



# POLICY BRIEF

## IRELAND: Workplace Integration in Irish hospitals

### KEY POINTS

- As foreign-born professionals represent a large proportion of the workforce in the Irish health sector, more scrutiny is required to ensure that there are no disadvantages related to their ethnic background
- In order to ensure adequate skills management, training and promotions opportunities should be offered on an equal basis
- Individual employers should aim to provide a positive everyday workplace experience for all employees, regardless of their occupation, grade or nationality

### WHY IS THE WORKPLACE INTEGRATION OF MIGRANTS IMPORTANT?

- Diversity in the workplace should be recognized as individuals from different backgrounds benefit organizations;
- On an institutional level, adequate training and clear career paths allow workers to progress professionally;
- Everyday workplace integration ensures workers' well-being as well as improving the performance of the organization;
- Appropriate diversity management at all levels contributes to better outcomes for patients;

### THE IRISH CONTEXT

Currently Ireland has one of the highest shares of foreign-trained doctors and nurses in the health sector workforce in the OECD. Recent estimates suggests that around 16 per cent of doctors and 19 per cent of nurses working in Ireland are born abroad. After over a decade of large inflows of health professionals from around the world, Irish hospitals are now truly multicultural workplaces.

**WORK-INT is a European research and advocacy project aimed at better understanding, increasing awareness and improving policies and practices on workplace integration of migrants working in the health sector based on primary research carried out in in Dublin (Ireland), Hamburg (Germany), Oxford (UK), Madrid (Spain), and Turin (Italy). See [www.workint.eu](http://www.workint.eu)**

As part of the WORK-INT study, Trinity College Dublin conducted 38 interviews with foreign-born and Irish doctors and nurses working in selected Dublin hospitals, as well as their managers and relevant stakeholders. Those interviews focused on the experience of working in a diverse environment.

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## SPOTLIGHT ON EVIDENCE

Overall, cultural diversity in Irish hospitals was perceived as an advantage. However, while most nurses reported opportunities for career development, doctors who were trained outside of the EU faced institutional discrimination in accessing structured training, which affected their career progression. Findings from the project suggest that there are opportunities for professional progression available for nurses in most of the hospitals. Career paths are clear and there are training programmes often financed by the employers. Data also suggest that nurses trained outside of the EU have been encouraged to apply for promotions and a number of them were successful. Doctors who migrated to Ireland from non-EU countries, however, faced more challenges in relation to their professional progression. While the career structure is in place, they found it difficult to enrol on specialist training programmes provided by the relevant institutions.

There is some evidence of workplace discrimination amongst nurses, especially when one nationality dominates in a ward. Furthermore, using native languages other than English during staff breaks can also be an issue, as ward managers are not given clear directives regarding this from the HR directors.

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## POLICY RECOMMENDATIONS

- **Training and career opportunities:** As many foreign doctors arrived in Ireland with an aspiration to gain international training and clinical experience, it is important to enhance training opportunities and tackle existing barriers to career progression of migrant doctors.
- **Workplace integration:** As the majority of the wards in which the study respondents worked were multicultural, most of them were exposed to diversity in the workplace. While there were no major conflicts reported, the study found that there are internal divisions within such wards. Firstly, there were divisions between doctors and nurses. These two groups worked together providing care for the patients, but were not fully integrating on a social level. There were, however, examples of team-building initiatives coming from staff members. As such initiatives had a positive effect on the overall relations amongst the employees, these should be further promoted. Furthermore, there were divisions based on nationalities, especially amongst nurses in wards which had a large proportion of nurses from specific countries. We recommend the promotion of a more diverse workforce in wards thereby limiting the risk of 'ethnic grouping'.
- **Language issues:** Finally, most of our non-Irish born as well as Irish-born respondents raised the issue of using language different than English in the workplace. While there was a general consensus that only English should be used in the presence of a patient, there were different attitudes towards speaking other languages during staff breaks. Ward managers often interpreted hospital regulations in various ways. It is recommended that the management provides clear instructions regarding language use during staff breaks in order to avoid tensions among staff members.



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