



# Taking risks and survival jobs: Foreign-born workers and work-related injuries in Australia



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## ABSTRACT

Higher rates of work-related injuries (WRI) have been reported among foreign-born workers in many countries, but little is known about the situation in Australia, which initially had large waves of European followed by Asian migration and where the recruitment of skilled migrants has dominated recently. The aim of the study was to examine WRI among foreign-born workers in Australia. This was a two phase mixed methods study. The first stage used the 2005/6 and 2009/10 Australian national Multi-Purpose Household Survey (MPHS) information on WRI occurring in the previous year ( $N = 36,702$ ). Logistic regression examined the relationship between WRI and country of birth, adjusting for period of arrival in Australia, age, sex, industry and working conditions. Next, 92 purposively sampled foreign-born workers participated in individual interviews ( $n = 17$ ) or focus groups ( $n = 75$ ). Workers were sampled via community organisations, trade unions or churches. A concurrent thematic analysis was conducted. Analysis of the MPHS showed that country of birth was generally not associated with a higher reporting of WRI and compared with Australian-born workers, those from Oceania reported less WRI. Key themes from the interviews suggest that understanding of Occupational Health and Safety (OH&S) differed by community integration and cohesiveness. Precarious work, cultural factors and the demands of production may preclude workers from reporting incidents. Quantitative findings from the MPHS point to higher risks related to area of work rather than country of birth. However qualitative findings suggest there may be some under-reporting of WRI among migrants to Australia.

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## 1. Introduction

One hundred and five million people globally are estimated to work outside their country of birth (International Organisation for Migration, 2013). These numbers are anticipated to increase in the future with ageing populations and labour shortages in destination countries, widening income inequalities between and within countries, and a lack of decent employment and working conditions in origin countries (International Labour Organisation, 2013a). With technological development and globalisation developed economies have increasingly sought skilled migrants, although low skilled migration still accounts for a larger proportion of migrants overall (International Labour Organisation, 2010).

Australia is a nation of migrants and one in four are born abroad (Australian Bureau of Statistics, 2012a). In the post war period up until the 1960s nearly six million European migrants arrived largely to build Australia's manufacturing industries. From the 1970s increased skill and educational levels were sought, and it became difficult for unskilled workers without a family connection to migrate to Australia (Teicher et al., 2002). Since the mid-1990s Australia has focused on attracting mainly skilled migrants to fill gaps in the labour force. Migrants are selected on the basis of English language ability, age, qualifications and work experience. Since 2000 27% of migrants were professionals, 14% technicians and trades, 13% clerical and administrative, 13% managers and 10% labourers (Australian Bureau of Statistics, 2012b). Twenty-two percent came from Southern and Central Asia, 15% from North-East Asia and 14% from South East Asia. In March 2013 there were 332,359 international student visa holders in Australia (Department of Immigration and Citizenship, 2013b). This group often work in precarious jobs, are paid cash in hand and work over the official

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working hour limit (Graycar, 2010). Australia has few illegal or undocumented migrants. In 2012 there were an estimated 60,900 illegal migrants, the majority of working age (Department of Immigration and Citizenship, 2013a). In contrast in 2012 6.3 million visitors arrived for a short stay and there were 675,900 permanent and long term arrivals (Australian Bureau of Statistics, 2013).

Long working hours and working overtime (Dembe et al., 2005), shift work (Folkard and Lombardi, 2006), and precarious work (fixed term contracts or temporary work) (Benavides et al., 2006; Guadalupe, 2003) have been associated with an increased risk of WRIs. Flexible work arrangements are increasingly common and workers in many countries work longer hours as global competition intensifies (Loomis, 2005). Globally each year 317 million accidents occur at work, with more than 2.3 million fatalities as a consequence of work-related accidents or disease (International Labour Organisation, 2013b). Work health and safety legislation and practice differs widely between countries and the heaviest burden of accidents and deaths tends to fall on workers in developing countries, where large numbers are employed in high risk industries such as agriculture, fishing and mining (International Labour Organisation, 2013b). Additionally, hazardous jobs in manufacturing and production have increasingly moved to less developed countries over the last three decades (Hämäläinen, 2009). A global comparison of WRI fatality rates found that the World Health Organisation (WHO) regions of the Eastern Mediterranean, Africa, the developing countries of the American continent and South East Asia had the highest WRI fatality rates, more than double that for the US, Canada, Australia and New Zealand (Concha-Barrientos et al., 2005).

Australian states and territories commenced enacting Occupational Health and Safety (OH&S) legislation from the mid-1980s (Gruszyn et al., 2012) under which employers in Australia are obliged to provide safe premises; safe machinery and materials; safe systems of work; information, instruction, training and supervision and a suitable working environment and facilities (Business.gov.au., 2013). In addition employees are expected to: follow the employer's instructions; use personal protective clothing and equipment; take good care of equipment; report hazards; report injury or harm to health and co-operate with the employer (Commission for Occupational Safety and Health, 2005).

In Australia in 2010–11 there were 127,335 compensated serious work-related injuries or disease equating to an incidence rate of 12.2 per 1000 employees. Serious claims include fatalities and permanent or temporary incapacity requiring longer than one week's absence from work (Safe Work Australia, 2013). Six industries had incidence rates above the overall rate: transport, agriculture, forestry and fishing, manufacturing, construction and personal and other services. A comparison of WRI fatalities among eight European countries and New Zealand, ranked Australia seventh out of ten, based on data from 1998–99 and 2000–01 after standardising for the industrial sector (National Occupational Health and Safety Commission, 2004). Safe Work Australia, the federal body responsible for Occupational Health and Safety (OH&S) published their 10 year strategy in 2012. Specific targets include at least a 20% reduction in WRI fatalities and a reduction of at least 30% in the incidence rate of compensated claims resulting in one or more weeks off work (Safe Work Australia, 2012).

In many countries higher WRI rates have been reported among foreign-born migrant workers than among native-born workers (Bollini and Siem, 1995; Schenker, 2008), including Spain, (Ahonen and Benavides, 2006) the United States (Dong and Platner, 2004; Forst et al., 2010; Pransky et al., 2002), Canada (Premji et al., 2010) and Germany, the Netherlands, Switzerland and France (Bollini and Siem, 1995). Little is known about the situation in Australia where workers compensation statistics do not collect information on country of birth. In the 1980s, one study

reported that migrants from non-English speaking countries working in mining and rural occupations had significantly higher fatalities than Australian-born workers, although the overall fatality rate for foreign-born and Australian-born workers was similar (Corvalan et al., 1994).

Since the 1994 study by Corvalan et al. there has been no research on the incidence of WRI among migrant workers in Australia. Associations may have changed in light of significant changes in industry, working conditions and migration policy over the last 30 years. Our study uses a mixed method approach (Creswell and Clark, 2007), employing both quantitative and qualitative research, to understand the risk of WRIs and perceptions and expectations of safety in the workplace among workers in Australia.

The structure of the paper is as follows: an outline of the methods employed in the quantitative analysis precedes the description of the qualitative research methods. Similarly the quantitative results are presented first followed by the information obtained from the focus group discussions and in depth interviews. Finally the discussion integrates the quantitative and qualitative findings and relates them to other work.

## 2. Methods

Ethics approval for the qualitative and quantitative components of the study was obtained from the Human Research Ethics Committee of the University of Western Australia.

### 2.1. Quantitative analysis of the Multi-Purpose Household Surveys (MPHS)

The MPHS are nationally-representative and are a supplement of the monthly Labour Force Survey (LFS) conducted by the Australian Bureau of Statistics (ABS) in rural and urban Australia. It samples from a multi-stage area of private dwellings (about 29,000) and a list sample of non-private dwellings (Australian Bureau of Statistics, 2011a). Households are interviewed each month for eight months. One eighth of the LFS sample is rotated out each month and more than 80% of the dwellings rotating out of the LFS monthly sample were selected for inclusion in the MPHS. Excluded from the MPHS were persons living in very remote parts of Australia and people living in non-private dwellings such as hotels, patients in hospitals, residents of homes and inmates of prisons. Any one person per dwelling aged over 15 years could be included. Between July 2005 and June 2006, and July 2009 and June 2010, information was collected on most recent WRI (injuries or illnesses) that occurred in the previous 12 months from people aged 15 years and over who had worked at some point in the past 12 months. Data were collected using computer assisted interviewing by telephone, although a small number of households were interviewed face to face. Interviewers made attempts to contact a responsible adult member of each household who could speak English. If no member of the household spoke English, informal (household family members who were not living in the household) and formal (provided by the ABS) interpreters were used as translators. The survey response was around 96% and non-response was reported in the categories of refusal, non-contact and other. Non-response due to language problems (included in the other category) accounts for around 0.5%, refusals around 0.8% and non-contacts around 2% (Australian Bureau of Statistics, 2011a). After sample loss, 57,748 people (29,235 in 2005–06 and 28,513 in 2009–10) participated in the WRI component of the MPHS.

This present study included 36,702 participants, aged over 15 years (9620 men and 8797 women from the 2005–06 survey and 9775 men and 8510 women from the 2009–10 survey) with inclusion based on participating in the labour force (working or looking for work), or having reported a WRI in the previous

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