Workplace Integration of Migrant Healthcare Workers in Spain

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Brussel, 9 June 2015

The Spanish Health Care Sector

- Spanish NHS provides universal insurance financed through tax allocations.

- 98% of the Spanish population is insured by the NHS.

- NHS almost completely decentralised since 2005.

- NHS insurance can be complemented by private insurance.

- Possibility of private-public partnerships.

- Highest physician/population ratio and one of the lowest ratios of nursing staff in the EU.

Recruitment and employment

- Highly regulated recruitment procedures in the public sector (nationality-based criteria).

- More flexible recruitment the private sector even though currently limited by restrictive immigration legislation.

- Title recognition for specialists more cumbersome than degree recognition.

- Central state exam to recruit resident doctors (mainly in public sector).

- Before 2008 demand was high in rural regions and certain specialties.

Evolution of training slots
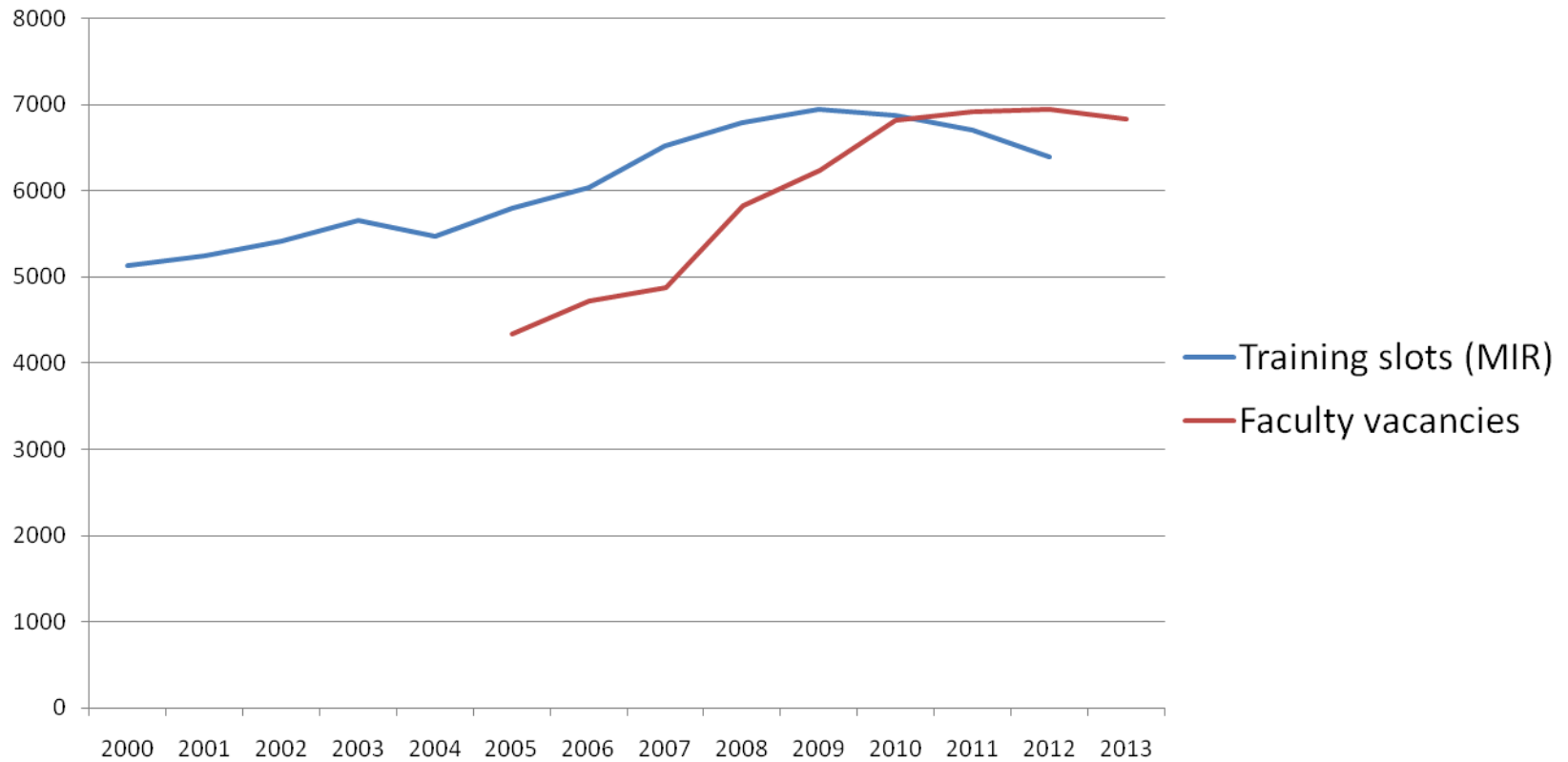
Source: Spanish Ministry of Health

Field Work

- A '100%' public and a '100%' private hospital in Madrid.

- Interviewees contacted with support of HR departments and medical directions.

- 37 interviews (19 in the private and 18 in the public hospital) of aprox. 2 hours.

- 20 MHWs (12 from Latin America), 17 native

- 9 specialists, 14 trainees, 7 nurses, 5 nurse assistants, 2 tecnicians .

- More resident doctors in the public hospital (9), more nurses in the private one (9).

Recruitment strategies

- Highly regulated recruitment procedures in the public hospital **("I have never been free to say "I am going to employ *this* (italics added) person" (PUBHR1).**

- Relevance of the internal network for recruitment in the private hospital **("networking is a value we have" (PRIVHR1).**

- Before the crisis, permanent employment in the private hospital was easier.

- Ambiguous situation of resident doctors (study permit does not corresponds to real functions).

Integration and legislation (I)

- Little chances of employment **"I think that immigrants' problems lie more in the State and the laws, that make everything more and more difficult".**

- Difficulties to "retain" good staff after training.

- Naturalization as a 'way-out' and an opportunity for Latin Americans.

- Exceptional short-term contracts for non-EU doctors also possible source of resentment among (native) colleagues in the public hospital.

- Having permanent contract increases positive perception about workplace integration.

Integration and legislation (II)

- Increasing perception that access to specialty training was too permisive

- Even according to some MHWs there is certain need to establish "national recruitment priorities" due to the economic crisis.

- Dissatisfaction with arbitrariness of degree recognition.

- Especially in the case of nurses, restrictive recognition procedures might produce downskilling and therefore negative perception about workplace integration.

Diversity policies

- Ethnic diversity is not perceived as a challenge by HR managers
- Diversity does not even play a role in the agenda of the Spanish Ministry of Health
- A "reactive" approach is considered sufficient in the case of conflict (*ad hoc solutions*)
- Professional cualification and committment are considered to have more impact on efficiency and social cohesion than immigration background or/and diversity in general.

Integration and ethnicity diversity

- Ethnic diversity does not seem to represent an obstacle to workplace integration

- This may be related to the strict professional codes in the health care sector (dress-code, patient-treatment code etc...).

- (Few) cases of racism mainly regard the patient-doctor relationship.

- However, barriers to workplace integration may lie in certain "nuanced" perception of ethnic diversity with respect to language, religion, working habits...

Language and religion

- Language and religion *per se* not a discrimination factor, however…
- Certain language discrimination against Latin Americans (even among Europeans): "**It is like speaking a worse Spanish**" (EU resident doctor, public hospital).
- Concern about the possibility that religious issues may enter into workplaces.
- Exceptional use of derogatory terms ("panchitos"), jokes among colleagues ("Pocahontas"), and some problems in Emergency Room.

Socialization and working habits

- Raised opinions mainly concern Latin American doctors.

- Native colleagues acknowledge that Latin Americans' reputation of being 'slow workers' is unfair.

- Strong work committment of Latin Americans may generate some resentment (they do more shifts, work in different workplaces, etc…).

- Latin Americans are allegedly kinder to patients, which is often valued positively (even though perception often depends on the patient's age).

Integration and hospital organization (I)

- MHWs professional profile is more important than ethnic origin: "**The important thing is that patients are well cared for, no matter who takes care" (EU nurse, private hospital).**

- The concept of "outsider" has nothing to do with ethnicity, but usually describes those that do not know how the hospital "works".

- The feeling of discrimination (and dissatisfaction) may be more a hierchical question ("**I cannot give any medication that has not been approved by a doctor. And so it is, always running after a doctor every morning" (**EU nurse, private hospital).

Integration and hospital organization (II)

- The intensive working rythm more than ethnicity may play a positive role in terms of socialisation: **"I have spent almost all my social life with people of the hospital"** (foreign resident doctor, public hospital).

- But it might also cause conflicts, even though most try to avoid them to ensure good teamwork **"I think it is better to get along well with everybody"** (native nurse, private hospital).

- Relevance of the "informal level" (exchange of favours)

Need of diversity management?

- Most of the interviewed MHWs consider that they provide an added value to the hospital in terms of practical experience, critical views etc...

- However, most of the interviewees do not see any need of diversity management "**I do not think that they are necessary. I think that everybody can integrate if he/she is willing to do so**".

- Natives consider that the absence of need of specific measures is directly related to the openess of the Spanish society **"Spain is diverse. (...) I do not think that somebody has to come to teach us how to live together"**.

Policy Recommendations

i) Friendlier ministry's homepage and visibility of MHWs in information material.

ii) Establishment of "stabilisation" channels to retain staff.

iii) Enhancement of intercultural mediation in some medical specialties.

iv) Bridge trainings for nurse assistants.

v) Ministry should collect statistical information on MHWs in Spain to assess their will to return to home countries.

Policy Recommendations

i) Alternative internal communication channels to prevent and manage conflicts in hospitals.

ii) Continuos presence of foreign doctors in emergency rooms.

iii) Reduction of adaptation periods through reception commitees in each hospital.

iv) Anti-discrimination protocols.

Thank you very much

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