

The health of temporary foreign workers in Canada: A scoping review

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ABSTRACT

OBJECTIVES: Temporary foreign workers contribute to economic prosperity in Canada, but they experience forms of structural inequities and have minimal rights, which can contribute to their ill health. The objective of this scoping review is to examine the extent, range and nature of the Canadian literature on the health of temporary foreign workers and their families in Canada.

METHODS: The review was guided by Arksey and O'Malley's five stages for conducting a scoping review. We performed a comprehensive search of seven databases, which revealed 994 studies. In total, 10 published research papers, which focused exclusively on the health of temporary foreign workers in Canada, were included in the study; these 10 papers represented the findings from 9 studies.

SYNTHESIS: The majority of the studies involved seasonal agricultural workers in the province of Ontario ($n = 8$). Major health issues of temporary foreign workers included mental health, occupational health, poor housing and sanitation, and barriers to accessing health care, including fear of deportation and language barriers. These health issues are highly shaped by temporary foreign workers' precarious immigration status in Canada.

CONCLUSION: Findings from this study demonstrate the need to reduce barriers to health care and to conduct more research on other groups of temporary foreign workers, outside the agricultural sector.

KEY WORDS: Temporary foreign workers; migrant workers; seasonal agricultural workers; migrant*; Canada

La traduction du résumé se trouve à la fin de l'article.

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International migration is important in today's globalized world. According to Benach et al.,¹ a large increase in international migration has been driven by economic globalization. Generally, these workers, who move from low-income to middle- and high-income countries, are searching for ways to provide a better quality of life for their families and an escape from unemployment, war or poverty in their countries of origin.² In most destination countries, migrant workers are found in the agricultural, food processing and construction sectors of the economy and in semi-skilled or low-skilled manufacturing jobs. They tend to experience discrimination and exploitation in destination countries, as many of them often fill undesirable, low-skilled positions characterized by inflexibility, insecurity, precarious employment and long working hours with low pay.¹ Migrant workers not only improve the economic growth of their countries of origin by sending home their earnings, they are also a pillar in the economic growth of their host countries. Yet, migrant workers are often vulnerable to exploitation and ill health.

Like many high-income countries, Canada grants foreign nationals the right to remain in the country and work temporarily. Temporary foreign workers contribute to economic prosperity in Canada: many Canadian employers rely on them to meet labour shortages, especially in the agricultural, petroleum, and home caregiving industries. In Canada, temporary foreign workers include those who migrate through the Canada Caregiver Program, Seasonal Agricultural Worker Program, International Mobility Program and the main Temporary Foreign

Worker Program, and their families. In 2012, there were 338,221 temporary foreign workers in Canada.³ In recent years, immigration policy-makers have made successive reforms to the Temporary Foreign Worker Program, including implementing a two-year permit limit for low-skilled temporary foreign workers in the year 2015. Given recent and ongoing changes to the Temporary Foreign Worker Program, it is important to consider the health and well-being of these migrants in Canada.

Because of the strong economic benefits of having temporary workers in Canada and the ability of the program to meet short-term labour market needs, immigration policy is increasingly shifting towards two-step migration, which allows individuals to migrate to Canada and transition to permanent resident status after some time in the country.⁴ In 2012, a total of 79,154 temporary residents in Canada made the transition to permanent resident status.³ Given these pathways to citizenship for temporary foreign workers and the well-documented "healthy immigrant effect" – that is, a noticeable decline in immigrants' health after some time in Canada – addressing the health of these migrants while they are temporary workers is imperative.^{5,6}

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Preibisch and Hennebray⁷ argue that although temporary foreign workers tend to be healthy when they arrive in Canada (because of the pre-immigration health screening process), temporary migration leads to chronic long-term health effects. They argue that the health threats of temporary migration result from temporary foreign workers' increased exposure to work-related injuries and illness as well as barriers to accessing health care. Such health threats are heightened by this population's limited rights in Canada and increased risk of exploitation.^{8,9} Despite the presumed health threats of temporary migration and widely available literature on issues of exploitation, there is a paucity of literature on the health of foreign workers in Canada.

This scoping review seeks to review the extent, range and nature of the Canadian literature on the health of temporary foreign workers and their families. It seeks to answer the following questions: What is known from the existing national literature on the health of temporary foreign workers and their families in Canada? How can future studies overcome research gaps and inform programs and policies intended to meet the health care needs of temporary foreign workers and their families in Canada?

METHODS

This review used a scoping review methodology as guided by Arksey and O'Malley.¹⁰ Levac et al.¹¹ note that scoping reviews are well suited for areas in which there is limited knowledge or research. They are often used to map out and identify the extent, range and nature of research activity in a given area as well as to identify research gaps in the existing literature. Arksey and O'Malley¹⁰ describe five stages. Stage 1 relates to developing an appropriate research question that is appropriate for a scoping review. In line with Levac et al.'s perspective, two broad research questions, focused on summarizing the breadth of evidence, were developed (as stated above).

Stage 2 involves identifying the relevant studies. Published and unpublished studies were identified through searches of electronic databases, reference lists of the articles reviewed and searches of online libraries of relevant organizations (including local and national Metropolis[†] organization websites). A database search, designed by a health sciences librarian and exported to RefWorks, was conducted on December 3, 2014. The following databases were searched: Ovid MEDLINE 1946– and MEDLINE In-Process & Other Non-Indexed Citations, Ovid Embase 1996–, Ovid PsycINFO 2002–, EBSCOhost CINAHL, EBSCOhost SocINDEX, EBSCOhost Academic Search Complete, Web of Science: Science Citation Index 1900–, Social Sciences Citation Index 1900–, Conference Proceedings Citation Index, Science 1990–, Conference Proceedings Citation Index, and Social Science & Humanities 1990–. Subject headings and keywords were used in the search and were modified for each database. The search contained two concepts: temporary foreign workers and Canada. Appropriate subject headings and keywords were used to retrieve literature about each of these concept areas. Keywords for the article search on electronic databases included *migrant worker**, *temporary migrant**, *temporary foreign worker**, *foreign worker**, *foreign labour** and *migrant labour**. These keywords were

[†] Metropolis is an international network for comparative research and public policy development on migration, diversity, and immigrant integration.

combined with the term *Canad** or the names of Canadian provinces and territories. An updated search was completed in May 2015 to find any new articles.

Stage 3 involves article selection (see Figure 1 for the article selection process). The first two authors independently selected and reviewed articles that focused on the health of temporary foreign workers in Canada. This focus was the sole inclusion criterion. A broad definition of temporary foreign workers was used, which included seasonal agricultural workers and live-in caregivers. Articles were not excluded on the basis of year of publication or language of publication. The research team met at the beginning, midpoint and final stages of the search process to discuss and refine the search strategy. Whenever there was a disagreement on whether an article met the inclusion criterion, the research team discussed the article to arrive at a consensus. In addition, the reference list of all articles that met the inclusion criterion were reviewed to identify further relevant articles.

Stage 4 involves data charting and data extraction. Data were entered into a form that was collectively developed by the research team members. The purpose of the article, methodology and results, as well as quality criteria, were included on the form. At this stage, the quality of the study was screened using the relevant Critical Appraisal Skills Programme (CASP) tool.¹² Stage 5 involves collating, summarizing and reporting the results using thematic analysis. The data were analyzed using a descriptive numerical summary (including the number and type of study as well as the population) and thematic analysis (i.e.,

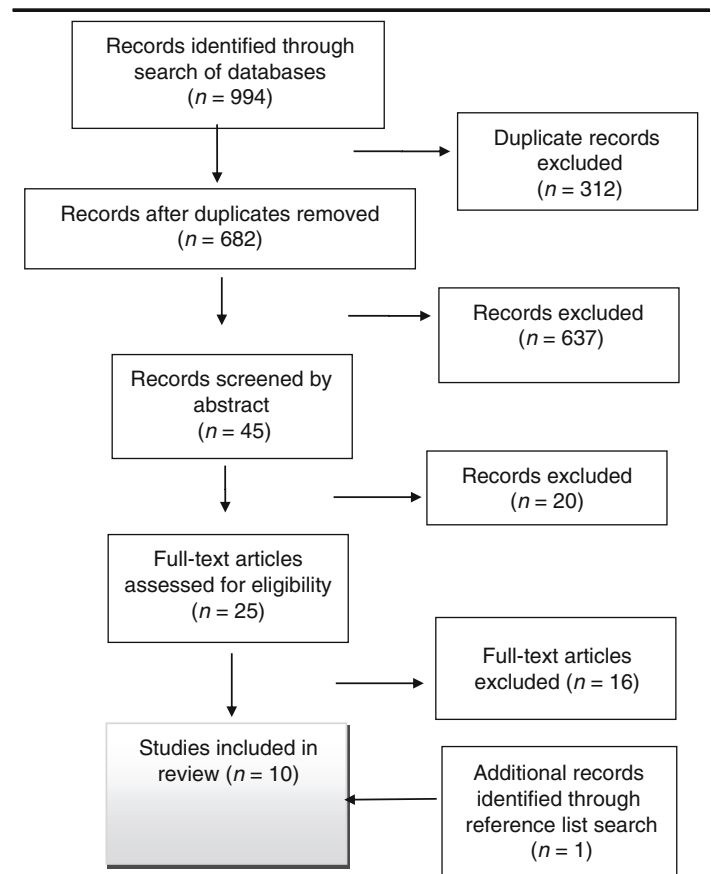


Figure 1. Flow diagram of article selection process

coding data into useful categories for synthesis and comparison across coding segments).

RESULTS

In total, 10 published papers, representing the results of 9 studies in the field, met the inclusion criterion and are included in this review. Notably, more articles met the inclusion criterion but were excluded because they were duplicates of the articles included here. Excluded duplicate articles were those of Otero and Preibisch,¹³ Hennebry and Preibisch,¹⁴ Hennebry,¹⁵ McLaughlin¹⁶ and McLaughlin.¹⁷ These articles were duplicates of Preibisch and Otero,¹⁸ Hennebry¹⁹ and McLaughlin.²⁰ England et al.²¹ is the same study as Mysyk et al.²² However, both studies have been included in the analysis because they present different facets of *nervios*, a culturally defined syndrome that lies at the blurry boundary between wellness and psychiatric disorders. Yousefi²³ was eliminated from the analysis because the study had serious sampling issues for a quantitative study: invitations were sent to 358 participants, and a response rate of 5.8% was obtained. Twenty-one individuals responded, 14 qualified for the study, and only 8 were employers of temporary foreign workers.

Table 1 summarizes the research questions, study populations, results and CASP scores of the 10 articles included here. Of these, a significant number ($n = 9$) were about seasonal agricultural workers. Only one study included the health of other groups of temporary foreign workers.²⁴ The majority of studies were conducted in Ontario ($n = 8$); one study was conducted in Quebec and another in British Columbia. The studies were largely cross-sectional in nature, eight using a qualitative methodology and two using a quantitative methodology. The studies described issues relating to occupational health, poor housing and sanitation, mental health and barriers to health care, including language and fear of deportation.

Occupational health hazards were identified as the predominant health issues negatively affecting the workers, particularly seasonal agricultural workers. For example, seasonal agricultural workers face the risk of falls, vehicle accidents, headache, muscle strain, repetitive strain injuries and itchy skin.^{19,20} Long hours of work, unreasonable productivity targets, poorly maintained equipment, language barriers, inadequate training and inadequate personal protective equipment all contribute to poor occupational health among seasonal agricultural workers.^{18-20,25,26} Farm workers often hide their injuries from employers and work while injured. Fear of losing one's job and subsequently being deported contributed to farm workers' acceptance of an unsafe working environment and working while injured. It is difficult for workers to exercise their rights or refuse unsafe work, as the employer has a role in whether workers can remain in Canada and continue to work and provide for their families.

In addition to occupational health hazards, inadequate hygiene and sanitation pose health and safety risks to seasonal agricultural workers. Challenges with sanitation include lack of bathroom facilities at the workplace, lack of hand washing facilities, lack of clean drinking water, overcrowded housing, poorly ventilated rooms, living in close proximity to pesticides, and lack of laundry and washing facilities.¹⁸⁻²⁰ Overcrowded living facilities,

excess heat or cold and uncomfortable mattresses contributed to sleep problems within this group and had an effect on their mental health.²⁰

Maintaining mental health was a common challenge experienced by participants. One study identified *nervios* symptoms in migrant workers.²¹ Factors and conditions contributing to poor mental health were poor working conditions, poor working relations, communication barriers, loneliness, competition among colleagues, injustices and powerlessness, poor nutrition, insufficient sleep, stressful and unsafe working conditions, and abuse.^{20,22} A common barrier to seeking help for this condition is fear of repatriation,²¹ a fear that is warranted, given data indicating that some individuals are sent back to their country of origin because of mental illness: from 2001 to 2011, 25 seasonal agricultural workers were repatriated because of mental health symptoms.²⁷

Studies have identified barriers to accessing health care for temporary foreign workers, including seasonal agricultural workers, in Canada. These include the fear of deportation, lack of knowledge about health professionals related to health coverage for temporary foreign workers, language barriers, limited access to health services in the first three months in Canada, living in rural areas with limited access to transportation, lack of attention by employers to workers' health, and workers' lack of knowledge about what care they should have access to. As with previous themes, fear of being deported remains the single predominant barrier to accessing health care for temporary foreign workers in Canada.^{19,21,22,24} Again, the evidence suggests that the fear of repatriation is founded: Orkin et al.²⁷ found that a total of 787 repatriations occurred between 2001 and 2011. Migrant farm workers were most frequently repatriated for medical or surgical reasons (41.3%, $n = 325$), for external injuries including poisoning (25.5%, $n = 201$) and for other identifiable reasons (17.3%, $n = 136$). Even for those who choose to access health care in Canada, language barriers are a challenge.^{18,19,21,22,28} To meet their health needs while protecting themselves from repatriation, temporary foreign workers often engage in transnational health care by consulting health professionals in their country of origin.²⁴

DISCUSSION

Temporary foreign workers experience occupational health hazards, poor housing and sanitation, mental health challenges and barriers to accessing health care for improving or maintaining their health. A major issue that dominates the literature is the fear temporary foreign workers have that they will be medically repatriated. This fear greatly affects their decision to access and use health services to improve their health. Thus, the health of temporary foreign workers is highly shaped by their precarious immigration status, including their status as non-citizens. Other studies have also found that migrant workers with precarious immigration status experience more barriers to accessing health care and, as a result, may face long-term health concerns and unrecognized morbidity.²⁹⁻³¹ Oxman-Martinez et al.³⁰ further note that precarious immigration status intersects with migrants' social locations, based on the axes of sex, race, class and ethnicity, to influence their access to and use of health services. Their disposability as a workforce and their class status (often low-wage) contribute to their negative experiences in Canada, including ill health.³²

Table 1. Summary table of studies included in the scoping review

Author information	Year	Study purpose/research question	Study population	Methodology	Results	Critical Appraisal Skills Programme score
Narushima and Sanchez ²⁶	2014	The aim of this study was to examine how employers perceive their migrant farm workers' (MFWs) occupational safety and health. What are employers' attitudes towards creating a healthy work/life environment? What challenges do employers face in promoting the safety and health of MFWs under the current system?	MFWs in Southern Ontario	Qualitative research using a modified grounded theory approach to explore the views of MFWs' employers. A single face-to-face interview was conducted with 9 employers.	The study found that employers in farm business are dependent on MFWs. However, the study identified fragmented views on workers' safety and health. Participants reported that MFWs' workplace safety was a business matter and therefore employers' responsibility, but health is a personal matter and it is workers' responsibility. However, as the MFWs are living on employers' property, it is hard to separate the workplace safety and personal health issues. With regard to health promotion programs for MFWs, the majority of the employers anticipated challenges to the implementation of such programs because of lack of financial resources, transportation and workers' interest.	Medium The research aim was clearly stated. Appropriate methodology was used to answer the research question, also the use of a grounded theory approach was justified. Relevant research-based literature was used. The strategy used to recruit participants was explained well. However, the sample size was low for a grounded theory study. The study findings and the analysis were presented in detail.
Preibisch and Otero ¹⁸	2014	Using a comparative study of workplace health and safety this research explored how precarious legal status affects the lives of temporary migrant guest workers and immigrants in Canada.	Mexican and South Asian farm workers Stakeholders (farm workers, growers, industry representatives, Canadian and Mexican civil servants and advocacy groups) in British Columbia	Field research was conducted in BC, including face-to-face questionnaires with 200 farm workers, 53 in-depth interviews with stakeholders and a detailed review of secondary data.	The study reported four major themes about how citizenship status affects the health and safety of temporary foreign workers (TFWs). 1 Coercive employment practices: Farm workers work long hours, work while ill or injured because of fear of losing employment and deportation. 2 Unsafe workplaces, transportation and housing: There was poorly maintained equipment, hazard of falling from height or injury from machinery; unsafe transportation without seat belts, overloaded buses and driving too fast. In relation to housing, there was inadequate sanitation, overcrowding and insufficient cooking elements. 3 Training and language barrier: The majority of TFWs did not receive health and safety training. Also, language barriers increased the risk of work-related injury. 4 Access to health care: Poor transportation and work shifts hampered TFWs' access to health care.	High The study addressed a clearly focused issue and used an appropriate method to answer study questions. Sample size was sufficient to generalize the findings; study used both subjective and objective measures to collect the data. Findings presented in detail. Recommendations for policy change were mentioned in the article.
Hanley et al. ²⁴	2014	This study's aim was to explore to what extent migrants in Quebec have the right to health care in both law and practice. The project sought to answer the following research questions: How does immigration status intersect with legal and socio-economic factors to shape access to Quebec medicare and workers' compensation? What strategies do migrants use to overcome barriers in access to health care and workers' compensation?	Migrants to Quebec	Data were collected through a survey of 211 participants, of whom 78 (52 women and 26 men) were considered to be precarious status workers. Follow-up interviews were conducted with a subset of survey respondents who identified barriers in access to health care ($n = 31$). The inclusion criterion was the presence of precarious status (i.e., undocumented refugee claimants, TFWs, foreign students and permanent residents during the 3-month delay before	The research aim was clearly stated, and the study used appropriate methodology to answer the research question. Relevant research-based literature was used to support the study's purpose. The strategy used to recruit the participants was explained well. Detailed analysis was presented.	

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Author information	Year	Study purpose/research question	Study population	Methodology	Results	Critical Appraisal Skills Programme score
Orkin et al. ²⁷	2014	The aim of this study was to examine the reasons and dominant diagnostic categories for medical repatriation of MFWs in Ontario between 2001 and 2011.	MFWs in Ontario	Retrospective descriptive study examined medical repatriation data from Foreign Agricultural Resource Management Services, a non-profit corporation managing the contracts of more than 15,000 MFWs in Ontario annually. Repatriation and demographic data were extracted for workers from 2001 to 2011.	information about obtaining health care. In addition, very few TFWs consulted family doctors, general practitioners or specialists because of transportation issues, increased wait time or fear of being denounced to immigration authorities or employers. The study also reported that the majority of TFWs chose transnational consultation whether by phone, e-mail or a trip to the country of origin, mainly to keep their health problems secret from both their employers and Citizenship and Immigration Canada.	Recommendations and direction for future research were discussed. Medium This is a retrospective study only, which examined the data of farm workers to identify the reasons for medical repatriation. The methodology used to conduct the study was appropriate. However, the findings presented did not capture workplace injuries or health conditions that do not result in repatriation. Thus, the reported repatriation rates underestimate the general rate of the health problems among these workers. No direction for future research discussed.
England et al. ²¹	2007	The specific aim of the study was to examine a process model of nervios using themes derived from the statements of Mexican male, seasonal farm workers.	30 Mexican seasonal farm workers residing in rural, southwest Ontario	Exploratory descriptive study. Focused interviews were conducted in Spanish. In this paper, the authors addressed quantitative findings from a correlational study of a distinct set of variables describing nervios symptoms among Mexican seasonal farm workers.	The study findings revealed that nervios is a multidimensional process with at least six variables contributing to an accumulation of negative affectivity: provocation, control salience, cognitive sensory motor distress, fear, giving in and feeling trapped.	Medium The study addressed a clearly focused issue and used an appropriate method to answer study questions. Relevant research-based literature was used. The strategy used to recruit the participants was explained well. However, there was no sample size justification. The findings and analysis were presented in detail. Clinical implications and recommendations for policy change were reported in the article.

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Author information	Year	Study purpose/research question	Study population	Methodology	Results	Critical Appraisal Skills Programme score
McLaughlin ²⁰	2009	The purpose of this dissertation was to assess the structural vulnerability of non-citizen TFWs in Canada. It also analyzed the effect of non-citizen status on workers' lives, rights and health.	MFWs in Canada, from Mexico and Jamaica	Qualitative study used medical anthropology approach.	The findings of the study demonstrated that human rights often break down for migrant workers before they even leave their countries. Because of enduring structural violence, they have often been unable to access the necessities of life, including proper housing, health care, occupational safety, etc.	High A detailed thesis addressing common seasonal farm workers' problems. Relevant research-based literature was used. Presented findings in detail. Recommendations for policy change were mentioned in the dissertation.
Mysyk et al. ²²	2008	The aim of the study was to examine the mental health of Mexican farm workers who participate in the Canada/Mexico Seasonal Agricultural Workers Program (C/MSAWP).	Mexican farm workers working in southwestern Ontario	Qualitative study with individual in-depth interviews. A total of 30 participants who came to Canada under C/MSAWP took part in the study.	The study found that these farm workers experienced various life problems, including relocation and homesickness, communication barriers and poor working conditions, which resulted in anxiety or mood disorder symptoms such as sweating, trembling, difficulty sleeping, fatigue, lack of concentration or coordination, anger, fear and desperation. These symptoms were not being given priority and were not being treated, which resulted in early repatriation or not being invited back the following season.	Medium The research aim was clearly stated, and the study used appropriate methodology to answer the research question. Relevant research-based literature was used. The strategy used to recruit the participants was explained. The framework used to guide the interview was not explained in detail. The findings were presented in detail. Recommendations for policy change or future research were mentioned in the article.
Hennebry ¹⁹	2010	This research examined the health risks for lower-skilled temporary migrants. It also examined the difficulties temporary migrants face in accessing health services and the factors that increase their vulnerability.	TFWs in agriculture from Mexico and Jamaica	Quantitative survey. Questionnaire was administered to 600 TFWs.	The study identified that temporary migrants in agriculture are vulnerable to health risks and often experience poverty, marginalization and limited access to social benefits and health services.	High Research aim was clearly stated. The study used a survey questionnaire to answer the research questions. Relevant research-based literature was used. The strategy used to recruit participants was not explained in the article. However, the study used a fairly large sample size of 600 participants. Findings were presented in detail.
McLaughlin et al. ²³	2014	The research presented the findings on occupational health and safety risks, training and protection, and examined to what extent the <i>Occupational Health and Safety Act</i> has made a practical and significant difference in workplace safety for migrant workers.	Total 100 MFWs (62 Mexicans, 33 Jamaicans and 5 from other countries)	Individual interviews with migrant workers and stakeholders. Case study approach. From these 100 workers, 30 case studies were isolated with more complex or serious health problems for qualitative follow-up interviews. 64 stakeholders were also interviewed.	The study identified a significant gap in Ontario's OHS legislation and policy in terms of providing meaningful and comprehensive protection to vulnerable MFWs. The study also found that migrant workers are under-trained and under-equipped to deal with the multiple hazards that they encounter in their workplaces.	High The research aim was clearly stated. Literature to support the study was presented in detail. Research findings were reported well. Recommendations for policy change and future research were mentioned in the article.

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Author information	Year	Study purpose/research question	Study population	Methodology	Results	Critical Appraisal Skills Programme score
Narushima, McLaughlin, & Barrett-Greene ²⁸	2015	This pilot study investigated temporary MFWs' knowledge about HIV/AIDS, their attitudes towards condoms and their use, and perceived barriers in accessing sexual health services.	Migrant farm workers employed in the Niagara Region of Ontario (n = 103)	Survey questionnaire and focus group interviews.	The results suggested that MFWs commonly face vulnerabilities to HIV/AIDS, sexually transmitted infections and other sexual health issues because of personal, social-cultural, environmental and structural factors. The research also identified the need for culturally and gender-sensitive sexual health education programs for MFWs.	High The study addressed a clearly focused issue and used an appropriate method to answer study questions. Relevant research-based literature was used. The theoretical framework was integrated well. The findings were presented in detail.

In 2013, the number of international migrants worldwide was 232 million.³³ Thus, they are a significant group for population health in destination countries. Similar to the findings from this review of Canadian studies, the results of research conducted in the US, Europe and Asia indicate that temporary foreign workers experience occupational health challenges, mental health challenges and language barriers, and that their immigration status structures their access to health care in destination countries.³⁴⁻³⁷ Regarding occupational health hazards, the International Labour Organization has estimated that migrant workers worldwide experience 335,000 accidents per year.³⁸ Given the health threats this group faces, temporary migration can lead to chronic long-term health effects.⁷ Stress and family separation (and the associated loneliness) further contribute to the poor mental health of migrant workers.³⁹

In Canada, the health of temporary foreign workers is of vital importance, as they contribute to the growth and development of Canadian society.^{8,9,40,41} However, jurisdictional issues related to the administration of the Temporary Foreign Workers Program by government (including immigration and labour policy-makers) and non-government actors (including employers and labour unions) across provincial boundaries create silos in policy-making that may have an effect on the well-being of these workers.⁴² Immigration policy that places a worker's health into the hands of a single employer has the potential to lead to exploitation and create barriers in access to health services, as the employer has a role to play in whether the worker remains in Canada; also, he or she may not have the necessary tools, capacity or commitment to address workers' health. The ability to enforce the rights of workers is made complex by the restrictive policies of some labour unions, their reluctance to embrace temporary foreign workers and the relegation of some temporary foreign workers to second-class union status.⁴³ Without full protection in the workplace and complete enforcement of labour rights, temporary foreign workers may face ill health. Thus, stronger immigration policies that establish full protection and rights for workers are needed to prevent abuse and exploitation, and to promote the health of this population.

While this study provides some insight for public health professionals, several limitations must be noted. First, there are limited studies on the health of temporary foreign workers in Canada. The majority included in this review involve seasonal agricultural workers in Ontario, and some of the challenges discussed may be limited to the health of these workers. The generalizability of the findings to the broader temporary foreign worker population is very limited. Also, we acknowledge the limitations of the search terms used. We also acknowledge the possibility that there may be unpublished studies on other temporary foreign worker populations in Canada that might not have been included in the review. To address this weakness, we reviewed the reference list of all articles that met our inclusion criterion and also reviewed the published works of individuals we know who conduct research on temporary foreign workers, live-in caregivers and seasonal agricultural workers in Canada. Finally, given that scoping reviews do not seek to assess quality, our review did not focus on the strength of the research studies. Only one study was excluded because of the weakness of its research.

The results of this review provide several useful insights for public health practitioners. The health of temporary foreign workers is not only an individual issue, it is also a public health issue.^{7,44,45} For instance, occupational health hazards in the workplace may affect not only temporary foreign workers but also their co-workers, thereby reducing productivity in the workplace. Enforcing occupational health policies and public health inspection would help to improve the health of migrant workers. Periodic health checks of temporary foreign workers' workplaces by occupational health officers would go a long way to ensuring that occupational health policies are enforced and health threats reduced. In addition, health professionals should be aware of the impact of immigration status, and especially the fear of medical repatriation, on the use of health services. This fear poses a significant barrier to access to and use of health services. Developing trust with this group of migrants may help in bridging health service gaps. Furthermore, addressing language barriers through the use of trained interpreters may further help to enhance the health of these workers. Assessment and management by health professionals should not be limited to physical ailments; given the mental health risk associated with isolation and working conditions, health professionals should conduct mental health assessments and implement necessary mental health interventions for migrant workers.

This review also provides insight into research on the health of temporary foreign workers. All but one study has been conducted exclusively on seasonal agricultural workers in Canada. It is important that future studies examine the health of other groups of temporary foreign workers, including migrant caregivers and workers in the oil field. Perhaps a comparative approach to the health of different groups of migrant workers would help to shed light on the effect of policy context on the health of these migrants. Longitudinal studies are also needed to track the long-term health outcomes in this group of workers. Given the increasing proportion of temporary foreign workers in Alberta and Saskatchewan and the lack of research on the health of workers there, further research might usefully focus on these provinces or take a comparative approach across provinces.

In conclusion, immigration status shapes the health of temporary foreign workers in Canada. Temporary foreign workers experience occupational health hazards and mental health challenges, and face barriers to accessing health care. Public health professionals have a role to play in improving the health of this population through enforcing occupational health policies, considering these workers' precarious status in Canada and bridging language barriers.

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RÉSUMÉ

OBJECTIFS : Les travailleurs étrangers temporaires contribuent à la prospérité économique du Canada, mais ils vivent certaines formes d’iniquités structurelles et ont des droits minimaux, ce qui peut nuire à leur santé. L’objectif de cette étude de champ est d’examiner l’étendue, la variété et la nature des études canadiennes publiées sur la santé des travailleurs étrangers temporaires et de leurs familles au Canada.

MÉTHODE : Nous nous sommes guidés sur les cinq étapes de la conduite d’une étude de champ définies par Arksey et O’Malley. Nous avons mené une recherche exhaustive de sept bases de données, ce qui a mis au jour 994 études. En tout, nous avons inclus dans notre étude 10 mémoires de recherche publiés portant exclusivement sur la santé des travailleurs étrangers temporaires au Canada; ces 10 communications représentaient les constatations de 9 études.

SYNTHÈSE : La majorité des études impliquaient des travailleurs agricoles saisonniers dans la province de l’Ontario ($n = 8$). Les principaux enjeux liés à la santé pour les travailleurs étrangers temporaires étaient la santé mentale, la santé au travail, les mauvaises conditions de logement et d’hygiène et les obstacles à l’accès aux soins de santé, dont la peur d’être expulsés et les barrières linguistiques. Ces enjeux liés à la santé sont très marqués par le statut précaire des travailleurs étrangers temporaires au Canada en matière d’immigration.

CONCLUSION : Les constatations de l’étude indiquent le besoin de réduire les obstacles aux soins de santé et de faire plus de recherche sur d’autres groupes de travailleurs étrangers temporaires, hors du secteur agricole.

MOTS CLÉS : travailleurs étrangers temporaires; travailleurs migrants; travailleurs agricoles saisonniers; migrant*; Canada