

## **Integration of refugees in the care sector: Opportunities and Barriers**

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***Work in progress - this is a very first draft of our paper!***

### **Abstract**

The professional care sector, a non-academic field with a high demand for labour, seems to have high potential for the integration of refugees into the labour market. At the same time, however, its specific determinants might hinder this high integration potential. Thus, we would like to discuss the opportunities and barriers for the integration of refugees in the care sector. Our analysis is based on interviews conducted at a residential care facility for the elderly close to Graz.

### **1. Introduction**

As part of the research project INREST ("Integration of REfugees in STyrian companies") we try to investigate which factors contribute to the sustainable integration of refugees in Styrian companies. Integration involves both, social integration and integration into the workflow. Based on case studies an integration concept should be developed to help companies in structuring processes in such a way that a sustainable integration of refugees succeeds.

The focus of our contribution lies on the integration process of refugees in the professional care sector. As a non-academic field with a high demand for labor (Famira-Mühlberger & Firgo 2019) the care sector seems to have high potential for the integration of refugees into the labor market. At the same time, however, this sector has to cope with strong cost pressure in their day-to-day activities, which is likely to hinder the time-consuming and labor-intensive integration process of refugees. In addition, care activities differ significantly from other personal services, because good quality care work is based on the relationships between caregivers and those in need of care. Language and cultural factors may also play a role in building such relationships.

The research project started in spring 2018. Because of the large demand for care workers in Austria we expected that there would be already a reasonable number of refugees working in the care sector. On the contrary, it was very difficult to find refugees as care workers. Our first research question is therefore: What are the reasons for the very low presence of refugees in the care sector?

As reference for our analysis, we use a case study conducted at a Caritas care facility in Graz. In autumn 2018 a first round of interviews took place; the second round was conducted in May 2019. Based on these interviews we want to find answers for our main research question: What are the opportunities and barriers for the integration of refugees in the care sector? We want to investigate to what extent the specific conditions in the care sector are decisive for the difficulties in using this sector for the integration of refugees despite the high demand for care workers. By identifying these barriers, it should be possible to develop tools and strategies for a better integration of refugees in professional care work in Austria.

## **2. Characteristics of the care sector and its implications for the integration of refugees**

Around the globe, the care industry is facing the same challenges. On the one side, an increase in labour demand due to an increasingly larger older age population in need of care; and on the other side imminent labour shortage (Franklin & Brancati 2015). Long-term care service providers in Austria for example are increasingly reporting difficulties in finding staff for mobile and stationary long-term care services. In addition to the question of future financing, the most urgent problem in the care sector is ensuring sufficient personnel coverage. An Austrian estimation based on current projections of the demand for long-term care services shows, that mobile and inpatient care will require around 24,000 (full-time equivalents: 18,000) additional long-term care staff by 2030 and 79,000 (full-time equivalents: 58,000) by 2050 (as of 2016: 63,000 and 45,000 full-time equivalents, respectively) (Famira-Mühlberger & Firgo 2019). Migration can help to offset some of these effects by boosting the supply of available workers and helping to tackle the imminent shortage of qualified personnel.

Additionally, as the proportion of elderly people with a migration background among those in need of long-term care increases, the need for caregivers with a migration background (for some cases) will also increase. Due to the increasing need of qualified personnel, the AMS (Austrian labour service) offers scholarships to people who are interested in the nursing profession. For migrants additional preparatory course are offered (Resch 2009).

Thus, regarding the desperate need for workers in the care sector and offered scholarships we would expect a relatively high number of refugees who came to Austria during the last five to ten years holding jobs in the care sector. However, our own experience from searching for interviewees in the care sector was the contrary. Expert interviews with teachers in the training of nursing staff supported our experience: there are almost no employees with a refugee background employed in the care industry up to date.

What factors hinder refugees from taking on jobs in the care sector? Up to now we identified the following factors (work in progress):

### ***Training***

The situation of formal recognition of training / qualification of refugees is a really huge problem in Austria. The recognition procedure is very difficult, complex and hardly transparent since it is linked to a lot bureaucracy (Lang, Peham 2005). The person we interviewed in our case study, Hiba, a 51 year old women from Syria, completed a three-year training as a nurse and another two-year training as a midwife. In Syria she worked as a nurse and midwife for almost 14 years, but her certificates and training are not recognised in Austria. The result of this restrictive recognition practice is often the acceptance of a job for which the person is overqualified – as it is the case for Hiba.

In order to be able to work as a nursing assistant<sup>1</sup> in Austria, the completion of a training is compulsory. The training program of a nursing assistant in Austria is characterized by a lot of obstacles, especially for refugees. Firstly, in order to be allowed to take part in the training program, the proof of the completion of compulsory schooling is a prerequisite. This is often difficult in the case of younger male or women refugees since a lot of them did not finish compulsory schooling. Secondly, an entrance examination is necessary for the participation in the training program. The entrance examination is very challenging and without a preparation course not manageable for refugees. Thirdly, the training takes one year full-time or longer in case of part-time training. Additionally to the already mentioned difficulties that refugees face when choosing a nursing profession, a recent change in the occupational structure in nursing (nursing assistance, nursing specialist assistance, Bachelor training) has added to the difficulty and made it even more complicated to engage in this profession.

### ***Institutional Practice***

Additionally, studies show (Lang & Peham 2005; Theobald 2017; Shutes 2014) that migrants experience rejection and discrimination in nursing practice or internship. This is commonly expressed in the form of sceptical looks, xenophobic and derogatory remarks and even insults. This especially holds for migrants with a (visible) migration background (Lang & Peham 2005). In the UK for example researchers found out that migrant care workers are more highly concentrated in lower-paid and less secure types of care work, and migrant care workers report working overtime more often, being rostered for less-favourable shifts compared with 'English' care workers and taking on extra tasks (such as cleaning) during staff shortages (Theobald, 2017).

### ***Working conditions***

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<sup>1</sup> Explaining the Austrian system – to be completed.

The care sector is characterised by uncertain hours, rotation shift work, and work at weekends, thus making it more difficult to find time to participate in measurements that should help foster integration, e.g. language course. Additionally, due to the existing labour shortage in the care industry, the training time for new colleagues is often in comparison to other industries e.g. retail, very short. It often follows the principle "learning by doing", "asking while doing". Additionally, the low personnel key, low wages, a higher amount of problematic patients and colleagues working under high physical and psychological stress, makes the care sector not an attractive occupational field (Franklin & Brancati 2015). Thus, regarding the integration of refugees the care sector seems due to its specific characteristics very unfavourable for refugees.

However, despite of the difficulties that refugees face when choosing an occupation in the care sector, it still seems like a sector with high integration potential due to the close contact with the patients and the team.

### **3. Method**

Within the INREST project we conducted guided interviews for the data gathering. The interview guides are based on the existing literature on labor market integration of refugees and migrants. The interviews with refugees focused on topics such as vocational aspirations, experience during job search and organizational entry, work tasks and social relationships at work. In the case of the CEOs and HR managers questions in particular about their motives for hiring refugees, the recruiting process, personnel practices addressing refugees and experiences with the refugees were asked. The interviews with supervisors and co-workers focused on work tasks in the team, everyday work and social relations within the team. The interviews with the mediator and the mentor focused on their role in job search and their experiences with their refugee client. During the interviews we constantly reflected on methodological and ethical issues since refugees are a highly vulnerable group and often unfamiliar with academic research settings, special care is required before, during and after an interview (Block et al., 2012; Lu & Gatua, 2014). We obtained informed consent from the interviewees after we had explained our research aim – examining how they found a job and what kind of job they found – and assured them of confidentiality and anonymity. We emphasized that participation was voluntarily and that the interviewees could cancel the interview at any point in time. Further, we sought to create a climate of trust in the interviews, and we highlighted that the refugees were important to us in order to understand what happens in work organizations. We asked questions in a way that stimulated longer narratives and we stayed open to unforeseen events and topics. We did not ask about experiences associated with war and flight to prevent re-traumatizing. If such topics emerged in the interviews, we continued to listen actively and switched to the interview guide once we had the impression that the interviewee had finished. The interviews lasted between 30 and 150 minutes, averaging around one hour. The interview language was German, as all interviewees were sufficiently fluent. All interviews were recorded and transcribed. Between December 2017 and August 2018, a total

of 87 face-to-face interviews were conducted and mostly at the work site of the interviewees. A few interviews took place in cafés or school rooms. The interviewees consisted of 31 employed refugees (from 28 companies), 20 employers or representatives of the personnel department, 13 direct superiors and 11 colleagues as well as 12 mediators. Among the 31 refugees, there were two female refugees, with one of them working in the care sector. Generally, it was very difficult to find women refugees. Thus, most of the interviewees were young men, working as an apprentice in medium-skilled job settings (Ortlieb et al. 2019).

For our purpose we concentrate on the interviews conducted at the care facility (1 female refugee from Syria, 3 colleagues and 2 direct superiors).

#### 4. Findings

In this chapter, we would like to discuss some findings that support the existing literature on the challenges of social care (see Biffi 2006; Resch 2009; Theobald 2017; Lang & Peham 2005; Franklin & Brancati 2015). As previously discussed, some features of the care sector, such as rotating shift work in combination with scarce personnel resources, makes it very difficult to find time to participate in measurements that could help foster integration, e.g. language course. The elderly home has been very keen for months to offer “Hiba” a German language course, which would be really helpful to her. However, due to organizational difficulties such as rotating shift work and low personnel key, she did not manage to find a suitable date to take part in an intensive language course. This was much easier for another employee who works in the care facility too, but as a cleaner.

B: [...] I know an example that there is a lady, who also with migration background got such a German course promotion. The company financed this in order to achieve a better language level. [...] there was a language barrier.

I: Mhm.

B: But company has given her the chance, yes, to complete the course and she works with us in cleaning now. (supervisor)

Furthermore, the labour shortage in the care sector leads to very short orientation phases for new colleagues, making the first months rather difficult. In the case of our elderly home, the personnel key was distributed as follows: During dayshifts there were per floor 3 people responsible for 24 patients and during night shifts 2 and sometimes 1 person for 24 patients. This can lead in some cases to high physical and psychological stress and, in one reported case, even to a burn out. Thus, new colleagues are forced to learn very fast, often following the principle “learning by doing” or “asking while doing”. Although the new colleagues can always ask when needed, they feel uncomfortable because they don’t want to be a burden to their co-workers.

We have three shifts (...) And every shift is worked through with the new colleague, and then (...) he is left alone and has to find his way around the system for himself, but he can ask any time. He is informed about every patient and his peculiarities, but he has to find out for himself, how he gets along (...) And

actually, that goes quite fast. I know it from experience, after two months you are really inside. You have to give him time, that's how it is (coworker)

Additionally, good relationship between carers and those in need of care is of great importance, as caring activities often require special intimacy. Through conversations during care, caregivers try to build trust and give patients a sense of security. In addition, they learn more about those in need of care through conversations and can better respond to their needs. Thus, especially for carers with a migration background, language skills are very important (especially dialect) in order to build up a trusted relationship. This, however, is problematic since dialect is not taught in a language course.

B: And she's VERY diligent and VERY dear, but she just has this problem due to the language barrier, that's/ because with the old people, mh/ she can't be as authentic as you should be, I think, yet. That's because of [...] the language barrier and because she doesn't understand what people are saying (co-worker\_1)

B: That's why there's the paradoxical situation that people don't know what they ate for lunch, but they can recite a poem from, ah, school time [...] And that's why the biography is important [...] Then we have to create an ambience where he feels comfortable where he wakes up and says, okay, fits, it looks like I'm comfortable. That, means I need the biography, the earliest." (co-worker\_2)

Although the interviewees reported that they feel overworked and tired and not supported by the supervisor, they all loved their job and felt rewarded.

I'm not doing the job for money, I want to help people, they need our help [...] Really I love my job, it is very rewarding" (co-worker)

*[..to be completed...]*

The interviews confirm the challenges the employees in the care sector are confronted with. This makes the implementation of an integration concept itself a challenge.

## **5. Integration concept and its implementation**

### ***Integration concept***

This concept is intended for Styrian companies that employ people with a flight background. In order to foster integration and thus enable a better cooperation and working experience among all employees. The integration concept draws from literature on diversity and inclusion in organisation. The main measures are the godfather / godmother measures (e.g. Buddy; Confidant for all employees (mediation/help with professional and private problems), appraisal interview, shoulder-to-shoulder work (job rotation) and learning list (list of professional and job-related vocabulary). The developed integration concept was going to be implemented in various sectors, retail, industry and care. A workshop at the companies was held in order to implement the integration concept.

### ***Difficulties***

Some issues arose during the workshop regarding the integration concept. One of the issues was the discrepancy between the human resource policies and lived practice. At the management level it was said that integration measures have been already implemented, however when talking to the employees these measures were non existing. Furthermore, it became clear, that some measurements were unsuitable for the care sector. For example, “*the godfather / godmother measure*” is difficult to implement since the employees already work under enormous time pressure and thus it is difficult to find someone who is voluntary serving as a buddy. And employing a special person for it would be costly and thus not feasible. Another measurement of the integration concept that was not implementable in the care sector was the “*shoulder-to-shoulder-action*”. The idea behind this measurement is that people don’t get isolated from the other employees by doing the same job alone every day. This measurement is not implementable in the care sector since features like continuity, personal relationship or a familiar team are crucial for the carers and the patients and their family members.

The management was not convinced and thus the official commitment to implement the integration concept came very late.

### ***Second phase of the implementation***

In May 2019 a second interview round was conducted within the elderly home. The interviews with the supervisors and co-workers focused on work tasks in the team, everyday work and social relations with the team, but with a special focus on the relationship with the refugee. Furthermore, it was asked whether the integration workshop had an impact on the working environment and the team. The interview with the refugee focused on the work tasks, work situation and especially on the relationship with the team. Additionally, the refugee was asked whether the integration concept workshop had an influence on her. In our case, the working situation for all employees has not changed much within that year. The personnel key is still very low, Hiba still didn’t find time to visit a language course. Additionally, during the interviews we found out, that the integration concept was not properly implemented.

However, it is obvious that “Hiba” has learned and changed a lot within this year. Although she didn’t have time to visit a language course her language skills, especially in the case of dialect, got better due to the close contact with the patients, with whom she is always talking and who are always correcting her and which she appreciates. Furthermore, her colleagues are very supportive of her and they now even meet in their private time.

Thus, it seems, that although the care sector deals with many things that create barriers for integration it additionally fosters it through the social and close working environment with the patients and team. The problem for refugees is to get in to the care sector, due to training requirements, recognition of qualifications, and discrimination. But once they have a job in the

care sector, integration processes take place – even without the support through the management level.

[.. to be completed .... The interviews from May 2019 have not been fully transcribed and analysed; a comparative analysis with the other case studies has not been done yet]

## 6. Conclusion

It seems that the training requirements and special features of the care sector, such as uncertain working hours, time pressures, entrance exams, recognition etc. make it more difficult for refugees to start working in a care sector and also to be integrated. However, in our case it seems that despite all obstacle, the existing social and open-minded environment, owing to supportive colleagues and the close relationship to the patients, helped foster integration. Regarding the integration concept, it must be said, that due to the special features of the care sector, not every measurement of the presented integration concept is implementable.

## References

- Biffi, G. (2006) *Ageing of migrants: a challenge for the individuals, the economy and society*. Wien: Österreichisches Institut für Wirtschaftsforschung.
- Famira-Mühlberger, U., Firgo, M. (2019) Zum künftigen Bedarf an Pflegepersonal in den stationären und mobilen Diensten. *WIFO-Monatsberichte* 92(3): 149-157.
- Franklin, B., Brancati, C.U. (2015) *Moved to care: the impact of migration on the adult social care workforce*. ILC.
- Lang, G., Peham, M. (2005) *MigrantInnen in der Ausbildung zur Heimhilfe oder Pflegehilfe Herausforderungen, Hürden und Ressourcen*. Wien: Forschungsinstitut des Wiener Roten Kreuzes.
- Lu, Y., Gatua, M.W. (2014) Methodological Considerations for Qualitative Research with Immigrant Populations: Lessons from Two Studies. *The Qualitative Report* 19(30): 1–16.
- O'Neill, M., Harindranath, R. (2006) Theorising Narratives of Exile and Belonging: The Importance of Biography and Ethno-mimesis in "Understanding" Asylum. *Qualitative Sociology Review* 2(1): 39–53.
- Ortlieb, R., Glauning, E., Weiss, S. (2019) *Inclusion with strings attached: Good, glorious and grateful refugees at work*. Working Paper, University of Graz.
- Resch, K. (2009) *Studie zu den Herausforderungen im Unterricht von MigrantInnen und ÖsterreicherInnen in der Heimhilfe- und Pflegehilfeausbildung*. Wien: Forschungsinstitut des Roten Kreuzes.
- Shutes, I. (2014) Divisions of care labour: Care for older people and migrant workers in England. In: Leon, M. (ed) *The Transformation of care in European Societies*. London: Palgrave, 301-323.
- Steiner, K., Mosberger B., Leuprecht E., Angermann A., Zdrahal Urbanek, J. (2006) *Praxishandbuch. Methoden der allgemeinen Berufs- und Arbeitsmarktorientierung*. Wien: abif - Analyse, Beratung und interdisziplinäre Forschung.
- Theobald, H. (2017) *Care workers with migration backgrounds in formal care services in Germany: a multi-level intersectional analysis*. In: *International Journal of Care and Caring*, vol.1(2), p.209–26.