

Migrant workers in Thailand: Qualitative exploration of reporting workplace accidents and filing workers' compensation claims

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ABSTRACT

Introduction: Reporting accidents in the workplace is a method to prevent accidents and injuries. Reporting could influence safety improvement regarding the diminution of workplace injuries. Completed reporting along with accuracy influences the filing of workers' compensation claims. Employers and migrant workers often ignore reporting workplace accidents. This exploration aims to demonstrate migrant workers' proceedings with crucial barriers to reporting workplace accidents and filing workers' compensation claims.

Methods: The study conducted in-depth interviews involving the purposeful snowball sampling of 48 migrant construction workers who were employed legally and filed claims from 2019 to 2022 in Thailand. The interview process comprised semi-structured questions and probes with the flexibility to explore experiences for individual participants. The recorded information was transcribed into English. Transcripts were translated and coded in NVivo software.

Results: Migrant workers often misunderstood and unbelievably the workers' compensation system before the accident occurred. Geographical distribution caused unequal opportunities for healthcare access. Mobility prohibition tended toward negative effects with the high rate of underreporting workplace injuries. Incomplete reporting contributed to the denial of filing claims with additional risks of liabilities. The trouble of filing claims related to difficult communication due to insufficient language skills. Migrant workers decided to have a reliance on traditional medicine.

Conclusion: True reporting of workplace accidents can encourage employers to prevent future accidents. Migrant workers need to implement the regulations. Public agencies should provide an equal and effective system of workers' compensation.

Keywords: Filing Claims, Migrant Workers, Reporting, Thailand, Workers' Compensation,

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Introduction

In 2022, there were approximately 2.3 million migrant workers in Thailand, particularly more than 600,000 migrant workers in the construction sector; additionally, the majority of them were from Myanmar and Cambodia while coming to work in Thailand was costly because they pledged debt level to finance for migration.¹

Migrant workers who often feel emotional stress with low salaries despite long working hours are contiguous with employment risks and receive limited benefits without effective protections. Workplace accidents have often jeopardized responsibilities, especially injuries. Migrant workers leaving employment without permission

will be put into formal deportation proceedings in accordance with the relevant laws, whereas they work without an exact voice in professional work life in improving situations due to their financial conditions. In particular, controlling workplace hazards regarding stress and management strategies is often neglected or limited while their health status is fragmented with having low social status.^{2,3}

Migrant workers often perceive misinformation or have insufficient information on working conditions and workers' compensation. These information issues cause vulnerabilities to deception; simultaneously, they could experience loopholes in healthcare access and challenges in claim processing without support from their employers.^{2,4-6} Additionally, the organizational practices are not only incongruent with safety culture, but several migrant workers also disregard to improving safety practices.⁷ Difficulties indicate differences between policies and situations while the moral dilemma continues in societies.

Reporting accidents in the workplace is a method to prevent accidents and injuries. Underreporting of workplace accidents could be attributed to the perception that organizations are subjected to penalties due to recording high accidents.⁸ Differential underreporting across economic sectors is associated with union relations, workplace awareness, and professional cultures.⁹ Reporting workplace accidents and safety improvement plan contribute to decreased patients due to workplace injuries and diseases. Characteristics are identified as an important factor to accidental underreporting including the feeling of being healthy, apprehension of harassment, small-business employment, and administrative obstacles, especially inadequate access to existing healthcare services.^{10,11} The complicated reporting and registration system contribute to new hazards.¹² Worse underreporting of workplace injuries among migrant workers is significantly associated with poor services of workers' compensation fund.¹⁰

Reporting workplace accidents on time is crucial to be useful for organizational improvement through cost containment, and creating a comfortable working environment provides options to address workplace issues before injuries become serious issues.¹³ According to the hazardous working conditions of contracts with underreporting, several contractors reduce the rights to medical examinations and workers' compensation benefits.¹⁴

Migrant workers are often directed through cultural norms and traditional health-seeking practices according to their healthcare experiences and ethnic beliefs.¹⁵ In addition to experiences in understanding a wide variety of cultures and languages, having appropriate literacy with effective systems is essential to reduce healthcare inequality, particularly enhancing access to quality healthcare in a respectful method.^{16,17} The healthcare services for migrant workers regard an interpreter, especially a coworker and supervisor; therefore, creative instruments, such as translator apps, become an important way to communicate with migrant workers.^{18,19} The organizational ambiguity and workers' compensation coverage cause underreporting.¹⁹ Workers' compensation in low-wage occupations, such as janitor, is burdened with several flaws and could reflect substantial underreporting, as the occupational characteristics are more likely to play an important role in filing claims.^{4,20}

Workers' compensation coverage tends to prioritize employers' important responsibilities for organizations and protects their assets from unnecessary losses for lawsuits with penalties. Reporting workplace accidents is consequently the essential starting point of the workers' compensation system and involves filing claims. Investigating is thorough to workplace injury prevention and effective safety management. This qualitative exploration aims to demonstrate migrant construction workers' proceedings with crucial barriers to reporting workplace accidents and filing workers' compensation claims in Thailand.

Methods

The objectives of this study are to demonstrate barriers to reporting workplace accidents and access to filing claims through the experiences of migrant construction workers who were employed in the economic provinces of Thailand. This exploration is to be a suggestion way of the access to filing workers' compensation claims regarding workplace safety and health.

This study, as narrative approach, involved in-depth interviews among 48 migrant workers, based on their networks with communication with them directly, who (1) had a minimum of 2 years of construction experience; (2) were from 23 to 55 years of age at the time of interviews; (3) filed claims from 2019 to 2022; (4) were full-time workers; (5) returned to their construction sites; (6) worked in the local midsized employers; and (7) understood the Thai language. This study excluded undocumented workers.

The purposeful snowball sampling was used to gain the broad understanding of migrant workers' experiences since facing injuries. This study directly contacted a Thai foundation which worked in line with the mission to support migrant workers' access to their rights under the relevant laws through online discussions before data collection to investigate migrant workers who filed workers' compensation claims from 2019 to 2022 and still worked in construction sites. This study privately contacted those migrant workers and subsequently extended to their networks.

Each interview through open-ended questions with probes relating to working conditions with their experiences implying workplace safety and health was approximately conducted around 90 minutes in length. By using audio recorder, the interviews were conducted by the same researcher from June to December 2022. The participants decided to voluntarily contact and participate in this exploration. The interview focused on migrant construction workers, who worked in the physical construction of buildings and infrastructure through working in task ranges

including erecting structural frameworks, laying foundations, installing electrical systems, and applying finishes like tiles under the supervision of the site supervisor, and comprised 12 participants from 6 employers in each economic province including Bangkok, Chiang Mai, Udon Thani, and Phuket.

The interview process comprised semi-structured questions and probes with the flexibility to explore participants' unique experiences. Interviews were conducted in the Thai language; nevertheless, migrant workers could be explained, including giving examples in addition to probing, to understand clearly. Each recorded information was transcribed into English. These were subsequently put into NVivo 10 to manage the data analysis. Meanwhile, data and theory triangulations were encouraged in the coding process to enhance reliability and validity because the qualitative exploration could face omitting biases with other terms. We conducted the initial coding of the notes to determine the code list for use through data analysis. The code interpretation was reconciled and identified further emerging codes. We applied the updated codes to the coding of the notes. The coded data was cross-checked by an expert to ensure validity in the code application. The exploration found that it is important to address approaches to qualitative methods through an inductive process relating to coding and categories to confirm and refine theories. We moved to the coded-up data to identify perspectives, which were discussed in the findings, and the repetitive codes or themes would be identified including no new relationships between them.

An information section including the outline, confidentiality, and recording of interviews was provided and explained to individual participants. All participants agreed to the informed consent either signing or verbal identifying consent, and their information has been anonymized, according to methodology and ethics approval from Zhejiang University. The interviews utilized a question set and could

involve the discretion to inquire supplementary questions according to each participant's response. The field notes were anonymized; names were substituted with pseudonyms indicating participants' numeric regarding the ordinal number and nationality (i.e., C= Cambodian, M= Myanmar, L= Laotian, and V= Vietnamese). Importantly, the interviews could be held down when participants were depressed while the questions were less prioritized according to flexible situations due to ethics.

Results

Demographic characteristics

In this exploration, there were 48 migrant workers as the participants who were from Cambodia, Laos, Myanmar, and Vietnam. Most participants were single (54.2%) and held Non-Thai

Identification Cards (58.3%) while 34 participants needed to be responsible for financial support to 4 or more people (Table 1).

Most participants were separated from their families due to employment and financial conditions expressing pressure for working in construction sites as a participant illustrated his family lifestyle: "My wife looks out for children in home country. I have sometimes visited them. It is difficult living without them when I face problems although I can contact them by video calling. But it is different" (C8). Similarly, another participant mentioned his family downheartedly: "I have been stressed about my work and staying here. I feel anxious when I know my family's problems or news. I miss them" (M10).

Table 1: Socio-demographic characteristics of the participants (N= 48)

Characteristic	N (%)
Nationality	
Cambodian	12 (25.0)
Laotian	11 (22.9)
Myanmar	21 (43.8)
Vietnamese	4 (8.3)
Sex (% Male)	
	48 (100.0)
Documentation	
Bilateral agreement	20 (41.7)
Non-Thai Identification Card	28 (58.3)
Marital status	
Single	26 (54.2)
Married	19 (39.6)
Widowed	3 (6.2)
Working responsibly for others	
1-3	14 (29.2)
4-6	22 (45.8)
7 or more	12 (25.0)

Personal barriers to reporting workplace accidents

Participants misunderstood and disbelieved the workers' compensation system. They had insufficient motivation and thought that symptoms were not serious: "I scoped my job only. More works were more money. At that time, I thought that it was a waste of time for me to report my injuries.

My symptoms weren't severe. They might overlook. I reported, because of the others' suggestion" (C6).

Furthermore, participants initially disbelieved about providing social security by public agencies based on fundamental rights and equality: "First, we didn't think that they provided welfare for us. But I hesitated. I more believed because a Thai coworker told me instructions" (M13).

Participants had overwhelming negative experiences as they had no voice to raise the issues to prevent workplace accidents. Their reports eventually became futile. For example, a participant was reluctant to take the time to report his workplace accident: *"We sometimes made complaints, but it seemed that employer didn't listen, and nothing. They still ignore it. We don't want to report"* (M5). Another participant consistently indicated the limitations of workplace safety culture: *"My coworkers laughed and said what we did. It would be like situations in the past. Finally, nothing happened"* (L2).

Reporting workplace accidents could become law enforcement failures as several participants feared deportation while it laid pressure to decide to their disadvantage: *"I feared that my remuneration would be deducted at that time, but I decided to be treated because the symptoms worsened. I am deeply worried about my employment status. If it was the worst situation, I would only return to live with my family"* (M6). In parallel, a participant mentioned a coworker who worried about the necessity of relationship maintenance regarding job stability: *"My coworker, he didn't want to have more issues. He still wanted to live in their dwelling because it was save. He was dissatisfied but still okay. Perhaps, he didn't want to change employer. We have been together like their members of the same family"* (C10).

Alternatively, participants might be offered private benefits on some conditions while they continued the jobs with obedience to their specified ways at a time: *"A coworker was offered special holidays. He could be treated by himself. My supervisor had already said that reporting could contribute to the reduced remunerations due to more costs. He performed my case lately. Often, he repeatedly asked me the same questions"* (C3).

Organizational barriers to reporting workplace accidents

Employers were regulated to take responsibility for reporting. Nevertheless, they often delayed the legal reports of workplace accidents and still maintained migrant workers who were injured: *"My accidental details and reporting by supervisor*

were different, but my coworkers were witnesses. An official also contacted me. It might be because he reported lately or was very busy" (M11). Employers sometimes lacked evidence or provided inaccurate information to report workplace accidents: *"A coworker who finished job around midnight was injured because a motorcycle crashed while going to another worksite early the next day. His claim was finally denied. They lacked clear evidence and details. It became a general accident, not because he worked"* (M9).

As employers failed to perform internal training, several participants were deficient in familiarizing the concepts and forms; namely, they were unfamiliar with identifying unsafe conditions. For example, a participant noticeably reported: *"I have never heard. I think that there is no training in reporting. I know because of my filing after an accident occurred"* (L9).

Geographical immobility unfavorably affected healthcare services through hardships, particularly when working in remote areas. Employers often omitted to provide the emergency ambulance and crucial information on the locations of the healthcare providers to immediately support in case there are injury emergencies: *"It was far from all. I still don't like it. It will be very difficult if we face workplace accidents. Once, I asked for medicine but got it in the afternoon. It wasn't suddenly. We didn't want to go to the hospital. I was pressed. Perhaps, nobody knew the locations"* (M10). A participant's experience of the access to healthcare services relating to long distances, travel time, insufficient transportation, and cost regarding significant burdens was detailed: *"Going outside was expensive. When I noticed the supervisor my symptoms, I had to return to my room in the evening. I moved and couldn't come back there. It was so far. We didn't know about there. Don't think of the emergency cases"* (L8).

In accordance with the Ministry Announcement 2021, the prohibition on worker mobility restricted migrant workers who held the Non-Thai Identification Card from leaving the province: *"I perhaps wanted to go to the beach. I had already asked*

the others. I must first contact a public agency. It is complex. I can lastly live only here. I hold Pink ID Card. They have the regulations to control us" (M16).

Access to healthcare services and workers' compensation claims

Participants who held the Non-Thai Identification Card often faced filing claim issues due to their little knowledge of workers' compensation with the regulations. Nevertheless, they might know their workers' compensation through physicians when treatment with positive situations in the hospitals, particularly injury descriptions with the legal rights through their own languages, such as the Lao language: *"I must be in the hospital for my symptoms. A physician inquired about the supervisor's phone number. He explained to me and spoke in Lao" (L2).* The health professionals whether physicians or nurses on behalf of their patients were responsible for contacting the relevant individuals to benefit them. The healthcare providers in which the health workers communicated in their own languages were preferred due to a clear understanding: *"A physician offered suggestions about the rights for workplace injuries. I preferred their talking in Lao and more understood. They tried to contact my supervisor" (L4).* On the one hand, participants who were employed under the bilateral agreement were informed by employment agencies before they arrived in Thailand: *"Workers' compensation is under agreement. An agent said before I worked here. I still believe that it is somewhat difficult to cheat welfare" (L8).*

In relation to workers' compensation, migrant workers did not always receive the access to facilities. They needed to rely on employers and were unavailable to operate freely due to the system conditions. Participants had extremely reliance on coworkers who understood the Thai language to translate documents. However, their information forms were often incomplete because the questions and details in the forms were only Thai language: *"I couldn't read. I asked the others. I tired after working and sometimes forgot. Some questions, I didn't understand" (M16).* The

inaccuracy, inconsistency, and omission crucially caused the features with negative claims through the adjudication process. Participants rarely had opportunities to access interpreting in public service. Therefore, they needed to invite their coworkers to contact public agencies whether the Social Security Office (SSO) or the healthcare providers because they felt pressure due to ineffective communication and could postpone the appointments: *"I helped them to contact. They couldn't communicate with officials and didn't know the process. I must sometimes work overloads because of deadlines. They must understand me to" (M19).*

The delayed payment of workers' compensation did extensive damage to their emotions with significant finance. The process was performed for many months filing claims, whereas migrant workers still needed to spend their own money for daily living: *"I had borrowed money from supervisor to expense, or he gave me the wage in advance. I hadn't received compensation yet at that time. I needed" (C5).* In particular, the delayed payments were a critical reason for stress and mistrust with noninvolvement. The expenses were accordingly handled under pressure. Most participants must send remittances to family members who stayed in their home countries: *"For documentation, it is expensive. My wage will be inadequate if I must more pay for health and any more. I should trust their services? I must send money to the family" (M9).*

Personal attitudes on medical treatment regarding workers' compensation claims

As stated by the participants, herbs became a crucial choice to treat common symptoms, rather than prescription medicines, through convenience and belief in which they tried to avoid pharmaceutical effects regarding their responsibilities. Additionally, they agreed to be treated in the hospital but still used both modern medical treatment and herbal medicines without comprehensive physician consulting: *"I was treated in the hospital. I also took herbs but still used modern medicines. I consulted the others to buy them in my country. Symptoms were still tracked to receive a medical certificate for claims" (M13).* A participant

explained behaviors of medicine utilization regarding the long delays in filing claims and receiving benefits: *"I went to the hospital but still used traditional medicines because of safety. For results, checking wasn't clear. Appointments were often extended. I was stressed when I must contact them. I am concerned works. For common injuries, I was inconvenient for both clinics and hospitals"* (M15).

Discussion

Most migrant workers experienced long working hours causing added fatigue and workplace injuries. They were subordinate to employers with filing their complaints due to work intensification under the prolonged stress while there was no space to expose divergent opinions related to workplace accidents, including working conditions.^{7,21} Failure to report workplace accidents crucially causes pushing migrant workers into the worse health status. Safety incentive is often interpreted to hide reporting injuries despite the fact that the true objective is to reward for decreasing workplace injuries.⁸ Underreporting workplace accidents initiates societal costs and critical issues due to ineffective reporting systems with inadequate law enforcement. In particular, the incomplete reporting potentially causes the increased risks of legal liabilities because the root causes were avoided to improve workplace safety. In other words, the increased reporting can result in safety awareness to prevent accidents and enhance supplementary effectiveness.²⁰

As workplace safety protections typically impose on employers to report workplace accidents and diseases, it actually seems that the employers weakly implement in reporting workplace accidents although accurate reporting is essential for them. Besides, familiar deficiency of the reporting aspects and systems could be a crucial barrier making worse workers' compensation claims.^{6,12} Improving workplace culture, training courses, punitive and incentive methods, extracting granular knowledge, and reforming the organization are the significant methods to integrate workplace safety and health. In

particular, targeting accident prevention efforts with the number of injuries is important because intervention potentially brings out substantive reductions in the cost of treatment.

Employers need to recognize healthcare access in remote areas, as geographical distribution causes unequal opportunities for healthcare access, particularly physical activities.¹⁶ In contrast, the healthcare benefits are often strengthened in only urban areas.¹⁵ Additionally, controlling migrant workers' mobility notably impacts mental stress and contributes to a worse quality of life and social consequences, especially their social security. These negative situations could subsequently contribute to the increased risks of severe injuries. The mentioned prohibition was often applied as a representative for employers to exploit migrant workers and resulted in negative effects on their rights and a high rate of underreporting, whereas migrant workers are entitled to change employers based on only appropriate conditions, such as employer bankruptcy.^{11,22}

Reviewing regulations is currently essential, especially for serious accidents which should be reported immediately. Furthermore, contract characteristics of employment need to inform terms with conditions clearly because workers' compensation coverage cause underreporting; for example, migrant workers may be employed as independent contractors uncovering under workers' compensation schemes.^{14,18}

Based on the exploration, according to the roles of language accommodation practices, the interpersonal communication preference by the same language between migrant workers and physicians significantly became a supplementary reason for access to health information and increased satisfaction.^{5,6,15} Migrant workers' positive attitudes can potentially reduce avoidance and uncertainty of entry healthcare system regarding workers' compensation claims.^{17,19} Linguistic proficiency and appropriate services potentially contribute to solving their health and well-being issues.^{5,17} Technology-assisted interpreting and video blogging, which

are more likely to play the critical roles in societies, should be utilized to service through substantial cooperation with organizations including employers. Simultaneously, physicians should additionally function to enhance effectiveness with measures of workplace injuries and diseases through encouraging migrant workers to file claims while occurring costs in the healthcare system should be regularly controlled.

On the one hand, the poor services for workers' compensation could exacerbate the upstream component as the workers' compensation delays tend to add the costs and influence the public agencies to the administration. The unreasonable delays in benefit payments notably contribute to suspicion in the system, particularly eligibility to apply for benefits.¹³ The claim details should more inform about diagnosis, treatment, and coordinating services. Consequently, mechanisms are important and need to respond in a timely manner through appropriate ways.

Migrant workers' perceived pressure often overshadows the benefits while efficacy with conditions contribute to the limited engagement in health behaviors.¹⁷ Furthermore, several migrant workers rely on traditional medicine although there are possibilities of toxic effects due to interactions in using herbal treatment, such as nephropathy.²³ We can notice that filing claims currently becomes a reliance on physicians to pursue finance, rather than the actual objective of healthcare, whereas their healthcare behaviors seem like avoiding involvement of workers' compensation system due to financial issues and the process difficulties. Furthermore, as migrant workers put their trust in black market sources, these practices are arguably associated with the illegal inflow of medical products in smuggling medicines with uncontrolled channels. Belief in activities of black markets may push willingness toward margins of the laws. This phenomenon implies the conflict between the existence of moral issues and illegal behaviors due to migrant workers and contributes to their disadvantage, under exploitation by employers, regarding well-

being, social security, and working conditions, particularly workplace safety.

Future research could use this study to conduct a quantitative study to measure the both negative and positive impacts on migrant workers. This study could have incurred selection bias when the initial purposive sampling through migrant workers, whereas findings explain behavior patterns and processes to understand their true situations. Nevertheless, it could be able to relieve the bias issue through snowball sampling. In addition, future research should explore intervention effectiveness prior to large-scale or focused intervention efforts.

Conclusion

When migrant workers report workplace accidents, their questions are often hindered by confusion about the rights with workers' compensation benefits that made them reliant on their employers for filing claims. Having a true recording of workplace accidents encourages employers to analyze information and evaluate situations to prevent future accidents of a similar nature under greater safety and health management. Employers need to create a working environment including positive safety cultures and accurate information considering the bottom line with dynamic cost management regarding workplace injuries, as underreporting influences providing short-term benefits. Employers should systematically analyze the workplace accident data on production speed, relevant intervention, measures, and training. Meanwhile, migrant workers need to involve in the implementation of injury prevention. The public agencies are not only responsible for addressing exploitative employers, but providing the shifted systems, such as information, should be also prioritized and put in place to ensure that migrant worker is effectively accessible to workers' compensation benefits as of facing workplace accidents.

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