



WORK-INT

Assessing and Enhancing
Integration in Workplaces

POLICY BRIEF

SPAIN: More Legal Stabilisation Channels for Better Workplace Integration.

EXECUTIVE SUMMARY

Integration and diversity management are not among the priorities of the Spanish Health ministry's and hospitals' HR departments. Despite this, migrant healthcare workers in Spanish hospitals have achieved a **satisfactory integration level in workplaces**. Yet, MHWs' feeling of not being sufficiently integrated in workplaces has more to do with **legal precariousness and credentials recognition problems** than with language and religious differences. Hospital organisation and the commitment to patients' well-being shape hospitals' everyday life whereas **possible frictions among colleagues have more to do with hierarchical than with ethnic differences**. This notwithstanding, measures such as the introduction of communication channels in hospitals, clearer information for resident doctors, references bureaus for MHWs as well as continuous monitoring, residence stabilisation channels and additional credential recognition procedures may favour a more pro-active approach to diversity and improve workplace integration of MHWs.

THE RESEARCH CONTEXT

The Spanish health care system is a **decentralised public-private mixed healthcare system** financed through tax-incomes. Field work was carried out in two large public and private hospitals of the Community of Madrid. A total of **37 interviews were carried out with 20 migrant and 17 native health care workers**. Among interviewees, 9 were physicians, 14 resident doctors, 7 nurses, 5 nurse assistants and 2 technicians. Only public hospitals and a reduced number of private hospitals are entitled to offer training slots. For this reason, the number of interviewed resident doctors was higher in the public than in the private hospital while the number of interviewed nurses was higher in the private than in the public hospital. Most of the interviewed MHWs (12) were of Latin American origin, followed by workers from European, African (1) and Asian (1) countries. Only one of the interviewees was Muslim and therefore did belong to a non-Christian religion.

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 Dublin (Ireland), Hamburg (Germany), Oxford (UK), Madrid (Spain), and Turin (Italy). See www.workint.eu

MAIN RESULTS

- Workplace integration in the healthcare sector is perceived by HR and institutional representatives as a spontaneous process. In such a context, conflict resolution is seen as something that can be achieved 'on the fly' and **diversity management is not mentioned as an instrument for workplace cohesion**.
- There are **no particularly remarkable difficulties with respect to the integration of health care professionals in workplaces**. No particular differences are perceived between the public and the private hospital neither between doctors and nurses. The level of socialisation seems to be particularly high in the public hospital due to the large presence of resident doctors sharing the same life course in the same location.
- **Hierarchical differences between professional categories have appeared to be more important than ethnic differences** when it comes to assess conflict potential and to foster employment relationships. Furthermore, the need to work together very closely for many hours undoubtedly represents an incentive to soften conflicts and find a meeting point. From the point of view of hospital organization, **workplace integration is not perceived as a cultural problem** to the extent that health care professionals adapt to the way of working and establishing relationships in each hospital.
- The presence of many Latin Americans that speak the same language as their native colleagues does not always facilitate communication due to the different varieties of Spanish and their use in daily working life. In such a case, **Latin Americans' Spanish may be an object of criticism**. However, this type of difficulties does not seem to overshadow the weak relevance of language-based conflicts. Similarly, the issue of religious diversity is barely seen as a source of conflict due to the small presence of non-Christian professionals and the overall will to avoid discussions among colleagues on this point.
- **The perception of labour market integration in administrative terms seems to be more problematic**. As was seen, the majority of the interviewees believe that the current legislation prevents the full labour market integration of health care professionals due to the precariousness of the contracts offered and the existing barriers to permanent employment, such as possession of Spanish or EU nationality. Another important aspect concerns foreign credentials recognition as, especially in the case of nurses, **down-skilling as a consequence of the difficulties regarding foreign credentials recognition represents a source of dissatisfaction** for many nursing assistants and a barrier to full labour market integration.

POLICY RECOMMENDATIONS

- Even though ethnic diversity does not seem to seriously affect MHWs' workplace integration, the **implementation of a more pro-active integration approach** would certainly contribute to face the increasing complexity of Spanish hospitals.
- Workplace integration and patients' care are closely related. However, the ministry's and hospitals' action protocols take into account the cultural and linguistic diversity of immigrant patients to only a very small extent. Intercultural mediation has started to play a role in the context of the primary attention (Family Doctors and Pediatricians) due to its holistic approach. In this respect, it would be advisable **to reinforce intercultural mediation skills** also in a number of hospital specialties such as infectious diseases.
- **Hospitals should take more advantage from their diverse staff** and should guarantee that emergency patients are attended by staff speaking their language. This would also increase the efficiency in patients' attendance.

- Not all resident doctors aim at returning to their country of origin. There is need to **discuss the creation of special stabilisation channels of health care professionals** based on the assessment of their professional qualifications and performance. This would extract maximum benefit from the sector's human capital, avoiding the instrumental use of other stabilisation channels such as naturalisation.
- Due to very marked hierarchical differences in Spain hospitals, MHWs may fear reporting possible discrimination episodes to department heads. It would therefore be advisable to consider **establishing alternative types of internal communication channels in hospitals in order to prevent and manage conflict situations**.
- Hospitals should **conceive anti-discrimination programmes** to correct situations of inequality in terms of salary or labour conditions. Such plans should address equally MHWs in all type of employees since higher skilled workers seldom claim for diversity measures.
- Very large hospitals should **establish institutional supports to diversity** such a reception committee to introduce newcomers (both natives and migrants) into the hospital. The commission's activity would contribute to reduce the adaptation period to the new workplace both for natives and immigrants, increase staff efficiency and prevent the raise of conflicts to a more proactive approach to workplace integration.
- The ministry should **provide a friendlier homepage with clearer information about the access to the medical profession in Spain** as well as more information about the employment opportunities of resident doctors in Spain after specialty training. This would contribute to prevent false expectations in foreign applicants.
- The existence of a more diverse professional staff in Spanish hospitals in comparison to the past should be communicated by **making the presence of migrants visible in hospitals' and ministry's homepage and information material**.
- It would be advisable to **discuss for what types of professions and under which conditions the Spanish system should 'bridge trainings' in order to improve MHWs' credentials**. The creation of 'bridge trainings' would prevent down-skilling in the long-term, enhance competitiveness and improve workplace integration.
- Better workplace integration conditions also depend on knowledge about characteristics and the employment situation of MHWs in the Spanish healthcare system. **The Spanish ministry of health should obtain statistical information about the employment conditions of native and migrant healthcare staff**. Similarly, hospitals should provide have similar databases on their foreign workers and their characteristics (origin, age, gender, professional qualification, salary).
- Better workplace integration depends on the quality of employment and salary conditions. Therefore, **the employment and salary conditions of resident doctors in the Spanish Autonomous Communities should be harmonized**. Moreover, wage and labour agreements should be adapted to the needs of a diverse staff in terms of holidays permits or permits for family reasons (such as in the case of death or illness of a close family member outside Europe).
- Hospitals should **disseminate knowledge about the content of the Code of Good Practices in the recruitment of healthcare professionals** signed by the WHO and several European countries.



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