Some sociological aspects of nurses and their migration

Abstract

The paper presents a view on nurses, which imigrated into Slovenian society from the republics of former Yugoslavia State and the Analyze of their socialization problems. The authors establish, that nurses from former State area are permanent and constant. Their inflow is numerical not to be neglected, as their professional knowledge in nursing and socialization in the Slovene health system were always actual. The awareness about the importance of their presence, or to be more precise, their influence on the effective nursing as well as on patients' contentment is rising. We conducted a research study in which interviewed nurses reported about the factors of their including processes into Slovenian society; on personal and professional level.

Key words: migration, nurse, education, Slovenian society, inculturation, nursing.

Introduction

Migrations and relocations are a complex global phenomenon faced by all countries around the world. The countries are thus the origin of migration, transient destination or place of immigration, usually even all three factors at the same time. In each country, the migration policy is intertwined with

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a range of complex issues. Especially, the issues are those concerning employment and residence of foreigners, their rights and inter-ethnic relations. Often a domestic population has a negative attitude towards the immigration and foreign immigrants, which can be associated with high rates of unemployment and fear that immigrants may become an economic burden or that they will endanger the political and socio-economic stability. The following question raises: are the immigrants able to integrate into society of immigration; and consequently the following issues occur: the issue of civil, social, economic, cultural and political rights of immigrants, including measures aimed at their protection.

The Slovenian society experienced the aforementioned. Especially because of its geographical position, which is (was) close to the sensitive migration environment of Central Europe, where this social mobility is (was) not unknown. For a long time, Slovenia has been the emigration area. In the period between 1890 and the First World War Slovenia was among those parts of Europe which had the highest emigration rate. With a higher level of economic development, the migration has changed. At time of intense migrations, Slovenia as a part of the Yugoslav state, was the most developed part of the country and was therefore a frequent destination for migrants from other republics, in particular following the intensive economic reform in the second half of the 1960s. The migration was (tacitly) supported by the official Yugoslav policy, as they saw in the emigration a way to lower the unemployment rate. Comparing with the other parts of Yugoslavia, the net migration of Slovenia was positive throughout the period after 1955. Between 1976 and 1981, Slovenia had a positive net migration together with all the other parts of the federal government.\footnote{Janez Malačič, \textit{Demografija. Teorija, analiza, metode in modeli}, 6. izdaja, Ljubljana: Ekonomsko fakulteta, 2006.str.152.} This situation was maintained until the collapse of Yugoslavia. After 1991, in the crisis that followed the collapse of the former Yugoslavia, Slovenia had negative migration for the first two years, but this did not change the nature of immigration to our country. Even in later years, Slovenia exceptionally experienced a year of negative immigration balance except in 1998.\footnote{SL-01, str. 103.}

Today, the immigrants from the former Yugoslav republics represent the biggest part of naturalized Slovenian citizens; and are also the source of either border, seasonal or permanent workforce. Ironically, the extensive development of the knowledge society in Slovenia was in large extent enabled by the economic migrants, who worked at “unwanted” ie. low-paid and hazardous jobs.
When Slovenia was a part of Yugoslavia, it did not consider the policy of migration as one of the main political questions. However, this should have been considered as one of the main questions! Therefore, Slovenia today faces similar problems as other members of the European Union; Slovenia also faces special features arising from the status of emotional attachment to a previous state, its rigid identity, the internationalization of the former Yugoslav inter-republic migration processes and acute economic crisis, political instability and issues of inter cultural dialogue.

Migrations –some characteristics of XXI century

Theoretical speculations about the causes of migration most commonly arise from the theory of push-pull factors (push-pull theory), although these factors cannot explain why some individuals move away from a particular environment and others not. Various subjective factors can be divided into rational and emotional, but also socio-psychological personality of individuals must be taken into account. Klinar, that the migrations with its various causes and consequences became one of the most pressing challenges of the modern world; Klinar (ibid.) divided reasons and motives of migration into three groups, namely:

- economic and demographic reasons (due to the questions of existence, the improvement of the economic situation, overpopulation, etc.);
- political and military reasons (eg. forced migration due to the danger); and
- personal and family reasons, which are the most diverse (eg. possibility of obtaining education, employment, marriage etc.).

Komac and Medvešek divide the concept of “migration” on eviction or emigration and immigration; they emphasize that such movements can be internal or international. In Slovenia internal migration happened, as migrants came mainly from countries of the former Yugoslavia. However, a review of the more established theories of migration shows that the approaches of classical migration theory largely emphasize the economic aspects of migration, and less emphasis is on citizenship, social inclusion and exclusion,

political and everyday strategies of migrants. However, Anthias\(^9\) pointed out that the *push and pull* migration model is insufficient; this model is based on neo-liberal economic theory, and among the researchers represented a kind of standard classical model, according to which the individuals migrated in particular because of economic reasons, to ensure a better life to them and their families. Under this economical assumption, the decision to migrate is a rational choice; in the ideal sense, the researchers believed that the behaviour of migrants is a rational economic operation where the costs and benefits are weighted and factors of attraction and repulsion are taken into account estimated that the critics of such “*homo economicus*” approach have largely been given by social and cultural anthropologists who pointed out that the individual is not only a rational being who migrates only for economic reasons, but the migration processes are created and transformed by the social and cultural contexts.

Castles and Kozack\(^10\) defended one of more established statements. They claimed that job migration is a method through which the poor countries offer development assistance to the rich countries. However, it is unrealistic to assume, that the individuals have the possibility to decide freely about the migration, considering the global inequality in economic and political power and considering the control of dominant countries over the migration, since the dominant countries want to ensure the workforce.

**Education, women, health care and migration**

Carling\(^11\) notes that in recent decades we have witnessed a growing number of women’s migration, as today they represent almost half of all international migrants at the international level. Castles and Miller state that some researchers even talk about the feminization of migrations on the global level. Their migration is constant; there is continuity in social networking, also due to geographical proximity. Hasia Diner\(^12\) in her study noted that through the history, women were “bearers of migration”, mainly in the professions that

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are usually performed by women, such as nurse, maids etc. Global deficit of around 2.4 million of health workers and migration flows, which are the result of the “brain drain” in health systems, are trends and serious problems of Slovenian health care.

Currently, in the Slovenian health care there is not a lot of high-quality empirical data relating to the migration of health workers. In International Migration Review Morokvašič assessed already in 1984 the decade of researches in the field of migration of women and she pointed out that when considering the migration of women, the lack of research in this period is not as problematic as the fact that existing studies have had a little impact on policy-making and media, and that the dominant research from a gender perspective is still biased.13 Records of women immigrant show the need for a systematic study of gender and migration and the specificity of the situation of women from the epistemological position, which is still quite inadequate. In the survey, the gender is included quite unsystematic and sporadic as an important category of social stratification. If we take into an account the deficit of current, reliable, quantitative and qualitative statistical data, we can assume that a genuine research of the pursued problem and relevant qualitative research apparatus are needed.

Modern women migrants do not any longer take the jobs that the locals do not want to do, but are also involved in activities with high added value, such as deficit jobs, which include the nurses. As pointed out by some of the more established researchers of women migration, both classic economic theory and neo-marxists models of political economy are based on the model of gender relations. Based on that relations, the dependence of women was established. Hanh-Dam Truong14 states that “ideally, these two paradigms can include women as normative category of migration flows and their migrations are explained as individually rational decisions based on the differences in salary (neoclassical theory) or on collective rational decisions of households and countries which are based on the interests of the amenities that migrants ‘return’ into the society of origin (neo-marxists approach).

“Hondagneu-Sotelo and Cranford15 have argued that sex-specific patterns of migration are due to the demand for labour by gender, and its recruiting, which also affects the formation of certain sexual networks.

The migration of employees in health care has become a characteristic of Slovenia in the last decade. For many years, the recruitment of nurses from areas of the former country was the quickest solution. Most of them immigrated with the intention of staying for a longer period of time, since they saw Slovenia as “their destination”, and they often wanted to stay until the end of their length of service; a lot of them formed a family; either with a partner from their own ethnic background or some other. At the same time, for the country from which they emigrated, this meant an outflow of social and cultural capital. It takes three to four years of school to become a competently trained nurse, a year more to become a specialized nurse, and additional three years of education for master degree in nursing. Moreover, adequate financial resources are needed. We note that their decision-making process for the migration took place in the family and in wider social networks of original and new society. Thus, the migration took place as a strategy for the entire household, not just an individual strategy. Usually, they got a job easily. Sometimes, relatives and friends (social network) helped them to find a job, but some of them simply “came to ask,” and they got a job. Those who arrived in Slovenia before the independence of Slovenia, got the job relatively quickly and they did not have problems to integrate into the new society. They also received a permanent residence permit upon arrival. Due to their migration strategy which was independent from men, women often became employees and faced new cultural patterns and possibilities offered by the adoption of new roles.\textsuperscript{16} Đonlić\textsuperscript{17} drew attention to the gender-specific implementation of health care job, which was an additional burden for the women, who were forced into immigration.

Nurses who arrived in Slovenia after independence of Slovenia, had more problems with the initial integration into a new society than those who arrived in Slovenia prior to independence. During the common Yugoslav state, the migration from former Yugoslav republics was treated as internal and not as international migration. Finally, migrants from the former republics have had much less problems with the paperwork. Furthermore, the women immigrants told that the integration into the labour market was quicker and they could get a job much faster. Despite the lack of systematic and institutional programs about integration into a new environment (eg. Organized learning of the Slovenian language), women immigrants without problems included in the new society and workplace. With the independence of Slovenia, the


circumstances have changed both in the economic field (restructuring of the economy and, consequently, increased unemployment, insecure jobs, lack of housing policy) as well as the ideological and political terms. With the establishment of the independent Slovenian state, Slovenia, more than ever, developed a distinction between foreigners and “local population”, which was also reflected in the problem of obtaining status or citizenship and in the affair of the “Erased”. And, consequently, often, social exclusion.

Even after the independence of Slovenia, women immigrants often easily acquired Slovenian citizenship. The status of so called married women immigrants in Slovenia was connected to the status of their partners. They did not have any particular problems in Slovenia as regards their ethnicity. However, women immigrants more frequently experienced negative attitude from the local population after Slovenia’s independence. After the independence, the locals think about migrants and foreigners more pejoratively, regardless of their ethnicity. In mass media, the migrants have been shown as people who are culturally very different from Slovenians, so that their integration into the Slovenian environment would be more difficult. Most newspapers “confirm” a common sense notion of “disappearing of Slovenehood” in the form of “Slovenian patriotism”. Even Jalušič estimates that at the end of 2000 and in early 2001, in the Slovenian media there was explicitly stigmatizing speech about “illegal migrants”. According to her evaluation, that kind of speech was related with the institutional speech of some government officials and with the speech of so called ordinary people.

In the Slovenian society, the discourse about insurmountable cultural differences of so called “Muslim women” occurred. Moreover, Kofman et al.\textsuperscript{18} states that in public speech of our society, the affiliation to Islam is still a sign of insuperable cultural differences. That should prevent “Muslim women” from integration into our society which is based on Christian tradition and tradition. Estimated cultural incompatibility of Islam with Western values affects women, who are perceived as a symbol of the allegedly oppressive nature of the Islamic religion. Islamophobia, which was triggered by an attack of Al-Khaida on the Twins, deepened the feeling and behavior of the indigenous population and warns of the dangers of essencialism of migrant groups. So they are shown as some kind of victims, and also as the persons who put into risk the society in which they moved.

Nurses and integration

Integration is understood as “a dynamic and two-way process of adjusting the immigrant” minority “society and mainstream society. As such is the reaction to the collision, and (necessary) coexistence of different values, attitudes, habits and culture of the new society and maintaining them from indigenous society. The main objective of integration processes (including nurses) has been the inclusion in Slovenian (majority) society on the one hand and in health care on the other. They wanted to become functionally and professionally active and equal with all the acquired competencies to participate in patient care. The integration process is usually carried out through multiple dimensions (e.g., legal, existential, socio-economic, in the educational system, cultural, social, (self-) identification, etc.). We are certain that economic integration with nurses is the precondition of all other integrations, because only jobs allow them equal involvement in the socio-cultural system of Slovenian society.

Taking into account the social multiculturalism, by respecting diversity, peaceful coexistence, social stability and cohesiveness, the Republic of Slovenia managed the integration policy whose objectives are based on the fundamental principles and values of equality, freedom and mutual cooperation. Constant and Zimmermann introduced methodological approach\(^\text{19}\), a so-called ethnosing, which represents the “meter” for strength of ethnic identity of the individual and is formed by monitoring the individual characteristics of immigrants: language, culture, gender, education, religion, social interaction, time of migration and ethnic self-identification. By analyzing these variables it is possible to determine the degree of integration, assimilation, separation and marginalization. In this:

- Equality is understood as ensuring equal social, economic and civil rights;

- Freedom as an expression of the right to cultural identity, while ensuring respect for the integrity and dignity of each individual and of fostering own culture in accordance with the law and the fundamental values of the Republic of Slovenia;

- Mutual cooperation as the right to participation and responsibility of all people who are in a continuous process of creating a common society.

In order to allow the greatest possible social coherence, the integration policy of the Republic of Slovenia contains certain legal frameworks and social actions that promote the integration of immigrants into Slovenian society, prevent discrimination and social marginalization and enable immigrants

\(^{19}\) Videti (http://ftp.iza.org/dp2040.pdf)
to express and cultivate their own culture and values based on respect for personal integrity and dignity in accordance with the laws of the Republic of Slovenia.

Immigrating who come to Slovenia are mostly economic migrants and their families from the countries of the former Yugoslavia, from other countries outside the EU comes less than 6% of all immigrants in Slovenia. The volume of immigration in Slovenia in recent years has not been intense and it even declined due to the economic crisis in the past two years.

**Methodology**

*Purpose and objectives of the research*

The assumption of nurses-migrant women as being active social players in the Slovenian health care was the basis for examining the issues of how they responded to the changed socio-political circumstances. Approach, which takes into account the characteristics of social structures as well as individual performance, has been particularly in the last two decades more and more established in migration studies.\(^{20}\)

For the purposes of empirical work we were particularly interested in information about their living conditions, life courses and experiences and expectations from the life in the new Slovenian society. The basic contents of the interviews were living in the home society, family background, job and relationships in health care, the decision to migrate, coming to Slovenia, informal and formal social networks, economic, social and political integration into a new society, paid work, the success of the integration. Thus, the analysis included retrospective and prospective dimension. Our objective was to obtain information on the experience of nurses-migrants in a representative sample, since this will be the subject of more extensive research.

*Research method and technique*

During the preparation of this article (regarding its theoretical and empirical part), the following research methods were used descriptive method and causally-explicative method.

We hypothesized that analysis of the experience from practical nurses can tell a lot about the wider socio-political context of developing a migration policy. In order to demonstrate the multiple meanings of the migration process and varied experiences of migrant women, we decided to use the qualitative method of individually designed interview. The advantage of this empirical study is that the primary emphasis is on the experiences and perspectives of migrant women.

**Research sample**

We conducted 30 in-depth individual guided interviews with nurses. The interviews were supplemented with individual examples of observation with participation and records in the ethnographic log. Interlocutors were obtained on the basis of personal acquaintances and there was a mutual trust between the researcher and them. Interviews took place in May-October 2014. Questions that were asked to nurses were open-ended and were related to their migration. Emphasis was placed on the stories of each of the 30 nurses who were considered as actors with their own way of thinking, evaluation and behavior. In doing so, we were aware that each story, interpretation as well as listening was always socially embedded, integrated into a network of culturally specific meanings.

**Description of the measurement instrument**

With in-depth interviews we collected the following information: general information about the interviewees (gender, age, education, ethnicity), information on the status and the family, religion, country of birth, economic standard. We set to ourselves 15 research questions, because we were interested in:

- What was the cause of arrival in the Republic of Slovenia?
- What is their partner and family status?
- When did they find a job in health care in the Republic of Slovenia?
- Where were they employed?
- Did they know any people in Slovenia before they came here?
- Do they estimate relationships in their workplace as positive, good, since they do not expose your nationality?
- Did they ever experience a conflict at work, because they are not Slovenians?
- Did they have sufficient skills to work in the Slovenian health care?
- Did they detect any differences at work in nursing care during the employment in the former country and in Slovenia?
- Do they do their job equally professional, responsible and empathetic than in the country from which they moved?
- Do they think that they were accepted by the colleagues as equal?
- Did they learn Slovenian (at least spoken language) and if so, how fast?
- In which language they talk with relatives (family), with patients and colleagues?
- Have they adopted the values and habits and customs of the environment in which they live now?
- Do they still cultivate the habits and customs of original environment, or they abandoned them?

18 questions were open-ended, 37 were made according to the model of Likert-type scale. Scales were sorted from 1 to 5, in a logical continuum from minimum to maximum acceptance of arguments.

**Results and interpretation**

The interviewees were aged over 61 years, and less than 60; 20 were regularly employed, 10 are retired. They differ by level of education, one was Ph.D., 15 have higher education and 14 secondary education, and ethnicity (Croatian, Bosnian, and Macedonian) and by religious belief (14 Orthodox, 6 Catholic and 10 Muslim). They all have migrated from the country where they were born: Croatia, Bosnia and Herzegovina and Macedonia, of which 12 before the independence of Slovenia and 18 in mid-90s. Interviewees live in extended family (5), alone with her husband (16) and single-parent families (9). The reason for their relocation were different: family reunification, job search and personal cause, which were probably conditioned by their living conditions in the country from which they moved, they assessed conditions as poor. However those conditions did not improve (immediately) following the migration. 20 interviewees estimated their lives today as good and 10 as “so-so”. All found their jobs in health care in the first year after arrival, after a few months, either in the hospital (17) or in an old people's home (13). Despite the fact that 22 knew some people in Slovenia before their arrival and 8 (already) had relatives, none of them had a guaranteed job before their arrival. Despite the (too) low salaries 20 took a loan to solve the housing problem.
20 are convinced that immigrants in Slovenia are a social problem that is not being solved properly. Their current regular monthly benefits are (in comparison with the first) significantly larger, but they get along 17 with difficulties and 13 with less difficulties. They all learned Slovenian (spoken) language, although they needed time for this. Only 10 communicate in the mother tongue, 10 sometimes and 10 “depending on the occasion.” In their work with colleagues they all communicate in the Slovenian language. They all monitor from time to time the current social developments either in their homeland or in Slovenia. 23 evaluated the relationships in the workplace as positive, because they do not expose their nationality, although they all experienced conflict, because they are not Slovenians. 20 interviewees did not have sufficient skills to work in the Slovenian health care. All, however, spotted differences at work in nursing during employment in the former country and in Slovenia and miss working atmosphere of previous employment, and they carry out their work equally professionally, responsibily and empathetically than in the country from which they arrived. 22 interviewees were additionally trained to work in health care.

Interviewees also differently understand theregulation of specific areas in the Republic of Slovenia; the best they know organization of health care, less health insurance and social welfare, and most poorly the standards for the acquisition of citizenship, residence permits and laws and regulations of the Aliens Act, which surprised us.

All interviewees have a network of friends that does not consist solely of their (original) national group; all regularly visit relatives and friends in their home country. None of them abandoned the habits and customs of their original environment and 24 absolutely adopted the habits from the environment in which they now live, and try to enrich them with the values of their cultural capital. 26 interviewees also regularly spend their holidays in their homeland, four elsewhere.

**Analysis of the verified research hypotheses**

For the need of empirical work, the following research hypotheses were verified:

H1: where we assumed that the majority of interwieved nurses as reason for their relocation allege different factors as (family reunification, job search and personal cause) – was conformed;
H2: by which we assumed that the majority estimate relationships in their workplace as positive and ever experienced a conflict at work, because they are not Slovenians and that they do not expose their nationality, when not necessary – was confirmed;

H3: where we assumed that all have adopted all the values, habits and customs of the “new” living environment, but still cultivate the habits and customs of original environment – was partly confirmed;

H4: where we assumed that they detected differences at work in nursing care during the employment in the former country and in Slovenia, and that they did not have sufficient skills to work in the Slovenian health care – was partly confirmed;

H5: where we assumed that the interviewees have a network of friends that does consist mostly of their (original) national group, all regularly visit relatives and friends in their home country – was rejected.

Concluding remarks

Decisions of the people to migrate are not (always) a product of the rational thinking. Migrations related to the Slovenian health care should not be put in narrow frameworks of economic reasons. The migration process of nurses was formed and transformed by many complex factors of social and cultural context, as well as the desire of individuals to gain experience and experience something new, to step out from the indigenous environment, to separate from the family etc. Analysis of obtained empirical data showed that for a proper understanding of both the causes and consequences of migration in health care we need to think outside the one-dimensional and unequivocal area, and take into account the wishes of the contradictions and chance; everyday life analysis are the ones which show that people act contradictory and that “actions are not always in agreement with our ideas, ideals, expectations of the environment and the real possibilities.” Nurses were faced in a new environment with various problems due to unfamiliarity with the language or technological inventions, although it is true that they life in a new environment opened up a whole new life possibilities.

The current Slovenian legislation which holds the immigration control and the rules that follow the specialization of competent institutions have not yet developed as a coherent decision-making process. This does not mean that with the shortage of strategic concepts, certain organizational inconsist-
encies, overlaps or inconsistencies competence, the regulation of immigration is unsuccessful; but in the current period of economic transition currently Immigration is difficult to identify as consistent.

For all these reasons, as well as due to the level of economic, social and democratic development, Slovenia needs good immigration policy which will develop integrative and flexible entity of the demographic, economic, socio-cultural and political development of the Republic of Slovenia. And at the same time an immigration policy that is in equilibrium with the immigration policies of other European countries as an integral part of the process of integration into the European Union. Resolution on Immigration Policy of the Republic of Slovenia.21

Also, due to the uncertainties and dilemmas encountered by interviewed nurses in everyday life, they warn of “their reaction.” Social networks and ties were made. Either because of a desire to learn new things either from fear of failure, loneliness, isolation in the workplace and otherwise. Although they were moved into the unknown and culturally different environment (not only in another country, but also from a rural to an urban environment) new acquaintances and friends already lived there. By creating social networks they faster successfully become used to the new environment. Certainly they (also) adapted, even (in itself) “negotiated” with the new and old, and different lifestyle. All played multiple roles, with several identities, languages, two homelands, in many social settings, without any of them being replaced or abandoned.

According to the obtained empirical data it is also revealed that (each) migration is not exclusively or primarily a process caused from economic motives. Some of them wanted a better job and, consequently, a better standard of living, while others wanted to avoid the patriarchal life of the indigenous society, again the third wanted “to achieve something in life.” It was not easy for none of them, so we highlight some of their most common problems:

- success of integration into the labour market;
- discrimination on the basis of ethnicity and difficulties in recruiting those who do not have Slovenian citizenship; or,
- if they are in Slovenia for a long time, considered as migrants who have certain specific needs;
- urgent need for such institutional mechanisms that will enable faster and more effective integration of nurses - migrant women in the Slovenian health care and society in general.

Based on the analysis of the empirical material and comparing stories of interlocutors who immigrated before and after the independence of Slovenia, it can be concluded that the respective socio-political context played an important role in the integration into the new society.

**Literature**


