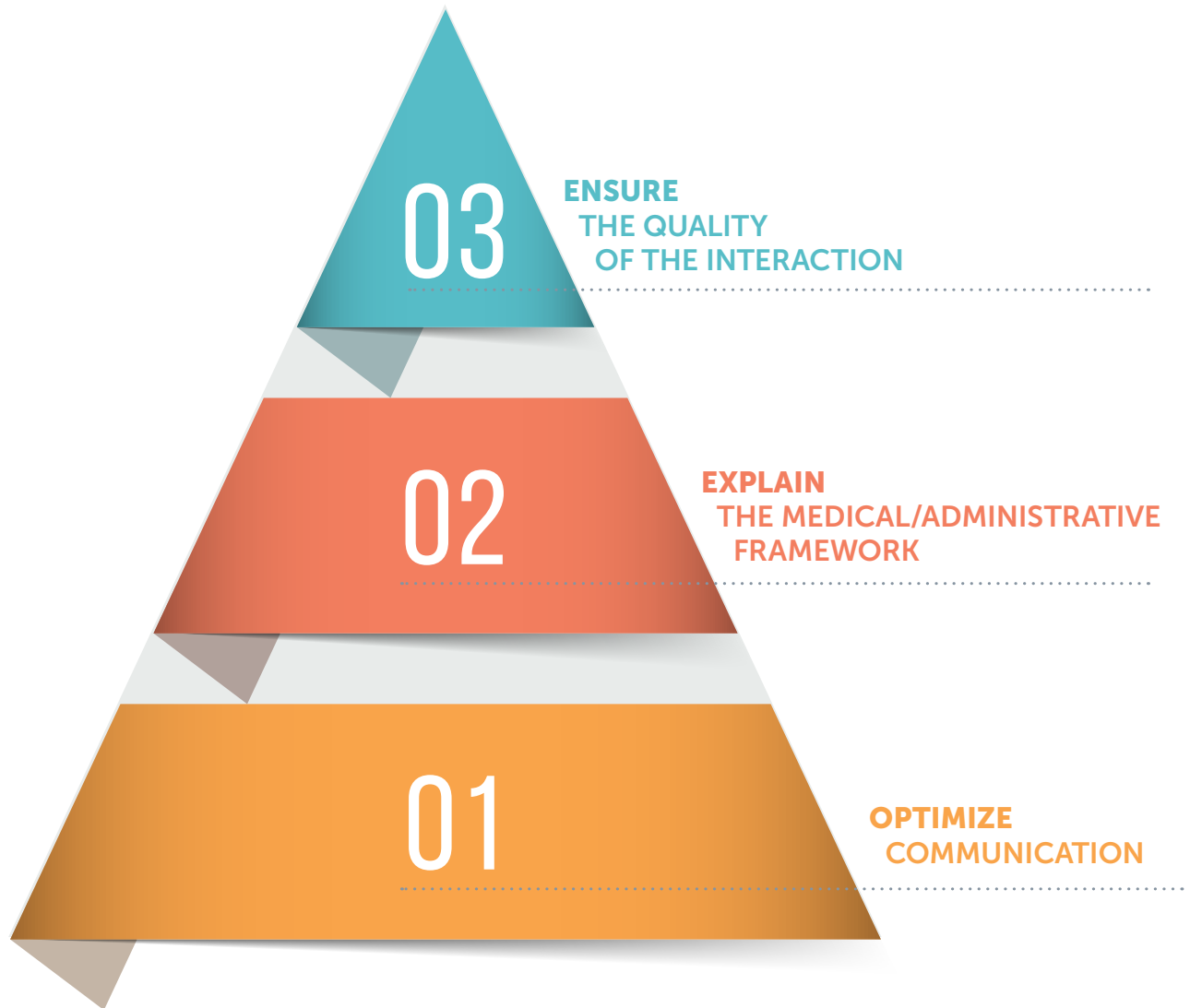
Ideally, intercultural encounters should be based on a relationship of trust that sheds greater light on the immigrant worker’s pre-injury situation and his or her migration and occupational trajectories. The family and social network should also be taken into account. Does the worker live with family members or have family members nearby? What role do family members play in the worker’s life? What is the worker’s standing within his or her social network and what is expected of the person? If necessary, the participating professionals should try to enlist the family’s help in supporting the workers in their recovery and find out what factors prevent the workers from following the recommendations made by the personnel and specialists involved in the rehabilitation process.

IF THESE ENCOUNTERS ARE TO PROMOTE A SUCCESSFUL RETURN TO WORK, IT IS IMPORTANT FOR ORGANIZATIONS TO ENCOURAGE THEIR HEALTH PROFESSIONALS AND OCCUPATIONAL HEALTH AND SAFETY PRACTITIONERS TO DEVELOP INTERCULTURAL COMPETENCIES.



THE ISSUES AT PLAY IN INTERCULTURAL ENCOUNTERS

Throughout the work reintegration process, the participating professionals have to deal with a number of issues specific to intercultural encounters. To facilitate their interventions with immigrant workers, they need to understand the nature and scope of these various issues.





THE ISSUES AT PLAY IN INTERCULTURAL ENCOUNTERS

01 OPTIMIZING COMMUNICATION

The presence of a language barrier is often a determining factor in an intercultural encounter. Among other things, it can make it harder for the participating professionals to understand the problems experienced by immigrant workers and to explain the therapeutic follow-up. It thus becomes a recurring obstacle, right from the workers' initial assessment until their return to work.

A language barrier can also pose a major obstacle to the return to work, particularly if the workers have lost their employment (or contractual) relationship.

The task of looking for and integrating into an equivalent or suitable employment can then pose other challenges.

It is therefore important to consider, as early as possible, the effects of a language barrier on immigrant workers' occupational reintegration process.

"We often have to repeat the same information several times to make sure the injured workers clearly understand the next steps and to prevent the intervention time from dragging on."

Susana, health professional



FOOD FOR THOUGHT

- Do the worker's insufficient language skills compromise the professional's understanding of his or her situation?
- Does the worker understand the professional's recommendations and the prescribed therapeutic follow-up?
- Do the worker's insufficient language skills create a barrier that could compromise the follow-up of his or her return to work?



THE ISSUES AT PLAY IN INTERCULTURAL ENCOUNTERS

02 EXPLAINING THE MEDICAL/ADMINISTRATIVE FRAMEWORK

Immigrant workers often have a limited knowledge of the Québec occupational health and safety (OHS) system and the related laws (for example, the AOHS³, AIAOD⁴). This means that they are not always aware of their obligation to notify their employers when they are injured on the job (accident or illness). Nor do they necessarily think it relevant to tell their doctors about the connection between their work and the health problem they want treated.

In addition, due to their often-limited understanding of the Québec OHS system, injured immigrant workers may feel a sense of injustice or frustration.

“I had a hard time [understanding the difference] between a work-related accident and other accidents. What is the difference? For more than a year, I tried to understand what ‘work-related accident’ meant. If it happens to me at work or in the street, what difference does it make? Why do we add ‘work-related’? You see [what I mean]? Why do I have to say ‘work-related accident’ at the clinic? Yes, I have an illness, I have a problem with my arm, but what does that change [for them]?”

Harica, cook



FOOD FOR THOUGHT

- Is the worker sufficiently aware of the Québec OHS system to know that it is important to report an accident he or she has been involved in at work or chronic pain he or she has experienced in relation to work?
- Is the worker sufficiently aware of his or her individual rights regarding OHS (for example, the right to rehabilitation and to return to work)?

³ AOHS: Act respecting occupational health and safety

⁴ AIAOD: Act respecting industrial accidents and occupational diseases



THE ISSUES AT PLAY IN INTERCULTURAL ENCOUNTERS

03 ENSURING THE QUALITY OF THE INTERACTION

Apart from these two issues that need to be taken into account right from the outset, research has shown that successful intercultural encounters also factor in **three other aspects which impact both the quality of the interactions** between immigrant workers and the participating professionals, and the outcome of the work reintegration process:

A

THE PROFESSIONAL'S
INTERCULTURAL COMPETENCY

B

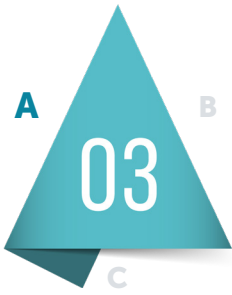
THE IMMIGRANT WORKER'S
PRE-INJURY SITUATION

03

ENSURE THE QUALITY OF THE INTERACTION

C

THE GAP IN "CULTURAL PERCEPTIONS"
RELATED TO THE OCCUPATIONAL INJURY



ENSURE THE QUALITY OF THE INTERACTION

A THE PROFESSIONAL'S INTERCULTURAL COMPETENCY

“Intercultural competency is often described as skill in understanding the specifics of an intercultural interaction situation and in adapting to these specifics in such a way as to yield a behaviour that allows the message conveyed to be interpreted in the desired manner.” [unofficial translation]

(A. Bartel-Radic)⁵

Intercultural competency refers to all the means provided by an organization to its health professionals and OHS practitioners to equip them to meet the demands placed on them by interventions in an intercultural context⁶.

By developing their intercultural competency, the participating professionals are able to implement strategies for managing the issues involved in their encounters with people who have different cultural reference points. Much more than just an asset, this competency makes it easier for them to cultivate a relationship of trust with the worker, a relationship that forms the cornerstone of the therapeutic

or service relationship throughout the rehabilitation process. In fact, this trust-based relationship appears to be the main factor in treatment adherence among all those concerned. Developing the intercultural competency of all the professionals involved requires a long process of reflection that revolves around **four goals**:

1. Increasing personal awareness
2. Acquiring “cultural” knowledge
3. Demonstrating interpersonal skills
4. Adopting an open-minded attitude⁷

1. Increasing personal awareness implies that the professionals involved should become aware of their own cultural prejudices and personal values that could impact on their relationship with the worker. With this awareness, they are then able to examine possible biases in their own understanding, interactions and intercultural interpretation.



FOOD FOR THOUGHT

- o Do I have any preconceived ideas that could influence my intervention and way of seeing the client?

⁵ Bartel-Radic, A. (2009). La compétence interculturelle : état de l'art et perspectives, *Management international*, 13(4), 11-26.

⁶ Côté, D., Gravel, S., Dubé, J., Gratton, D. and White, B. (2017). *Relations interculturelles : comprendre le processus de réadaptation et de retour au travail (Report R-967)*. Montréal, QC: IRSST.

⁷ Muñoz, J.P. (2007). Culturally responsive caring in occupational therapy, *Occupational Therapy International*, 14(4), 256-280.

2. Acquiring “cultural” knowledge allows the participating professionals to become familiar with beliefs, attitudes and values from a different culture. Here are some examples of the factors to consider: the hierarchical distance and age gap between the therapist and patient, male-female relationships, religious beliefs and practices that could interfere with the process, the interpretation of non-verbal signs (for example, looking someone in the eyes).



FOOD FOR THOUGHT

- Does the worker have reservations about certain contexts and types of therapies?

3. Demonstrating interpersonal skills in an intercultural context means showing empathy and the ability to incorporate the patient’s beliefs, values, experiences and aspirations into the development of his or her treatment plan.



FOOD FOR THOUGHT

- Do I have a strong enough relationship with the worker to raise more sensitive or personal questions related to his or her trajectory?

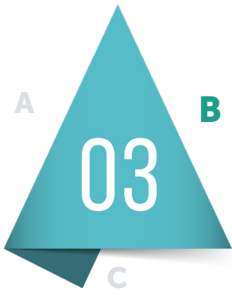
4. Adopting an open-minded attitude in which curiosity, sensitivity and cultural humility all play a part is key to an interactive dynamic.



FOOD FOR THOUGHT

- Am I showing sufficient interest in the worker’s personal and occupational situation?

Intercultural competency is part of an approach based on interaction with the worker. It is therefore important to take an interest in his or her experience, trajectory and perceptions before projecting onto the person any attributes, thoughts or intentions associated with a cultural group, in what is sometimes a stereotypical manner. Certain aspects of the worker’s life journey and perceptions may be emotionally charged. Despite the participating professional’s good intentions to gain a better understanding of the worker’s experience, the worker may regard certain questions as a form of intrusion, meddling and even aggression if the professional has not already established a sufficiently trusting relationship with the person. The professional should therefore explain clearly to the worker the reasons for his or her interest in specific details of the worker’s life that are not directly related to the occupational injury.



ENSURE THE QUALITY OF THE INTERACTION

B THE IMMIGRANT WORKER'S PRE-INJURY SITUATION

Having a better knowledge of the worker's pre-injury situation is vital to clearly identifying his or her needs and expectations of the return to work.

"Pre-injury situation" can be defined as all the circumstances, situations or events that have marked the worker's trajectory, from the decision to emigrate until the occupational injury.

Forming an overview of this situation requires learning more about certain aspects and then reflecting on their impact on the work reintegration process. It is especially important to take into account the worker's language skills and any gaps in this regard that might have played a role in the fact that he or she sustained an injury (not understanding the safety instructions, risky job because the language issue was not taken into consideration at the time of hiring, etc.).

WORK CONTEXT

The high concentration of immigrant workers in sectors posing a high OHS risk and where working conditions may be more difficult – usually in small and medium-sized companies – makes these workers more vulnerable and puts them at greater risk of occupational injury⁸. The precariousness of the employment relationship (employment agency workers, temporary foreign workers) and the quality of labour relations (harassment, discrimination) should also be noted when documenting the pre-injury situation of immigrant workers.



FOOD FOR THOUGHT

- Is the overall work context likely to increase the worker's vulnerability?
- In what sector is the person working?
- Does the immigrant worker's employment relationship create a precarious situation?
- Has the worker experienced harassment or discrimination in his or her workplace?

⁸ Sterud, T., Tynes, T., Sivesind Mehlum, I., Veiersted, K. B., Bergbom, B. Airila, A., ... Flyvholm, M.-A. (2018). A systematic review of working conditions and occupational health among immigrants in Europe and Canada. *BMC Public Health*, 18(1).

“You know, they’re very hard on their bodies. Then, at some point, they’re no longer able to do it, their work pace has changed and lots of factories have closed. [...] They would have continued their jobs until they retired or couldn’t do them any longer. [...] Their work context is changing a lot these days, so now they can’t do it [work] any longer.”

Emma, health professional

MIGRATION AND OCCUPATIONAL INTEGRATION TRAJECTORY

The trajectory of immigrant workers has several components, including migration and socio-occupational integration. Their trajectories may be punctuated by several types of breakdowns: a breakdown in their perception of their migration project, in their occupational integration project and in their relationship with the compensation and rehabilitation system. Overqualification – the gap between their education level and that required in the jobs they hold – may also be an issue in their trajectory⁹.

“One of the immigrant workers I am assisting was an engineer in his country, [and] then he found himself working as a telecommunications technician. You know, installing telephone and Internet cables. And what’s more: he had a big accident. That’s why he depended on us for training, because he’d like to go back to his initial field of training.”

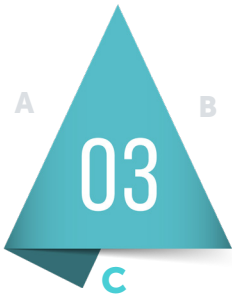
Zoé, OHS practitioner



FOOD FOR THOUGHT

- Is the worker overqualified for the pre-injury job?
- What are his or her expectations of the return to work?
- How satisfied was he or she at work when the occupational injury occurred? How might that influence his or her expectations of the return to work?
- Does the worker feel that he or she is being treated unfairly?
- What motivated the worker to immigrate?
- How might all these factors impact the worker’s motivation and adherence to the follow-up treatment or plan?

⁹ Ledent, J., Bélanger A. and Marois, G. (2014). *La surqualification des travailleurs salariés d’origine immigrée résidant sur l’île de Montréal*. In M. Vultur (Ed.) *La surqualification au Québec et au Canada* (p. 97-127). Québec, QC: Presses de l’Université Laval.



ENSURE THE QUALITY OF THE INTERACTION

C THE GAPS IN CULTURAL PERCEPTIONS RELATED TO THE OCCUPATIONAL INJURY

Several components related to the respective cultures of each of the parties involved and to the pre-injury situation of the immigrant worker can influence the quality of their dialogue and their understanding of messages conveyed during the intercultural encounter. These components have to do with the worker's and the participating professional's perceptions regarding certain aspects of the occupational injury. A gap in these cultural perceptions can have an impact on the immigrant worker's adherence to the treatment and on its outcome.

CULTURAL FACTORS POTENTIALLY IMPACTING THE ENCOUNTER BETWEEN THE PROFESSIONAL AND WORKER

1. Pain-related attitudes and behaviours

The expression (or not) of pain varies from culture to culture. Each human being learns the culturally determined codes for communicating his or her joy, sadness, concerns, distress, beliefs about health and illness, preferences in terms of therapy and even the way in which he or she understands the concepts of health and illness. Where does the worker stand in this regard?

2. Perceptions related to the treatment of pain

According to how the worker sees things, what would be the appropriate treatment? How motivated is he or she to look for a treatment and adhere to it? What effects does he or she hope that a given treatment will have?

3. Perception of the work disability

From the worker's viewpoint, but also from that of the health professional and the OHS practitioner at the employer's, how is the worker's fitness to return to work perceived¹⁰?

4. Perception of self

How would you define or describe the worker's feeling of personal or professional identity?

5. Perception of other people's roles in the therapeutic process

What role does the worker see his or her family and the health professionals having in his or her work reintegration process? The presence of family is sometimes seen as important, indeed necessary, in the therapeutic process, but also in decision making and patient support¹¹.

"My oldest daughter sees that [her] mother works [...]. 'Why does Grandmom have to be at our house two days a week? [...] Why can't Daddy take me bike-riding?' It's frustrating. I say to myself, 'What am I going to do with my life? [There's] no future, none. If my [only] hope is to live off society, I'm going to stay stuck in this crap, as they say."

Dario, industrial designer, Central America

¹⁰ Norrefalk, J. R., Ekholm, J. and Borg, K. (2006). Ethnic background does not influence outcome for return-to-work in work-related interdisciplinary rehabilitation for long-term pain: 1- and 3-year follow-up. *Journal of Rehabilitation Medicine*, 38(2), 87-92.

¹¹ Suurmond, J. and Seeleman, C. (2006). Shared decision-making in an intercultural context: Barriers in the interaction between physicians and immigrant patients. *Patient Education and Counseling*, 60(2), 253-259.

PROBLEMATIC SITUATIONS AND INTERVENTION STRATEGIES DURING INTERCULTURAL ENCOUNTERS

From the time of injury until the return to work, a variety of professionals from different fields (for example, physiotherapy, occupational therapy, psychology) will partner with the injured immigrant worker, giving rise to many intercultural encounters.

This document focuses on **four key moments** in this process, as they each pose specific issues requiring their own specific strategies.



1. REPORTING OF THE EVENT
THAT CAUSED THE INJURY AND
THE MEDICAL EVALUATION



2. START OF THE
MEDICAL FOLLOW-UPS
AND TREATMENTS



3. INTERVENTIONS
AIMED AT REDUCING
THE DISABILITIES



4. THE RETURN
TO WORK



1. REPORTING THE EVENT THAT CAUSED THE INJURY AND UNDERGOING A MEDICAL EVALUATION

This step includes both preparing the application for compensation and undergoing a medical evaluation. It is a crucial time because the worker receives the diagnosis that will open the doorway (or not) to obtaining the appropriate medical and paramedical care. He or she enters the compensation and rehabilitation system at this time.



WHY DEVELOP INTERCULTURAL COMPETENCIES?

Reporting the injury marks an existential turning point for an immigrant worker. It represents the possible loss of the employment relationship, possible functional limitations, financial worries and occupational reorientation. This period is generally an anxious one for the worker due to all the uncertainty and the lack of clarity about how the injury will evolve.

Having devoted great personal effort to making their immigration and occupational integration projects happen, immigrant workers may have a

negative view of this medical, administrative and occupational journey and experience a feeling of personal inadequacy¹².

Health professionals who have established a trust-based relationship with their patients have privileged access to personal information. They are able to form an overview of the worker's pre-injury situation and to highlight the factors that justify either a return to work or steering the person toward other professional resources adapted to his or her needs or situation.

 PROBLEMATIC SITUATIONS	 STRATEGIES TO USE
<p>Due to limited knowledge of the system, the worker may neglect to mention that the event which caused his or her injury took place at work, or may be discouraged from doing so by a professional who wants to avoid administrative problems.</p>	<p>Ask the worker about any prior injuries that could have an impact on his or her current condition.</p>
<p>The worker may receive different, even contradictory, opinions from experts (medical or otherwise). He or she therefore risks mistrusting these professionals and the system in general.</p>	<p>Ask the injured worker about the medical services obtained and his or her perceptions of how well he or she was listened to.</p>
<p>A worker who receives a vague or incomplete diagnosis risks receiving inappropriate care.</p>	<p>Encourage the worker to ask his or her doctor questions about his or her medical condition and recovery.</p>

¹² Gravel, S., Dubé, J., Côté, D., White, B. and Gratton, D. (2017). Le retour au travail des immigrants victimes de lésions professionnelles : les embûches de la rencontre interculturelle et la précarité du lien d'emploi, *Alterstice*, 7(1), 21-38. Retrieved from https://www.journal.psy.ulaval.ca/ojs/index.php/ARIRI/article/view/Gravel_Alterstice7%281%29



2. START OF MEDICAL FOLLOW-UPS AND TREATMENTS

Treatments (such as physiotherapy or occupational therapy) and medical follow-ups with the worker's attending physician begin at this stage. Once the claim application has been accepted and the therapeutic process is well under way, it is essential to identify the worker's risk of chronicity.



WHY DEVELOP INTERCULTURAL COMPETENCIES?

During this period, compensated workers meet with professionals from two systems: the health and social services system and the occupational and health safety system, which function within two separate legal frameworks.

Immigrant workers do not necessarily know the difference between these two systems, nor the difference between front-line and second-line care. A confused perception of each person's role and responsibilities within each system can undermine the workers' trust in the participating professionals. This is particularly so if, due to a lack of coordination and cooperation, different or diverging opinions are issued, which further shakes their trust in the

two systems and their representatives. The workers may then experience doubts and no longer hope for complete recovery.

In addition, the prospect of permanent functional limitations constitutes a source of anxiety for workers. This anxiety may be more intense in immigrants if they perceive their occupational trajectory and migration project to be in jeopardy. This period may also be marked by a feeling of shame and social disqualification, and possibly by a feeling of being stigmatized¹³. Faced with uncertain medical and administrative trajectories, they can even become mistrustful of the system as a whole.

 PROBLEMATIC SITUATIONS	 STRATEGIES TO USE
The worker experiences a feeling of injustice that interferes with the intervention and the creation of a trust-based relationship with the participating professionals.	Ensure better communication among the various professionals, including with the attending physician.
The worker fears that his or her injury will become chronic.	Document the worker's pre-injury situation in order to understand his or her migration trajectory and sources of tension that could hinder the work reintegration process.

¹³ Côté, D., Dubé, J., Gravel, S., Gratton, D. and White, B. W. (2019). Cumulative stigma among injured immigrant workers: A qualitative exploratory study in Montréal (Québec, Canada). *Disability and Rehabilitation*, (in press). doi: 10.1080/09638288.2018.1517281





3. INTERVENTIONS AIMED AT REDUCING THE DISABILITIES

At this stage, the interventions are designed to reduce the workers' disabilities. Their active participation therefore matters most at this time. The various professionals who treat them should take the time needed to clearly explain the objectives of their interventions, as well as their roles and responsibilities.

WHY DEVELOP INTERCULTURAL COMPETENCIES?

Some workers try to protect their self-image in this situation. Issues related to the family's role in the work reintegration process also come up at this time: the value of autonomy (given the interdependence that structures the family network in

many cultures), a family member's reactions to pain and its impact on the worker, the need to enlist family support, the stigmas associated with the handicap and the worker's disability, etc.

 PROBLEMATIC SITUATIONS	 STRATEGIES TO USE
<p>The worker and the health professional should have a common vision of the role played by the family and of the family's view of the problem.</p>	<p>Encourage the worker to talk about this. Then invite the family to get involved, take steps with the family if need be, obtaining its commitment and using it for therapeutic leverage.</p>
<p>The worker has cultural perceptions that do not necessarily concur with those of the professional, which could hinder the establishment of an intervention plan adapted to the worker's situation.</p> <p>The worker feels uncomfortable with certain treatment modalities offered during physical rehabilitation (e.g. hydrotherapy).</p>	<p>Consult colleagues who have the same origins as the worker in order to gain a better understanding of the cultural aspects at play.</p>



4. THE RETURN TO WORK

After the initial encounters concerning case management and the diagnostic assessment, the return-to-work phase is considered a key point in the overall management process. It may involve a return to the pre-injury job, to a new job with the same employer (if the employment relationship has been maintained and a new job is available) or to a new job at another employer's.



WHY DEVELOP INTERCULTURAL COMPETENCIES?

A person's immigration project marks the starting point for turning the dream of a better life into reality. If he or she is then injured on the job, with all the obstacles and unforeseen aspects that implies, the project may be compromised. The need to find a new job and the fear of being abandoned in an unfamiliar world creates worries and reinforces the person's feeling of insecurity.

This chaotic period in terms of perception of self can cause the worker to rethink his or her personal and occupational journey. Uncertainty about the return to work can become a source of

demotivation, or conversely, a factor motivating the person to focus more on other personal aspects of life that he or she considers more important or that represent greater stability. Demotivation to return to work can thus be the result of difficult working conditions.

In addition, difficulties in having one's diplomas recognized in the host country are not likely to motivate a person to return to a job that he or she regarded, right from the start, as transitional or temporary or simply as a source of bread and butter.

 PROBLEMATIC SITUATIONS	 STRATEGIES TO USE
<p>Often overqualified, the immigrant worker wishes to return to the job market in his or her initial field of training, usually that received in the country of origin.</p>	<p>Raise the question of the return to work early on in the process.</p> <p>Find out the worker's expectations regarding the return to work.</p> <p>If the return is to the pre-injury job, mobilize the workplace to ensure a successful return.</p> <p>If it appears clear that the worker will not be able to return to his or her pre-injury job, invite the person to take steps to find another job closer to his or her qualifications and immigration project.</p>

CONCLUSION

From the time of the first medical appointment until the return to work, a number of issues can undermine or improve the intercultural encounter between the participating professionals and the worker, namely:

- the language barrier
- limited understanding of the medical/administrative system
- the development of the participating professionals' intercultural competency
- the immigrant worker's pre-injury situation
- the gap in the cultural perceptions related to the occupational injury.

It is therefore essential to find solutions and establish parameters so that these challenges bring an added value likely to maximize the service offer and facilitate attainment of the various health professionals' and OHS practitioners' objectives.

In an intercultural context, these challenges arise at several levels: individual, group (work team) and organizational. To meet these challenges, it is necessary to develop and implement intercultural competency and find ways to close the gaps between the participating professionals' prescribed work and their real work.

To learn more, consult [Report R-967](#) (in French) and the [Knowledge Summaries B-081](#) on the IRSST's Web site.

NOTES

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