

Training and Employment Opportunities  
for Migrant Women  
in the Health and Care Sectors  
in Greece  
- the challenges and recommendations

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# PART I. BACKGROUND

## A. Introduction

- i) Categorisations for migrants in Greece: between Immigrant status and citizenship

In order to comprehend the various ways in which legislators deal with what is perceived as a ‘migrant’ or ‘national’, clarification of legal terms which are prelevant regarding “otherness” and which effects settling, working as well as becoming a recipient of discrimination in Greece as a migrant is needed.

The term *genos* (*phyle*, descent) became and an actual legal category distinguishing between those who are of Greek descent and those who are not.

The first group are the *homogeneis* (meaning “people of the same lineage”) who are deemed to be Greek regardless of their actual citizenship status.

The second group are the *allogeneis* (literally, “people of a different lineage”) who are non-Greek, even if they possess Greek citizenship.

This segregation proved to be of crucial importance during the 20<sup>th</sup> century and continues to exacerbate a social friction between different migrant groups (Tsitselikis, 2005).<sup>1</sup>

There are legal and pragmatic uncertainties regarding the status of *homogeneis*: Law 2790/2000, as amended by Laws 2910/2001 and 3013/2002, regulates the acquisition of the Greek nationality by the so called “repatriating ethnic Greeks” (*palinnostountes*) (Theodoridis & Dimitrakopoulos, 2002). The Law 2790/2000 (Article 1, para. 11) provides for a special status (“card of *homogenis*”, *Eidiko Deltio Tautotitas Omogenous*) for those of “Greek descent” coming from countries of the former USSR who risk losing their citizenship of the state of origin as their legal system does not tolerate dual citizenship (like Georgia and Ukraine). All *palinnostountes* who wish to acquire the Greek citizenship, losing or retaining the citizenship of the country of origin, can apply in order to obtain it together with their spouses and children through the procedure of verification of citizenship, according to

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<sup>1</sup> This perception became more flexible in the course of time so that while in 1904 Albanians could be seen as *homogeneis*, nowadays Albania’s Vlachs and Greek-Orthodox Arabs from the Middle East may also be considered as *homogeneis*. (Tsitselikis, 2005)

which the beneficiary is deemed as “Greek by birth”. Thus, the law settles the nationality status of many ethnic “Pontian” Greeks who have come to Greece from countries of the former USSR after 1990 with the intention of staying permanently. *Vorioepiotes* (members of the Greek minority in Albania, and therefore of “Greek descent”) have, in practice, no access to Greek citizenship - as Albania does not recognise dual citizenship and Greece attempts to keep a Greek minority in Albania - they are granted the special identity card of *homogenis*. This special card is equal to a residence and work permit giving access to special benefits for social security, health and education. The *palinmostountes* from the former USSR have a series of special housing and loan prerogatives, also regarding the extension of the legal effects of the status of *homogenis* to the family members (Pavlou, 2003b, p. 203 in Tsitselikis, 2005).

In order to get a clearer picture on the status of immigrant *homogeneis* the following main categories shall prove useful (Tsitselikis 2005)<sup>2</sup>:

1. From Albania, beneficiaries of the “Special Identity Card of *Homogenis*” (*Eidiko Deltio Tautotitas Omogenous*) (Law 1975/1991, Art. 17, and Common Ministerial Decision 4000/3/10-e/2002, Ministries of Interior, Foreign Affairs, Public Order, Labour and Defence)
2. From former USSR countries, beneficiaries of the “Special Identity Card of *Homogenis*” (*Eidiko Deltio Tautotitas Omogenous*) (Laws 2790/2000, Art. 9 and 2910/2001, Art. 76)
3. From former USSR countries, beneficiaries of the Greek citizenship (Law 2910/2001) through the procedure of verification of citizenship.
4. From former USSR countries residing in Cyprus, beneficiaries of the Special Identity Card of *Homogenis*” (*Eidiko Deltio Tautotitas Omogenous*) (Laws 2790/2000, Art. 1 para. 11.2.a, and Common Ministerial Decision 4000/1/13-a/2002, Ministries of Interior, Foreign Affairs and Public Order)

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<sup>2</sup> Aliens in Greece then are either, a) undocumented immigrants, b) documented *allogeneis* immigrants (“white/green card”), c) documented *homogeneis* *Vorioepiotes* and *palinmostountes* (“special identity card of *homogenis*”), d) applicants for the Greek citizenship (*homogeneis/allogeneis*), e) asylum seekers/people enjoying asylum status, f) stateless persons.

## **ii) Laws and Regulations relating to migration in Greece**

The first law concerning migration was introduced in Greece in 1925 (Law 3275/1925), under the title of “habitation and movement of foreigners in Greece”. Two years later it was substituted by the Law 4310/1929 and its content was furthered up as follows “habitation and movement of foreigners in Greece, police control, identity cards and deportation”, which was in place for 62 years (!) before it was substituted by the Law 1975/1981. This particular law was introduced (probably by coincidence) when a massive wave of migrants come to Greece. The law was heavily criticized as being “shallow” and being no more than a “hasty reaction” of the government towards the migration issues as entry to the country was not permitted unless a work permit had been issued beforehand. Nevertheless, this particular law and the reciprocity decree did not discourage thousands of desperate migrants that came to Greece in waves (Kapsalis, 2002).

In 1997, two Presidential Decrees (P.D.) were issued which aimed at giving illegal migrants a chance to be accounted for and in a sense to be legalized. More specifically, Presidential Decree 358/1997 was offering the “White Card” (temporary residence permit) to migrants who are illegal residents in Greece and they are either working or looking for work. Once an immigrant held the “White Card”, he could apply for the “Green card” through the clauses of P.D.359/1997. The “Green Card” was in fact a permit of residence and work with a limited time span that is one to three years (FEK A240 and KAVOUNIDI, 1999).

In 2001 a new law is introduced. The law 2910/2001 specified the means of acquiring a permit to reside and work and another chance was offered to immigrants that wanted to be accounted for. Yet, even this Law was considered to be aiming at “discouraging” immigrants from moving the beaurocratic and complicated process of being accounted for and applying for permit to stay and work (Kapsalis, 2003).

### **Migration In Numbers**

According to the National Statistics Department of Greece (NSD), the population of Greece in 1982 was 9.740.417 out of who 171.424 were foreign Nationals. Ten years later the national survey showed a population of 10.259.000 (167.276 immigrants) and for 2001, 10.964.080 (797.093 immigrants).

Data from Eurostat suggest that the sub-population of E.C. nationals living in Greece is approximately 50.000. This means that 95% of immigrants in Greece come from non E.C. countries.

Yet, the true population of migrants in Greece has not been calculated accurately as there are some estimates that migrants of all categories were never been accounted for. Their population was estimated to be between 75.000 and 225.000 people, which sum up the total population of immigrants in Greece, somewhere between 870.000 – 1.000.000 (BAKAVOS, 2003).

Country of origin is summarized in table 1, which shows that the majority of immigrants in Greece come from Albania, while there are immigrants from nearly 120 different countries (WWW.STATISTICS.GR).

Country of origin	Percentage
Albania	61,8%
Bulgaria	7,7%
Pakistan	4,3%
Romania	3,95%
Ukraine	2,8%
Poland	2,5%

### **iii) Procedures on employment for migrants in Greece**

#### **a. Immigration and Registration Documents for EU nationals- Residence permits**

If you are working or looking for work but do not intend to be in Greece for more than three months, then you will need to register with the local police (within eight days of arrival). If you intend to stay longer than three months, you will need to obtain a residence permit. A temporary permit will be issued in instances where employment is due to last for more than three months, but less than twelve. Full permits are issued for six months in the first instance, and then renewed for a five-year period.

For registration or a residence permit you apply to the same places. If you are staying outside Athens, you should register with the local police station ('Astynomia').

If you are in Athens, you should register with Aliens Department Office ('Grafio Tmimatos Allodapon').

The addresses of the Aliens Department Offices in Athens are:

Athens: 173 Alexandras Ave - Tel (00 30) 01 641 1746

Pallini: 14 Ath Diakou St - Tel (00 30) 01 - 603 2980

Glyfada: 23 Karaiskaiki - Tel (00 30) 01 962 7068

Elefsina: 18 Iroon Polytechnicou St - Tel (00 30) 01 554 7427

Lavrio: 3 Damoukara St - Tel (00 30) 02 922 5265

Piraeus: 37 Iroon Polytechniou St - Tel (00 30) 01 412 4133

Before leaving for Greece, contact a Greek consulate office in the UK to check on the up-to-date situation concerning residence permits and other documentation that may be required.

### **b. Comparability of Qualifications**

It is possible to obtain a direct comparison between the qualifications from abroad and those recognised in Greece from the National Academic Recognition Information Centre (NARIC) organisations. The person interested should contact an international network and is available in many locations throughout the world. There is a NARIC in each member state. You should contact the NARIC office in the member state where he/she wishes to pursue further studies or seek advice on the level at which his/her qualification fits into that member state's education system. There is a useful website on the Internet at: [www.support4learning.org.uk/education/naric.htm](http://www.support4learning.org.uk/education/naric.htm)

NARIC information centre in Greece at:

Theodoros Lianos

DIKATSA

Leoforos Sygou 112

G-11741 Athens

Tel: (00 30) 1 924950 655

Fax: (00 30) 1 921 80 52

e-mail: [dikatl@leon.nrcps.ariadne-t.gr](mailto:dikatl@leon.nrcps.ariadne-t.gr)

NARIC may charge a registration fee for their service.

### **c. Vocational Qualifications**

There is Comparability Co-ordinator in the country. That is the European Centre for the Development of Vocational Training (CEDEFOP).

Mailing Address:

PO Box 22427 - THESSALONIKI

Gr-55102 THESSALONIKI

Tel: 30-31 49 01 11

Fax: 30-31 49 01 02

e-mail: [info@cedefop.eu.int](mailto:info@cedefop.eu.int)

web: [www.cedefop.gr](http://www.cedefop.gr)

#### **d. Professional and Occupational Qualifications**

To enable nationals to work in member states without having to requalify for professional or occupational qualifications, the General System for Mutual Recognition of Professional Qualifications was introduced. The system is operated by means of 2 European Directives, 89/48/EEC and 92/51/EEC. The 2 directives cover between them all regulated professions and occupations. To be eligible for assessment under Directive 89/48/EEC you must have successfully completed a post secondary course of at least 3 years duration, at a university or establishment of higher education. You must also have successfully completed any professional training required to enable you to practise the profession concerned.

Directive 92/51/EEC covers those professions regulated below degree level.

The co-ordinators for each directive are: Directive 89/48 and Directive 92/51

#### **e. Residence and work permits for non-EU nationals**

Greek law 2910/2001 forms the cornerstone of the country's immigration policy. It outlines the procedure migrants must follow when seeking to enter the country for work purposes. Here are the answers to the most common questions about the process. Foreigners who wish to enter Greece must have a passport or other valid travel documents and an entry visa, where this is required. Visas are issued by Greek consular authorities in their country of origin. Foreigners who do not require a visa to enter the country can stay in Greece for up to three months.

A recent amendment to immigration Law 2910 (passed in May 2003) outlines the procedure for foreigners - those who can financially support themselves without having to work in Greece - to apply for one-year renewable residence permits. This

applies to foreigners who can financially support themselves without having to work in Greece, such as pensioners from affluent non-European Union countries.

Consular authorities may deny a foreigner permission to enter the country without having to justify their decision. But they must give a reason if the foreigner in question is the spouse or child of a Greek citizen or a citizen of an EU member-state who is living in Greece.

Greek border control authorities may also deny a foreigner entry if that person's name is on the public order ministry's so-called list of undesirables or if there is reason to believe that the person could pose a threat to public health or security.

Foreigners who enter Greece and hope to gain residency have to submit an application for a residence permit two months before their entry visa expires. The application should be submitted to the municipality or village council where they are staying. The foreigner must clearly state on the application form the reason why he or she is seeking a residence permit. They should also submit a photocopy of their passport or other valid travel document.

Officials have one month in which to examine it and arrange a personal interview with the applicant. If the application for the permit is approved, the district general secretary will issue the permit.

#### **f. The procedure for the issuing of a work permit**

Based on law 2910, the Organisation for the Employment of Human Resources (OAED) records the country's manpower needs and outlines the types of jobs available to migrants each year. This list takes into account the needs of the economy and is approved by the labour ministry. It is then forwarded to Greek consular authorities abroad as well as to prefectures around the country.

Greek authorities abroad then publicise the list and register those who are interested in working in Greece. The names of these foreigners are then sent to OAED and to prefectures around the country. Employers in Greece wishing to hire migrant workers contact their prefectural authority. If OAED determines that the job openings cannot be filled by Greeks or migrants already in Greece, the employer chooses from the list of foreigners and request work permits for them. If the application is approved, the work permit will be issued by the prefect and the foreigner will then be able to enter the country.

#### **g. Foreigners who come to Greece for seasonal work**

Based on law 2910, seasonal work refers to employment of up to six months in one calendar year. Only foreigners outside the country can apply for seasonal work. Employers who wish to engage foreigners for seasonal employment will have to submit an application to their local prefecture, clearly stating the number of workers needed, the type of work involved and its duration. Employers will also be required to submit bank statements indicating they are able to pay workers' wages for at least three months, as well as cover the costs of their return to their country of origin or deportation. The seasonal work permit, which is valid for up to six months, is issued by the local prefect.

#### **h. Migrants living legally in Greece who wish to bring to Greece family members who reside abroad**

A migrant who has been legally residing in Greece for at least three years may reunite with his or her spouse and children. Migrants who wish to bring their spouse and children to Greece will have to submit an application to their municipality or village council accompanied by a photocopy of their residence permit, a photocopy of their income tax declaration, a certificate verifying their relation to the individuals with whom they wish to be reunited and a statutory declaration confirming these individuals will be living with them.

#### **i) Working in Greece at a glance**

*Minimum wage:* It is set through collective bargaining between the General Confederation of Workers in Greece (GSEE) and the Employers' Association. At present the minimum wage per month is estimated at 500 euros.

*Right of association:* The Greek Constitution provides for the right of association. All workers have the right to join or form a union.

*Social security:* The Greek social security system is split into a number of different funds for employed or self-employed persons. Each is governed by separate legislation. Insurance under these funds is compulsory.

#### **j. List of documents for acquisition of nurse work permit**

1. Application form (supplied by the department)
2. Certified copy of Nursing school degree or Certificate of Graduation (for graduates from abroad a copy of their degree accompanied with official translation and degree recognition are also needed)
3. Copy of Criminal Register
4. Certified copy of police Identity card
5. Application fees of 8 Euros
6. Special free of 3 Euros
7. Two pocket size photographs
8. For graduates at Technological Vocational Institutes (T.E.E.), (2 year duration of theory) a 12 month practical placement at a Public hospital.
9. For graduates of Technological Vocational Institutes (T.E.E.) (2+1 year duration), a 6 month practical placement at a public hospital.
10. For graduates of Institutes of Vocational Training (I.E.K.), a 3month practical placement after graduation at a Public hospital for I.E.K graduates a Certificate of Accreditation issued by the Organization for Vocational Education and Training (O.E.E.K.).

### **Footnotes**

- For *allogeneis* and *omogeneis*, a Residence and work permit is required aswell.
- For *allogeneis* of foreign nationality and citizenship (except for nurses coming from E.C. countries), a certificate of Reciprocity by the Ministry of Foreign Affairs (tel 210-3683294) is also required.
- The Certificate for the practical placements issued by the manager of nursing services should the co-signed by the Hospital's Head of Board of Directors.
- For graduates of Technological Educational Institutions, joining the Association of Greek Nurses (E.N.E.) is a pre-requisite (tel 210-5235003).

## **B. Health and Care Sectors, Education and Migration in Greece**

The most important resource for any state is its people. The role of human resources is central to development, while the limited availability of human resources is a constraint. In the health arena the significance of human resources is doubled : skilled health personnel directly improve the quality of life for others, who are then able to contribute more to the wider society. Conversely, the lack of skilled health workers has harmful ramifications for the rest of the society. (Connell, World Health Organization., 2001)

### **i) Health and social services in Greece**

The welfare state in Greece is almost 70 years old and attempts to create a so-called “safety net” for the whole of the population, including the sick, disabled and elderly people. The responsibility for the management of the social insurance system, as well as of the unemployment and family assistance benefits, belongs to the Ministry of Labour and Social Insurance.

The system is financed by contributions from employers and employees. The founding stone of the Greek welfare system was the creation, back in 1934, of IKA (Social Security Institution), which was, and still is, a vast organization comprising 331 Administrative Centres and 364 Health Units. All IKA members (more than 5,550,000 including the ones who are not directly insured) have access to a sufficient standard of health care as well as a pension, upon their retirement. A second milestone was the creation, in 1961, of OGA (Agricultural Insurance Organisation), which covers all the country’s rural population. It is worth noting that since 1975, the welfare state in Greece has been constitutionally guaranteed (see Article 24 of the 1975/1986/2001 Constitution).

In the early 1980s, despite economic problems, the welfare state expanded. In order to reduce the degeneration of the old health care system as well as to restrain the expansion of private practices, the ESY (National Health System) was enacted. The inaugural article of the relative legislation (law 1397/83), declared that: «the state has a responsibility for providing health care to all citizens, regardless of their financial, social or professional status». ESY’s main objectives were the equal distribution of

health services, sufficient coverage of needs, improvement of quality and emphasis on each region separately.

Most of the aspects of the new system have been spectacular: for example, the number of hospital beds has increased from about 32,000 in 1983 to more than 52,000 today, while the number of doctors—including dentists— exceeds 54,000. As a result, a recent study by the World Health Organization ranked the Greek health system as 14th out of 191. Encouraging though this figure was, the Greek government is pushing ahead with major health care investment, as witnessed in the budget for 2001, in which the sector was given a considerable boost with an 11.5% increase in health spending.

In addition, in order to solve the problems and malfunctions of the present welfare state system, the government decided to proceed towards a restructure of ESY. According to the plan under way, ESY is being divided into 17 autonomous and independent regional branches, called PESY (Peripheral Health Systems). Although the cost of PESY development during the first year of their operation, starting from July 2001, will exceed the amount of 6.6 billion drachmas, it is expected that in the long run, the system will save a big amount of money estimated to reach 65 billion drachmas up to 2006.

The quality of services provided is also expected to increase significantly, therefore discouraging many Greeks from turning into the private health sector. By the same token, in order to improve the overall level of medical services, to provide greater access to health care services and to manage resources in the health care sector, the Ministry of Health and Welfare is implementing a number of projects with the aid of information technology and telecommunications.

However, the increase in life expectancy and the falling fertility rates pose new challenges in the social insurance system. These developments progressively affected all the major insurance organizations, decreasing the standards of the services provided, keeping the amount of pensions allocated on a low level and, consequently, forcing many Greeks -those who can afford it- to seek complementary (private) insurance. As a result, the adoption of a new scheme was deemed to be necessary and in 2002 a big reform initiative on this issue was presented by the Ministry of Labour and Social Insurance.

One important feature of the Greek system is the existence of a strong sub-system, along the lines of the voluntary reimbursement model, and a significant

"black" health economy, financed by the out-of-pocket private payments. The exact magnitude of this market is strictly a matter of conjecture, although some estimates put it as high as 3% of GDP.

Despite the considerable increase in health spending, health care in Greece suffers from the lack of credibility and low income satisfaction. The main problems are in outpatient care, where the lack of the institution of the general practitioner as a family doctor causes serious delivery, access and referral problems; the limited effectiveness of the emergency care services, the poor organization and low level of development of primary health care and the shortage and bad distribution of quality hospital beds, the majority of which are concentrated in the Athens and Thessalonica regions. Not surprisingly, these are all areas where the public administration and the perennial lack of a coherent health policy resulted in poor planning and the low quality of service provision (Liaropoulos, 1993).

### **The growth of private health insurance**

The recent interest in private healthy insurance should be seen in this context, as a result of widespread dissatisfaction with the public health system and especially with the hospital sector. During the last decade, Greece has experienced a spectacular upsurge in private life insurance as supplementary coverage to Social Security protection, with annual rates of increases in premiums exceeding 40% and making Life insurance the most dynamic branch of private insurance (tables 2 and 3). An important factor in this development has been the increase in private health insurance, driven by a variety of new products cantering around hospital coverage. Both life insurance and health insurance increased dramatically between the years 1985-94, with the pace slowing down after 1992. The increase in health insurance, however, has been much faster, and a quarter of the people insured already have full private insurance on top of their social security coverage. Although reliable data do not exist, we have estimated that 20% of the population already have some sort of life insurance coverage, and the total contributions already amount to almost 10% of total Social Security contributions.

### **ii) Education**

In Greece, the entire educational system is under state supervision, according to article 16 of the Constitution. The state has undertaken the "fundamental mission" of

educating its citizens and education is a right of everyone, as well as a social benefit. The two main institutions responsible for the implementation of public policy in this crucial sector are the Ministry of National Education and Religion and the Pedagogical Institute.

The literacy rate among the population is more than 97%, not amazing for a country where school attendance is compulsory for a full 9 years, i.e. from the age of 6 when primary schooling begins up to the age of 15. This period consists of two phases: the first phase is the 6-year Dimotiko (primary school) with about 650,000 pupils today. There are approximately 6200 primary schools. The second phase is the 3-year Gymnasio (lower secondary school), with about 39,000 pupils today attending over 1800 schools. The non-compulsory higher secondary school is the 3-year Lyceum, with about 270,000 pupils today attending over 1200 schools (both public and private). Tertiary education comprises 18 Universities (Panepistimia-AEI) with 110,000 graduate and post-graduate students and 14 Technical Educational Institutes (TEI) with 55,000 students. In addition, at least 30,000 young Greeks are studying in universities abroad.

Although there exist and function —under the above-mentioned state supervision— many private primary and secondary schools, tertiary education institutions (AEI-TEI) are still public by constitutional mandate but also completely self-governed. University attendance for all students, regardless of their social status, is entirely free of charge, excluding a few highly sought-after post-graduate courses, especially in politics, media, economics and management. Enrolment depends upon strict and written examinations held every summer on a national level.

In the past decade, post-graduate studies have been organized in almost every university department and they offer both Master's and Ph.D. degrees, the completion of the former now being a necessary condition for admission to the latter. Even tertiary education for grown ups —which is not, however, free of charge— is now offered to those interested, by the newly formed EAP (Greek Open University). This can lead to both undergraduate and post-graduate (Master's only, not Ph.D.) titles in many fields.

### **Migrant Children and Intercultural Education**

With regards to education of migrant youth and children in Greece, migrant children have the right to attend public primary or secondary schools (Law 2910/2001). The

Greek national education system in practice does not provide for any intercultural curricula, although Law 2413/1996 on “intercultural education” envisages the social integration of *palinnotountes*, immigrants and Gypsies (Mavrommatis & Tsitselikis, 2004)<sup>3</sup>. Nowadays they operate more than 35 intercultural (elementary and secondary) schools in Greece which are attended both by Greek pupils and by first- or second-generation immigrant pupils. There is no quota for the attendance pertaining to these categories. In effect, the so-called “intercultural education” aims at the one-way teaching about the “other” , as no special courses on language or culture are available. Foreign pupils have to know about the language and the dominant Greek culture, which is indeed necessary for the process of their social integration. By contrast, there is a total absence of instruction in their own language and on their religion or even on the existence of their culture to them and the Greek pupils. This discriminatory situation creates a division of cultural values and an axiomatic prevalence of the dominant Greek over the immigrant cultures. (Tsitselikis, 2005)

### **iii) Earnings and education in Greece**

Higher education in Greece consists of university education and tertiary technological (TTE) education. The higher education institutions act under the supervision of the State, which finances their operation and determines their status within a legal framework. The duration of the university programs is between four and six years while that of tertiary technological education is three and a half years plus six months of practical placements. Universities have a mainly academic scope whereas Technological Educational Institutions (TEI) offer professional and vocational orientated training. It should be noted that access to Universities and TEIs is through national examinations at the second and third class of the Lyceum (upper secondary education) which determine the school of entry out of the candidate’s choice-list. Each TEI comprises of at least two faculties which are sub-divided into departments. The department is the main academic unit, offering studies in a specific scientific or technological field leading to a degree. The faculties of the TEI focus on applied technology, health care professions, food and nutrition management and administration, agricultural technology, graphic arts and graphic design.

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<sup>3</sup> “Repatriated” and foreign students in Greek Elementary and High Schools – School Year 2002/2003: Total number of *palinnotountes* pupils: 31,873, of foreigner (allogeneis and homogeneis) immigrants: 98,241, total population of pupils: 1,460,464. Source: Gotovos and Markou (2003).

Greece is characterized by a high demand for tertiary education. It holds the negative record of students in higher education studying abroad, particularly in the light of its relatively small population (Psacharopoulos, 1990). There is a significant social demand for studies in tertiary education despite the enlargement of the system by the state (Tsamadias, 2002). The increase has been observed not only in the number of students and graduates who get employed, but also in the portion of those who remain unemployed. Equally importantly, the number of tertiary technological education students who do not eventually graduate is also significant-almost one third of the aggregate figures (Tsamadias, 2000).

A study by Tsamadias (2002), estimated the returns of investment in the Greek tertiary technological education from the student's and society's point of view using earning data from a stratified sample. The study's final conclusion was that the social and private investment in tertiary technological education is an efficient investment. The study found that male graduates of the TTE have a significantly higher average earnings compared to females of the same level of education. This is true in the whole economy and in the private and public sector. What reserves emphasis here is the significant share of the public sector in Greece compared with the other countries of the European Union. Furthermore, employment in the public sector is on a permanent basis, with a fixed contract "for life", and this the main reason why it is so "attractive" as an employer. Furthermore, those employed in the public sector have higher average income compared with those employed in the private sector. This asset when it is combined with some other assets, like tenure, help explain the stronger demand for tertiary education. Significantly, too, the public sector constitutes an oligopsony, as far as the demand of tertiary education graduates is concerned, employing approximately three-quarters of them and a monopoly in the provision of tertiary education.

In conclusion, the investment in TTE constitutes great investment for both Greek society and the individuals that are educated within it and accumulate "human capital". Indeed, in a country like Greece, where natural resources are very scarce, development of human capital is undoubtedly essential for economic development. Thus, there are both social and private concerns for TTE education. From the social perspective, human capital is increased and enhanced by the level of education, and as such it serves as the salient production factor. From the perspective of the private interest, as educational attainments increase, the worker's financial and non-financial returns are higher.

#### **iv) Social exclusion and discrimination**

The notion of social exclusion was introduced in the mid 60s by French sociologists while it can be found in Greek literature during the last decade (Masse, 1964). However, the big issue is whether migrants with qualifications similar or equivalent to those held by natives, the same opportunities and access to the health and care labor market. The answer is negative for the biggest part of migrants as they are not allowed to take part in any official state contest for working as a nurse at the public sector. This is the worst form of social exclusion as most of these migrants have studied at Greek schools, got nursing degrees at a polytechnic or University level, and practically their degree is useless when it comes to the state run labor market! The disappointment is higher among this group of people, because the majority holds a degree with very high grade, which in fact is a pre-requisite for working in the public sector (Klanfer, 1965).

With regards to the private sector, conditions are not much better. When migrants apply for a job at a private clinic they face the problem of obtaining a “work permit”. This means that they have to hold a “green card” which would allow them to work for 1-3 years maximum and then they have to re-apply for its renewal. It is obvious that private clinic owners prefer to offer a job to someone who can be employed for more than a year, rather than having to fill up empty spaces every too often. Yet, in a few cases private clinics offered employment to migrants holding the “green card”, with the motivation that it is much simpler for the employee in these cases to end the employment relationship with a migrant worker. Thus, the majority of migrants searching for work at the private sector ended up doing two kinds of jobs :

- i) looking after the elderly and very sick people at their own homes, practically living with them in most cases, with little or no social security or job stability
- ii) working in sectors unrelated to their qualifications, i.e. the nursing and caring field, usually at low pay, long hour jobs such as providing cleaning services or baby sitting.

#### **v) Case Studies**

##### **a. Refugees, immigrant and the so-called ‘repatriated’ Pontians from the former Soviet Union in Greece: An educational experience**

There are many people of good will in Education committed to multicultural ideals and endeavoring to work in multicultural ways in Greece today. However, there are some serious problems that cannot be resolved by just goodwill and commitment.

From the early nineties about 150.000 refugees, immigrants and ‘repatriated’ Pontians coming from the former Soviet Union settled in Greece. Their life suffered radical changes, through social and professional downgrading mainly of those who have academic education. Very often they had to cope with exclusion from the community life, racism, stereotypes and prejudices from a part of the native Greeks and vice-versa. There is currently a strong demand for educational practice that addresses adequately the multicultural worlds in which people live. Social inclusion and justice demands such a development and there are many attempts being made with the cooperation of the European Union and the Greek government to address this call.

### **Approaching the problem**

The majority of people who were ‘repatriated’ live in the district of Western Thessaloniki. Most of them are Greeks from Pontos and have lived in the States of the former USSR and few were political refugees who were repatriated, as the term literally means, mainly in the end of the 1970s and 1980s. The above mentioned facts resulted in the change of the population configuration in the municipalities, which in turn resulted in a variety of socioeconomic and cultural problems.

In order to understand the change that has come about in these municipalities, we have to approach this population with sensitivity. One has to take into account the history and the individual elements that this population brings in, but also the difficulties that face in a place in which they belong but in which they also feel strangers. Although this population is considered Greek and benefit from ensuing citizenship and/or residence rights, limited knowledge of Greek results in communication, transaction and thus employment difficulties among others. There are also problems because of limited social networking and information regarding the functions and laws of the Greek State. Furthermore there are many differences in education, training and work experience. Finally, perhaps the crux of the matter is the lack both of job seeking skills and also of an established integration system.

All the above lead these people to never-ending wanderings to public and private organisations with dubious results. They also lead to short-term solutions, which result in their social and financial instability which in turn results in great difficulties for their integration into life in Greece. Therefore, this group of people is in a state of insecurity, uncertainty, discouragement, social isolation and social exclusion. The above difficulties are closely related to their limited knowledge of the

Greek, unemployment or underemployment, current limited official structure, social prejudice, 'stigmatisation' and marginalisation by the community.

### **Training initiatives**

There is currently a strong demand for educational practice that addresses adequately the multicultural world in which people live. Social inclusion and justice demands such a development and there are many attempts being made with the cooperation of the European Union and the Greek government to address this issue.

There are a lot of governmental (etc municipality institutes) and non-governmental (NGOs, private attempts, social centers). One of these initiatives was a training programme for unemployed refugees, immigrant and 'repatriated' Pontians, in a Center of Vocational Training in Thessaloniki. The intention of the organizers was to ensure social integration as quickly as possible and under the best conditions for the target group.

The philosophy of the programme espoused the term 'integration' - instead of the terms 'assimilation' and 'adaptation' - with a dynamic dimension working both with the target group and the community. The aim of the programme was the smooth and immediate social integration of refugees, immigrant and 'repatriated' Pontians in the current socioeconomic and cultural life of Greece.

The target of the programme was to provide the total and valid information for the population dealing with key elements, like administration and such functions of the Greek state, as education, health, housing, social welfare, labour market, etc.

The scientific outcomes and experience from the fields of social sciences show that many of the apparent barriers are due to ignorance of cultural or religious differences rather than a rejection of all the above. This ignorance, combined with the likelihood that many people have never experienced a close relationship with anyone outside their own culture, tends to widen the intercultural communication gap. Efforts that focus on the official level are not sufficient. There is now widespread recognition by the official government that much work has to be done at a citizen level in order for official efforts to be successful.

### **b. Migrant Women working at Greek households: the case of Filipino live-ins**

This set of profiles is based on a combination of official government data, data from non-governmental organizations and international agencies working with Filipino migrants, and extrapolations from estimates compiled by Filipino migrant organisations.

The Filipino population in Greece has now reached 40,000, 90% of whom are women. This is according to estimates of Kasapi-Hellas, an organization of the Filipino migrant community there. Some 60%-70% of this population is undocumented. This number is set to increase with the implementation of a new law which limits to five years the maximum length of stay of migrant workers in Greece. Majority (95%) of the Filipino migrant workers are employed as domestic workers, working in homes of rich Greek families. A growing number are also being employed by middle-income families, to enable both husband and wife to engage in paid employment. Many are employed as domestic staff of diplomatic missions to Greece. Still within the service sector, some work in restaurants and hotels. The limited number of nurses who worked before in hospitals have had to earn their living later on as domestic helpers, since the government stopped the issuance of work and residence permits for them. A small number of Filipinas are married to Greek men.

Of the migrants in Greece, 35% are college graduates with work experience, and 25% finished high school.

<b>Country</b>	<b>Estimated Number of Filipinos</b>
Italy	200,000
Britain	80,000
Spain	50,000
Greece	40,000
Germany	40,000
France	18,000
Austria	20,000
The Netherlands	10,000
<b>Subtotal</b>	<b>460,000</b>

There has been a lot of bureaucracy initiated by the Greek government, in principle to allocate residence titles for a number of years. Here, as in other sectors, the requirements - like the evidence of a stable employer-employee relationship and the remittance of social insurance through the employer - turned out to be an insuperable impediment - in particular for those persons working in private households.

Nearly all domestics in Greece work without residence permits. The largest groups are Philippinas, and Polish, Albanian and Ethiopian women - in the last few years, there have been many newcomers from Sri Lanka and India. Many domestics come to Greece via agencies which often withhold the identity cards of the workers until they have paid the costs of the journey and procurement. Others organise their first jobs in Greece themselves, as well as their place of employment, through family networks.

As in many other European countries, there is a racial hierarchy amongst the different nationalities of domestics as far as payment and working conditions are concerned. In Greek households, Philippino women are considered status symbols and are generally better paid (just like Polish women) than Albanians, Africans or South Asians. On the whole it can be noted that most women work in so-called "live-ins", which means that they live at their place of work and often have over 16 hour shifts every day, except for a few hours of free time of their own on Sundays.

## **Part II. Empirical Study**

### **A. Motivation**

This study based on field-work relying mainly on background data as well as interviews with target groups foreseen. This study, which will be developed into a comparative study among all the partner organisations, has been commenced with a view to providing the necessary inputs for the initiation and/or development for some and implementation for other countries of an education and training curriculum for a pre-qualification course for migrant women in the health and care sectors. The curriculum will be developed in line with the national studies and comparative study, adapted to the specific country needs and will include the latter's solution models.

### **B. Research Methods**

#### **i) Method of investigation-Methodological considerations**

According to Fawcett (1984) "nursing is charged with the need to continuously and systematically develop and test nursing knowledge".

The implications of this statement for researchers vary, as some argue that good descriptive data and well designed comparisons of different interventions are the only keys to the building of a sound practice science. On the other hand, there are the ones who insist that this approach alone is not sufficient (Cox, 1988)

Thus it is apparent that the well-established debate between quantitative/qualitative research and the controversial philosophical ideologies that originate them, have penetrated nursing. However, in the light of the complexity of health care issues, a single approach, a best method which is used as a recipe, is not justifiable. Instead, the "right" method is, in this case, the one that fits best the purpose and the constraints.

This particular study is a qualitative project which aims to bring an understanding of migration and studying with a focus on the nursing, from the migrant's point of view. However, as the efforts to discover the subjective meaning of individual experiences were conducted at a semantic level of analysis (semantic content analysis and not an inferrent one), this study does not approach phenomenological research (McLaughlin and Marascuilo, 1990).

Furthermore, it should be noted that this project's technique does not affiliate with grounded-theory approaches as well, as a "symbolic interactions" level was not aimed at; with regards to data collection and analysis, this happened consequently and not concurrently as in the grounded theory mode of inquiry (Polit and Hungler, 1993)

Therefore, an exploratory descriptive research design was chosen instead, because of the interpretive framework underlying the whole process. The aim was to attain an insight into the nature and the social context of the personal meanings of immigration to each individual under investigation. Data was collected by means of a face-to-face interview because "people possess a point of view, a vision of the world and its events, a life experience which the interview may help to bring to the fore and to record" (Giner, 1972).

In general, face-to-face interviews have certain advantages over other methods of data collection, for example, self completed questionnaires. The strengths of interviewing could be summarized as follows:

- i) Interviews afford flexibility and provide immediate opportunity for clarification of meaning. (McLaughline and Marascuilo, 1990).
- ii) Interviews provide access to specific segments of society from whom written response can not be gathered (Waltz et al, 1984).
- iii) Interviews provide an opportunity to observe and assess the validity of the response (Kovacks, 1985).

However, interviewing has also weaknesses which mainly are:

- i) High cost in terms of personnel and material resources.
- ii) Interviewer's bias and its associated problems (Waltz et al 1984).

For this study's needs a tape recorder was used. This was justified as follows: it was apparently very convenient for future analysis as the researcher would refer constantly to the transcripts; on the other hand the focus of this study was on the individual's experience, so everything he or she said was valuable information which could only be taped by means of a tape recorder as even the most concise note-taking could not reproduce the almost half hour conversation. Furthermore, the use of the tape recorder makes feasible any additional observation as the interviewer does not have to concentrate on note taking anymore.

Audio recording has another large advantage which is that the interviewer's interpretation of the interviewee's answers is open to independent scrutiny, because the primary methods are available for study by others, maintaining of course the interviewee's anonymity (Polgar and Thomas, 1991).

However, the use of a tape recorder has certain disadvantages as well, with the main practical one being a faulty recording which the researcher experienced and which

resulted in one of the tapes to be untranscribable. Yet, there are more disadvantages like the feeling of "threat" it might induce to the interviewee due to the intrusive nature, or the "formality" it may generate within the interview context.

Furthermore, as Polgar and Thomas (1991) note, the use of audio recording may result in the "sanitization" of the expressed views of participants for fear of reprisals arising from disclosure of the interview to others. This problem has been well encountered prior to the interviews, and the "best" way to overcome it has been an effort to establish rapport with respondents at the very beginning of the acquaintance and also to reassure them several times that the researcher would not disclose any of the contents of the interview to others. Further, the tape recorder was not placed at a central place, and certainly not between the interviewer and the interviewee. Instead, it was put on the side, and respondents were asked to ignore it!

As Judd, Smith and Kidder (1991) point out, the first few moments of contact between the interviewer and respondent are crucial. An interviewer may consciously or unconsciously present either a formal or informal image, in terms of both his/her mode of dress, the use of a title, or by his/her body posture and language. Research also suggests that even the interviewer's voice qualities may influence respondents' decision to take part or not in an interview (Oksenberg, Coleman and Cannell, 1986).

## **ii) Data collection**

Respondents were approached and interviewed at the same time in their own place of work, training institution or even their homes as we should study the phenomena of everyday life on their own terms. Interviews lasted between 30 and 40 minutes and were tape recorded with a Sanyo 2550 executive talk-book. At the same time field notes were taken as well in order to enrich the data by recording non-verbal signs or the respondent's reactions to specific questions. The tapes were fully transcribed by a professional audio typist.

Furthermore, the interviewees were assured that they could stop at any stage they wanted and also refuse to answer any questions should they wish to do so, without in both cases having to justify their decision. It was particularly stressed that the content of the interview and all the information given would be treated as absolutely confidential. The respondents were also assured that anonymity was secured throughout the whole process. After the initial introduction of the researcher and the study and all the relevant

information was passed over to the interviewee, permission was sought for the use of a tape recorder.

After completion, each tape and the accompanying field notes were given a particular numerical code. Thus the tapes were given for transcription having on them only their code and the date when the interview was conducted. Therefore, the researcher was the only person who knew the name of the participant and his/her corresponding tape, as the list with the interviewees names, addresses, telephone number and codes was kept safe at the researcher's home.

## C. Sample

### **i) Description of sample**

The sample was a convenience or snowball sample (or network, according to some authors), which comprised of 21 respondents who were unknown to the researcher. However, an early sample member was proposed to be included in the study by a friend of the researcher, and consequent respondents were referred by each other. (It should be noted that all of them met the eligibility criteria for the study).

The assumption underlying the whole process is that a person within the snowball sample knows who is more suitable to be included in the study and consequently suggests more participants. Thus, the selection of the sample is also controlled by the respondents and not by the researcher solely.

A typical example from sociological research would be a study with a marinated subculture, such as an ethnic minority group, where direct access to the sample would be impossible without prior introduction to the group by one of its own members. Snowball sampling has strengths and weaknesses just like any other sampling technique.

The strengths of this technique are mainly the easy access it provides to groups of people with whom different contact would be difficult, and also the easing of the introductory phase between the researcher and the consequent respondents who may feel more familiar with the researcher as he/she is introduced to them by someone they already know well (Morse, 1992).

However convenience sampling is considered by many researchers to be one of the weakest forms of sampling as the subjects may be atypical of the population with regards to the variables or phenomena under exploration, and therefore there is a risk of bias and erroneous findings (Polit and Hungler, 1993). Yet, as this study is exploratory-qualitative, this form of sampling is sufficient.

As mentioned before 21 respondents from all categories were interviewed. The youngest was 16 years old and the oldest 52. The respondents by category are described in the following table.

<b>TARGET GROUPS</b>	<b>INTERVIEWEES</b>
WOMEN IN THE NURSING FIELD	4 (2 from ex USSR countries, 1 from Poland and 1 from Czechoslovakia)
MIGRANT WOMEN WHO ARE CURRENTLY ATTENDING A TRAINING COURSE IN THE HEALTH SECTOR	3 (2 from Albania, 1 from FYROM)
MIGRANT WOMEN WHO HAVE DROPPED OUT A TRAINING COURSE IN THE HEALTH SECTOR AND/OR MIGRANT WOMEN WISHING TO ATTEND A TRAINING COURSE	3 (1 from Russia, 1 from Georgia and from U.K.)
SERVICE PROVIDERS	3 interviewees
TRAINING INSTITUTION	3 interviewees
TRADE UNION	3 interviewees
POLICY MAKERS	2 interviewees

## **ii) Ethical Considerations**

Brink (1989) stresses that a number of potential and ethical pitfalls can be identified in the conduct of research in vulnerable populations. This remark is particularly valid in the case of migrants who constitute a special population. Issues like frailty, informed consent, termination of the study anonymity and confidentiality were given particular consideration. Respondents were fully informed about the study's aims and background and although an official consent form was not signed, the respondent's consent was given prior to the interviews. Anonymity and confidentiality were secured throughout the whole process whilst the participants were reassured that they were free to withdraw at any time, should they wish to do so, without any implications or negative feedback, whatsoever.

It has been suggested in the relevant literature, (Bowsher, 1993, Davis and Aroskar 1983) that during the termination of the study the respondent may experience feeling of "loss", of "being used and left". In order to alleviate this potential problem,

the interviewer tried to be as less "intrusive" as possible, and where the respondent himself and/or the rapport between the author and respondent called for some kind of continuity in their relationship, this was encouraged.

Another ethical dimension that this study faced was the interview situation itself. As Smith (1992) points out, any theoretical framework for ethical interviewing must begin with the interviewer. In the case of semi-structured or structured interviews the researcher is usually leading the conversation with his/her questions. Furthermore the interview can be very complex, incomprehensive or tiring, for the respondent in which case it is appropriate to wonder who is advocating for the interviewee.

However, the advocacy seems to stem from the interviewer himself who has the ethical obligation to use clear and concise language, to reduce complexity, avoid patronising and be "natural rather than correct" as Haralambos (1981) said.

## **D. Analysis**

### **i) Methodological considerations regarding analysis**

Data was analysed by means of content analysis of the interview transcripts, Weber (1985) defines content analysis as: a research methodology that utilises a set of procedures to make valid inferences from text. Furthermore, Krippendorff (1980) defines this method as follows: a research technique for making replicable and valid inferences from data to their context.

The second definition emphasises the relationship between the text's content and its institutional societal or cultural context. This definition is more appropriate for this study's needs, as throughout the analysis process the author tried to gain an insight into people's experience according to their own stories, but within the following contexts:-

1. The particular context of the interview situation.
2. The context of the group under study, as with migrants the chances are that they will answer in terms of politeness or gratitude (Wilson 1993).
3. The socio-economic status of the respondents which in many cases determines the kind of expectations and feelings of entitlement they have.

Content analysis just like any other analytical method is based on some general assumptions which apply to all studies of content analysis (Berelson, 1971). These assumptions are as follows:

1. Content analysis assumes that inferences about the relationship between intent and content or between content and effect can validly be made, or the actual relationships established.
2. Content analysis assumes that the study of the text's content is meaningful; that is, the researcher assumes that the "meanings" he/she ascribed to the content by assigning it to certain categories, correspond to the "meaning" intended by the respondent or will be understood by a future audience.
3. Content analysis assumes that the quantitative description of the text's content is meaningful. Thus, it is implied that the frequency of occurrence of various recording units (words, phrases etc) is itself an important factor in the communication process.

For this study's needs all the above assumptions were well recognised and encountered. Thus, the author assumed that the relationship of intent and content was valid, that the meanings of the categories corresponded to the meanings given by the respondents and that the whole process of analysis is meaningful. Close examination of the data, however, reinforced these assumptions.

## **ii) Challenges and problems in the labor market**

### **a. concerning legal matters**

In order for any immigrant to work in the health sector an official qualification in nursing or relevant sciences is needed. The biggest problem they face is to transfer their qualification and to achieve their degree equivalent. This major problem mostly is created because of the differences in the educational systems of each country. For example in the former Czechoslovakia nursing could be studied right after the obligatory 9-year studies (at the age of 15 yrs old), and it would last for 4 years. The same would apply to FYR of Macedonia and some previous USSR countries. In Greece after the obligatory education (till the age of 15), the majority of the pupils follow the General Lyceum with multi curriculum content aimed at the tertiary education entrance. There is also the choice of the more specialized Lyceums (TEE) that offer vocational training, which additionally includes more general studies as well.

The difficulty in qualification equivalence lies exactly in the broad differences in the content of the above mentioned educational systems.

The decision seems to depend on the country of origin. Sometimes foreign Lyceums are equivalent to TEE and in other cases they are upgraded to TEI

qualifications (which in Greece are tertiary technological education). A characteristic example of this procedure is the recognition of the secondary education of the woman from Czechoslovakia as TEI, while the interviewee from FYR of Macedonia with similar age and vocational training was asked to study at TEI level. In fact this particular interviewee was extremely disappointed when she found out she had to study for an extra three years in Greece, in order to achieve a TEI diploma, while “other migrant women from different countries, with training similar to mine, were already recognized as TEI graduates. I felt I was studying nursing all over again”.

Apart from the Degree, a valid permit to work as a nurse is needed in order to enter the profession in either the private or the public sector. Bureaucracy seems to be a burden in either degree recognition or acquisition of nurse working permit.

“There is a lot of bureaucracy in Greece, and everything is orientated around the capital, Athens. When I wanted to recognize my degree from my home country, I had to take numerous trips to Athens to visit the Institute of Technological Education (I.T.E.) which is the official organization for recognizing foreign degrees. So, after a lot of hustle, they decided that although I studied nursing up to when I was 19 years old back home, I should start from scratch over here, in fact I entered the Technological Educational Institute of Thessaloniki (T.E.I.) at the second semester. I think it would be extremely helpful if I had some written information, (preferably in my native language), so that when I first came to Greece I could have taken better decisions as to what I should have done.”

## **b. concerning the labor structure**

### **i) the public sector**

Another important problem is that the major employer in the Health Sector is the State, because most hospitals and health institutes are public. This creates a huge problem, because Greek citizenship is needed in order to be employed. This does not apply to EU citizens, but it should be mentioned that less than 5% of all immigrants in Greece are coming from EU countries. It is easily understood that the big majority of immigrants in Greece do not have access to the public sector. Thus immigrants are excluded from a secure working environment, since in the Greek Public Sector the average wage is much higher than in the private sector and offers permanent job contracts.

The only exception is the immigrants of Greek descent, who came to Greece in the early 1990s and to whom Greek citizenship was given. Subsequently a fixed

percentage in all job openings was secured for them and in this way a great number of this group is employed in Greek hospitals. Work colleagues and Greeks in general accuse these palinostountes as being treated with favoritism, because access to the public sector was being done easier for them. There articles in the newspapers (Annex 3) accusing them of not really being of Greek descent and having falsified their descent, as well as their qualifications. Trade Unions are strongly opposed to the legalization of the qualification of these palinostountes and even challenged them by taking them to court as a whole. After numerous court postponements the case is to be judged by the Supreme Court in the end of 2005. (Annex 4)

This situation created negative publicity for all immigrants working in the nursing field. Even worse, their skills and competencies were questioned by patients who regarded them as low skilled and not trust-worthy.

Competency in the Greek language is not required when they enter the profession. Furthermore, no organized language courses are offered to these professionals, and the problem of communication with patients and in between colleagues occurred.

#### ii) the private sector

The migrant women working in the private sector are:

- women whose degrees have been recognized and who are employed mainly in private hospitals or clinics
- women with formal qualifications who have not been recognized in this country and are mainly working in private homes, looking after the elderly or frail people
- women without formal qualifications of the nursing and/or care field from their countries, who work as home aid, and in many cases have additional duties of caring for the house's elderly.

The biggest problem of this sector is the low income, which enforces many of them to undertake more than one job. Another issue raised in the interviews, was the job allocation. Women with formal recognized qualification complained that they were assigned the heaviest tasks by superiors. Their own interpretation for this was the mere fact that they were foreigners.

#### **iii) Training**

There is a variety of challenges that migrants face when attending a course in the health care sector. The main difficulty in secondary education seems to be poor language skills in Greek. It should be noted here that Greek is generally regarded as a difficult language to learn as it has a strict grammar with a lot of rules, and a vast vocabulary. Yet, there are no extra classes in Greek language designed and offered to migrant pupils and thus they often learn Greek the hard way, as they proceeded with their studies.

It should also be noted that that even basic knowledge of Greek is not a prerequisite for entering the secondary level of education and therefore access is open to all migrants. Yet this is not a real advantage because as mentioned before there are no extra classes offered, so migrant pupils struggle a lot and in many cases they drop out of school.

Parallel to public (state-owned and run) secondary education, there are private schools, equivalent to the public ones which offer training in a variety of vocations, some of which are highly specialized such as nursing assistant for the surgery room or nursing aid for the accident and emergency room. However, these specializations are not particularly useful as there was no such job openings in the recent years. Furtherer more tuition fees were said to be a major difficulty by interviewees who also complained that there are no student loans or any other kind of financial support for them. In most cases migrant women have to work after school in order to deal with the financial difficulties. In fact all three interviewees in this category were working as baby sitters during their studies and two of them admitted of being absent too many times from school. Yet, these private schools seem to have a more relaxed policy regarding absence that is although students should not be allowed to continue with their studies after o certain number of absences per semester, often absences are ignored and these students carry on. This is in essence a “give and take” situation where migrant women are paying to study, and working in order to keep paying.

The policy of state-run secondary education towards absences is far more strict and migrant are not allowed to continue if they don't attend classes on a strictly regular basis just like their Greek schoolmates. Perhaps this is one of the reasons why some of the migrant women prefer to attend the private secondary education despite the fact that they have to pay fees for it.

Another challenge that migrant women face especially in tertiary education is that t of assimilation with their Greek schoolmates. One of the interviewees who came from Albania when she was fifteen and went through the secondary education said that

although she had a few Greek friends she was still treated as the “girl from Albania” by the majority of her class. Her own explanation for this was the fact that she did very well in her studies and in this way was challenging her schoolmates.

It should be noted here that competition among students of tertiary education is fierce among students as they try to get the best marks possible. A height overall graduation grade is very important as it is one of the basic criteria for entry into the public sector.

Another observation made by an interviewee from FUROM was that school year was interrupted to often by strikes mostly initiated by teachers and in some cases by the students. She felt that this situation created an unsafe educational environment as there was a possibility for whole semester to be cancelled. This made her extremely anxious as she couldn't afford to lose more time and money for extra studying.

The interviewees from Albania who were actually studying in tertiary education also said that although they have been studying nursing during their secondary education and felt quite familiar with the subject matter at TEI, still they had to convince their schoolmates and their teachers that they had such a background. One of them was characterised as arrogant just because she could easily answer two questions in the class. In another instance a schoolmate called her “a show off” because during some practical work she took the initiative and gave an intravenous injection to an educational doll.

Moreover an interviewee mentioned that her language skills were said to be insufficient by her teachers in order for her to present at a conference. She felt she was not offered the support needed doing so.

#### **iv) Working conditions**

Regarding the public sector ascending positions (e.g. ward manager) can be achieved merely on past working experience with not much consideration in other qualities (personal, academic etc) of the candidates. This applies to Greek and their migrant colleagues alike. In this sense one could argue that there is fairness in the hierarchy system and in fact many migrant nurses are holding ward manager positions or even director of nursing services positions, as they have been working in Greece for more than twenty years now.

Yet their social profile not regarded as high, in comparison to Greek nurses to similar qualifications and experience, by both superiors and colleagues. Low language skills to seem to be the sole argument against them, as in essence after twenty years of

experience, nobody can really challenge their competencies. Often these migrant nurses are called by their country of origin, as a diminishing name.

During interviews a common theme that came up, was the fact that during their first years of work, these women were assigned to the heaviest tasks. Characteristically the interviewee from Czechoslovakia said that although her degree was recognised as that of tertiary education, on a daily routine, she would work as an auxiliary nurse, that is cleaning and bathing the patients mostly, instead of administering drugs or other forms of more highly respected nursing tasks.

Furthermore, the same interviewee argued that in her country things on the ward were much more organized. In her own words, “nurses in Greece improvise”. She said that it was to her advantage that she was accountable for every single nursing action she would take. This sense of responsibility stemmed up from her training from her country of origin.

Her views were endorsed by the interviewee from Poland, who also suggested that her personal strength for working in the field was her sense of responsibility towards her patients.

Two nurses from Russia said that their personal strength that kept them though the first difficult years up to now, is their unconditional love for their fellow man. In fact they said that their altruism was their main drive for working in this field.

It should be noted here that wages for all nurses are the same, depending on years of experience. This was noted to be as fair and a respectable amount by the interviewees by Russia. On the contrary, the interviewee from Czechoslovakia argued that this is unfair, as she felt after twelve years of working in this country, she was offering more than her Greek colleagues, and in this way the wages should be according to her skills and everyday high performance. She also said that wages are insufficient anyway. In fact she mentioned that four years ago, she almost decided to switch to the private sector, but she would lose all her pension rights.

## **v) Challenges / problems dealt with**

As teachers from the nursing school said, there is a relatively low percent of migrant students (between 1-3 %). The majority of who are women, as nursing is thought to be a female profession in Greece.

The problems they face and the challenges they meet during their training are not really dealt in an official and organised way, as there are very few of them, in order to formulate and implement some sort of assistance for them.

This argument is not in line with the answer to another a further interview question, where trainers admitted that they don't have specialised personnel to teach and assist migrant nurses.

During the interviews some of the nursing trainers said that they do help migrant students, as they apply the multiple choice system, during mid-term and final exams. This way they argued, they help migrants to overcome their language difficulties.

Another point that was made by the trainers, that they were willing to re-examine papers, when asked by migrant students. They said that they do so, because they take into account that migrant students have an urge to achieve the highest grades possible.

## **E. Recommendations by Interviewees**

The most common recommendation made by all the interviewees, was that a course in Greek should be offered as a prerequisite for students and nurses working in the field. The content of this course should not only be Greek grammar and vocabulary, but also medical terminology as well. In fact, as the nurse trainers suggested, the scope should be towards medical and surgical nursing, which is thought to be the basis of the profession. They all agreed that the course should be free of charge.

They would also like a course on cultural mediation and intercultural learning, as they thought it would be very helpful for them.

Another suggestion made by policy makers and migrant nurses working in the field, was that they could act as interpreters for patients with a migrant background. This is very important, considering the escalating number of foreigners treated in Greek hospitals.

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## **ANNEX 1**

### **INTERVIEW CONTENT (indicative)**

## POLICY MAKER 1

- 3) There is secondary vocational training delivered by I.E.K. (Institutes of Educational Training), T.E.E. (Technological Vocational Educational Centers), and K.E.K. (Centres of Continuing Education). At the third level there is T.E.I. (Technological Educational Institutes), and A.E.I. (Higher Educational Institution – University). There is also a special kind of training, called nursing expertise, which is a one year course aimed at giving further and in-depth experience to nurses who already work at a hospital. This qualification has limited recognition as it is recognized only by the ministry of Health and not the Ministry of education.
- 4) No, the training strategy is not meeting the current demands and employment opportunities. There is a three level educational system in practice, that is the secondary level (I.E.K., T.E.E.) which produces auxiliary nurses (although some people wrongly regard them as nurses), and the third level is divided in two subgroups, T.E.I. graduates (who have no access to postgraduate studies although they account for the 90% approximately of the nurses population), and A.E.I. graduates who can carry on with postgraduate studies and usually follow a higher career. I think that there should be just one level of nursing studies and that should be at university level, for all nurses. In parallel, all staff nurses holding a T.E.I. degree should be given the opportunity to upgrade their degree to a University level.
- 5) There should be a pre-qualification training course for migrant women either they hold a nursing degree or not. The reason for this is that the Greek Health system is not as straightforward as it seems, there is a lot of bureaucracy still in place, with a lot of state owned run insurance companies with different levels of support. This course should be state financed for migrants from within the E.C. and from the country of origin for non E.C. migrants.
- 6) At least one module should be included in all vocational courses regarding cultural mediation and intercultural learning. This would not only benefit migrants in the short term but also in the long term as they follow their career.
- 7) Perhaps through their representation in the relevant Educational Committees, not necessarily as full members but as counselors or associates in matters of policies aiming at integration and free access to education or labor market for all.

## **SERVICE PROVIDER 1**

- 3) I work at a big regional hospital as head of nursing services. Our hospital offers a wide range of care that is all levels of care (primary, secondary and third degree). Regarding primary care we have a variety of special out-patient clinics (such as diabetes, hypertension, epilepsy, Alzheimer's disease and pain clinic). We also treat patients with established diagnosis, and we finally treat specify categories of patients such as burns and bone – marrow transplants.
- 4) As from a top-down approach, we have the directory of nursing services, the 5 heads of the 5 sections (medical, surgical, educational, laboratories and accident and emergency), then there is the ward manager, the staff nurses, the auxiliary nurses and the nursing students. The persons from the director of nursing services down to staff nurses, must hold a nurses degree of at least 3,5 year duration. Some of the staff nurses hold a University degree, (4 year duration), but they are only a small minority yet (unfortunately). The auxiliary nurses hold a 2 year degree which was not acquired by an Educational Institution (Polytechnic or University). Instead they studied nursing within a hospital, combining more practical and less theoretical work. I think that the biggest responsibility lies with the ward managers, as they have to run the wards in an optimum way despite the shortages of staff that we face. Staff nurses are “the soldiers” that deliver high standard care to our patients. The 5 heads of the sections overlook the whole process and the final responsibility lies with the director nursing services.
- 5) I think that the current competencies of our professional do correspond to the demands of our clients to a satisfactory level. Having said that I think we do need more staff with a university degree, and furthermore we need staff with postgraduate studies so that we would have expertise personnel in the evolving nursing professional roles.
- 6) The greatest challenge is the evolving professional role as mentioned before. Nursing is expanding, there is new technology at our disposal, and perhaps some of the traditional medical roles are now shitting towards nursing e.g. follow ups at the diabetic clinic, or patient educations. The other challenge is to keep delivering high quality care in a “negative” working environment that is heavy caseload, low staff case-mix.

- 7) In my opinion and throughout my working experience I came to this conclusion: the key competency for working as a nurse is being the patient's advocate at all times, under all conditions. If you start thinking about management guidelines, costs, workload and the like, you will miss the core of nursing, which is to deliver care in a scientific and humanistic way to the person in need.
- 8) We have quite a few nurses with a migrant background, in fact they account for nearly 20% of our staff. Most of them are working as staff nurses but there are 3 who are currently working as ward managers.
- 9) The only apparent advantage is when one of our staff can act as translator for a foreign patient. Other than that, I don't think that there are any other specific advantages.
- 10) Migrants who are called "repatriates" hold all the legal documents to take part in National contests for a placement in the public sector. The migrants who don't hold a green card / work permit, they can only work in the "black market", and in most cases they look after the elderly at home. The third category is the ones who hold a green card but still they can not work in the public sector as their work permit is valid for a period to three years. However, they are able to get a job in the private sector. Unfortunately there are no special policies in power for the time being which would aim at improving this situation.
- 11) It is my strong belief that all migrants should undergo a short course of cultural mediation and intercultural learning as this would help them the most in their adjustment to the new working environment.

## TRAINING INSTITUTION 1

- 3) We have 1.500 students in total less than 3% are migrants, the majority of which (90%) are women because nursing is thought to be a female profession in Greece. No dropouts among migrants.
- 4) It doesn't hold a significant role as the number of migrants is relatively low. The content of the curriculum is subject to changes that come directly from the ministry of education and there is not so much freedom within the institution to adjust the curriculum to current needs and social changes at a local level. That can be a problem as migrants tend to gather at specific parts of the country.
- 5) The key subjects in the field are medical and surgical nursing.
- 6) The main personal characteristics are a strong will to complete their studies, a desire to "blend in" the new environment and a solid character.
- 7) No specific problems in completing the course. However, migrants seem to have some trouble with the language, especially with written language. Migrants may face some problems due to differences between culture of origin and the new culture they live in.
- 8) There is a zero drop-out rate, as migrants want to finish their studies. Sometimes they stress the fact that they are migrants and ask for better conditions (favoritism) regarding exams e.t.c.
- 9) Although there is no drop-out, in order to avoid any such phenomena, there is a need for migrants to attend solid language course and some kind of cultural integration programme.
- 10) No, they don't have any kind of priority when it comes to continuing education.
- 11) There are no problems within the vocational training programme. Yet, there are greater problems regarding social policy and welfare for migrants.
- 12) There is a module called "intercultural musing" which is an optional module. However it is not activated yet as we don't have a lecturer with the appropriate qualifications to teach this module.

## **TRAINING INSTITUTION 2**

- 3) I have 3-4 migrants in my class every year which totals up to 60-70 students every year. 3 out of 4 are women, practically no drop-outs.
- 4) The migration issue does not seem to play a role in the content of current curriculum. However, lectures tend to be less strict with migrant students. In fact some help them in writing up essays or preparing a speech in the class. Moreover, we tend to examine students with a multiple choice exam system rather than writing up short essays which makes it easier for students in general and migrants in particular. Yet I have to stress out that these are personal tactics and not official policies by the institution.
- 5) The main topics are medical and surgical nursing, also nursing ethics and nursing management as they differ from the modules of their country of origin.
- 6) A desire to learn. These students have a specific characteristic. They will be either excellent or poor student (in general terms), regarding their grades. This may well be explained by the fact that they don't have many educational options, so once they are admitted to the nursing school they are personally and socially (in terms of their environment) committed to complete their studies. Thus, they will either achieve very high grades or very low.
- 7) A common barrier is the great number of practical placements and moreover, the fact that students face nursing reality a very demanding professional in Greece, which influences a lot of them in a rather negative way. As nursing has a relatively low social and professional status, and when this is coupled with someone who has a strange accent or some other sign of migration background, this could create a burden for migrant students.
- 8) There is a zero drop-out rate, for reasons explained before, that is not many educational options and perhaps the fact that nurses can get a job relatively easy at least in the private sector, so migrant students tend to stick to their studies.
- 9) The main pre-qualification is good knowledge of the language as Greek is relatively difficult to learn. More specifically when working within the health care sector, both written and spoken language should be at a very good level.
- 10) Migrant women do not have any kind of privilege when it comes to continuing education or life long learning. On the contrary they are underprivileged as they have to compete with their Greek colleagues in order to get on a programmer like

that. Personally I think that there should be a prerequisite in all continuing education programmes where a percentage of the students should be chosen from a population of special characteristic (migrant women etc).

11) No specific problems

12) There is an elective module on intercultural learning but it is not enough as it is offered towards the end of the course, and it is a one hour a week module. The quality of the course would be increased if we could offer more cultural mediation, intercultural learning and specifically intercultural nursing modules, but unfortunately we don't have the personnel to teach these modules.

## TRADE UNION 1

- 1) We offer a limited service, some legal advice, as it is not really our role or mission to do so.
- 2) It is not possible for migrants to get a job in the health sector unless they first have secured a job permit and they have their degree equivalent to Greek degrees. Only then they can apply through A.S.E.P. (Higher Council for Personnel Selection) which is a government controlled, central system of job offering. Migrants have no more chances in general for getting a job that is there are no special policies to protect and care for them.
- 3) Nothing in particular.
- 4) I think this would be a good idea, because there is a clear lack of language skills and most importantly a lack of knowledge as to how the Greek health system works, what are the specifics of the work environment and ethos. The pre-qualification course could be useful in another way, that is, it could provide migrant women a better understanding of working in this field, so that they could make an informed decision, whether to stay in this field or not.
- 5) Migrant women don't have any priority. In fact there are no clear cut criteria as to how people are selected in order to attend courses on continuing education and life long learning. I think there should be an implementation of such criteria not for migrant woman only but for every professional subgroup (new comers in the profession, under qualified etc). Nevertheless, I think that migrant women should have some priority as they have to compete native professional in a very demanding field such as health care, so additional help is needed.
- 6) There should be at least one (if not more) modules on cultural mediation and inter cultural learning and cultural mediation. These could be offered as elective modules (they don't have to be obligatory), but they should cover a wide range of cultural and intercultural issues.

## **TRADE UNION 2**

- 1) We provide information on the laws that govern the health care sector in Greece, and also information on a smaller level as to what goes on in each province regarding legislation, opportunities for work, which health degrees from abroad are accepted in Greece and for which migrants need to apply for degree recognition.
- 2) If job seeking and application is through the central government directed system (A.S.E.P.), then everybody has the exact same chances. If it is through the private sector, there very be slightly more chances for miscreants to get a job, as they are usually underpaid.
- 3) There are some short continuing education courses (called K.E.K.), but these are no officially courses addressed to migrants. With regards to labor policies there is an officially set percentage of places (10%-20%) in each bulk advertisement for jobs in the health field which is addressed to migrants with Greek origin only, and who have all the relevant necessary qualifications (degree, language skills) as a native Greek.

## **DROP OUT 1**

- 3) I always wanted to be a nurse and when we moved to Greek, this is what I decided to do. I also heard that it was easy to get a job as a nurse and my family needed me to support myself sooner than later so I decided to study nursing.
- 4) I did some searching for courses and similar to nursing (which was 2 years of studies) was hairdressing, and beautician. There was nursing studies at the third level education but the entry requirements were difficult and the duration of the course was 4 years so I decided to follow the secondary level.
- 5) No I have no experience in this field.
- 6) I quitted nursing after a month because I discovered that my studies would have led to a nurse assistant's degree and with my migrant background and legal status I could not get a job at a public hospital. So I decided to study hairdresser which is the same duration in studying and on the contrary to nursing, hairdressing can get me a job at the private sector easily.
- 7) I would be helped if I had the opportunity to get a job at a public hospital. If I was to work in the private sector, I don't need the nursing degree, because I know a lot of people are looking after the elderly or sick people at their homes and they do this job without any qualifications.
- 8) Basically, I think there should be more information on how you get a job on the public sector as a nurse, and on the private sector as well, with or without qualifications, because I discovered all these on the way by talking to my schoolmates.

## **DROP OUT 2**

- 3) My aunt back home in Russia is a nurse and she told me that this is a profession where you can always get a job. I also like working with people and it was relatively easier to get on this course.
- 4) I also wanted to study hairdressing and this is because I hear that they also get good money in this country.
- 5) No previous experience.
- 6) I did not really dropped out, I just decided to switch to hairdressing so I carry on with that now, as I like it more to follow as my profession.
- 7) I needed more support and guidance as to what is best for me to do. There are no professional counseling services especially for migrants. Wright from the beginning I needed the guidance not to go on nursing and switch afterwards.
- 8) I needed more information on how valid is my degree, (or even better) my nursing degree to be, and how easy it would be to work as a nurse. Also I needed more information about the content of the course and exams. Also, I was not informed properly that in order to get my degree I still would have to sit on national exams and compete with my Greek classmates.
- 9) I get up at 7:30 am, go to school for 08:45 and study until 14:00 pm. Now with hairdressing I do a lot at practical work too.

### **DROP OUT 3**

- 3) As far as I remember myself I was always playing doctors and nurses, and also I also wanted to be a hairdresser. When we moved to Greece with my family I had to study something that would give me a job quickly, I was 14 at the time, and within a couple of years I got myself on this course so that I could get a job easily.
- 4) Regarding nursing there is the secondary private school which I followed and I could not study at a higher level e.g. University because I would have to go through the National Examinations Systems for University Entrance and my language skills are very poor in doing so.
- 5) No experience as I am only 17 years old.
- 6) I left my studies after a few months because the tuition fees were high and my family could not pay.
- 7) Obviously I dropped out for financial reasons, now I am working, as a baby-sitter because I really need to help my family out, my dad and mum have no steady jobs, and I have a brother and two sisters who are younger than me, so I have to work and maybe I will study later.
- 8) If it could have stayed on the course, I would like some more preparation in Greek language because it's a very a difficult language. I also think that some preparation on the Greek Educational system would be extremely useful.
- 9) Now I don't study so my routine is a working routine really, I get up at six and get to the house where I baby-sit, at 7 o'clock until 3 in the afternoon when my employers return to the house.

## **MIGRANT WOMEN IN THE NURSING FIELD 1**

3) I came from Taskend (Russia) to Greece, in 1977, (that is 28 years ago) as a political refugee. I had no citizenship in Russia and when I came to Greece I applied and got Greek citizenship. Now I work as ward manager at a Coronary Care Unit. I am responsible for 11 members of staff and 7 patients on a daily basis.

4) I studied nursing back at my country of origin, my studies were of 3 years duration. After graduation I got a job at a local hospital and worked for 5 years before I came to Greece.

5) I love this job because I have an inner urge to help people. I think this is what motivated me in this line of work all this years.

6) At first things were difficult for me. When I came to Greece, ( I worked at a private clinic for the first 5 years and at the time they gave me all the heavy tasks to do, I was practically cleaning up patients and making beds all day!) I was like a nurse assistant although my degree was a higher nursing degree and not an assistant's degree. After that, I got a job at the hospital, and I was amongst the few qualified nurses to organize things (it was a new hospital), there was a lot of potential for professional growth at the time.

7) My main personal strength is that I keep calm whichever the situation on the ward. This helped me deal with a lot of difficult situations and to help my colleagues keep cool, too. Once I was working at a medical ward, we had 60 beds plus another 25 extra patients (we used to call them guest-patients), there were only 3 or 4 staff nurses on duty and we could still manage.

8) I did not face too many difficulties except for some low back pains. In general I have to admit that the professional status and profile of nursing is not so highly regarded in Greece.

9) Yes, I could not really study any further as going on to a University degree meant that I had to sit entry exams in 4 major lessons in Greek (pathology, surgical nursing etc), which was very difficult for me as the competition was fierce and the places very few.

10) My training back home was 3 years, and in my opinion, the most important thing they taught us was to be calm and good to the patients. We did a lot of psychology which furthered these skills.

11) Training would be easier if we did not have so much theory. Of course that is nearly 30 years ago, when I was in nursing school. From what I hear things are different now back in Russia, nursing is taught at a University level and is recognized as an important science.

12) I would appreciate Greek lessons especially when I first came to this country. My writing skills were poor for years, I had to learn the hard way, asking all the time, and trying to catch up. I would also like to have an initiation period, maybe 3 or 4 weeks when I could be rotated around the hospital in order to familiarize myself with the hospital and the Greek health system in general.

13) Although it's a little late for me, I think it would be most beneficial to have modules on cultural mediation and intercultural learning in health care sector vocational training. Furthermore, it is my strong belief that not only nursing students, but staff nurses on the words would benefit from short courses of continuing mediation in Greek culture and working environment ethos.

## **MIGRANT WOMEN WHO ARE CURRENTLY ATTENDING A TRAINING COURSE IN THE HEALTH SECTOR 2**

3) Since I was a little girl I wanted to become a nurse. In fact in my country of origin (FYROM), we have to decide which vocational direction to follow as soon as we finish primary school. So, at the age of 12 or 13, we take important decisions about our lives. I remember I was motivated to work in this field because as a young girl I had a romantic view about the world, and about helping people in need.

4) I had some experience back home, in fact I worked as an assistant to a psychiatrist. I was administering medication, sorting out the paper etc. I worked for 4 years in total, then I came to Greece where I had to go back to nursing school in order to recognize my degree as equivalent to a third level of training.

5) My main reason for following this course is that I love nursing and I want to work as a nurse. I am in the third year of my studies, I am just about to finish the 6<sup>th</sup> semester, and I have passed all the modules so far. Yet, if I don't finish off this course I will not be able to work as a nurse in this country, as my previous qualifications were not recognized, so I guess choosing to follow this course was a smart thing to do, don't you agree?

6) The course so far was not what I expected it to be. I was disappointed because things at the school were not running smoothly. There were a lot of strikes both from teachers and for students, and there was a constant danger of missing out exams because of the strikes. In general, the lessons were easier in comparison with lessons back home.

7) Well, money was always a problem as I come from a poor family, and although there were no tuition fees, still there were expenses in conjunction with studying this particular course. For example I spent a lot in transportation as the school is far out of the city and I need to catch 2 buses just to get to nursing school from my house. Also, there is a lot of transport involved when we visit the local hospitals for our practical placements. Time is also an issue, as we have to go to the hospitals in the morning and to the school in late afternoon, and it is very difficult for me to get a part-time job. Classmates were ok. I did not have any particular problems. Language was a problem at first, because Greek is the third language I speak, originally I come from Croatia, so I speak Croatian, Slavic and Greek and it was quite confusing at first.

8) There is a lot of beaurocracy in Greece, and everything is orientated around the capital, Athens. When I wanted to recognize my degree from my home country, I had to take numerous trips to Athens to visit the Institute of Technological Education (I.T.E.) which is the official organization for recognizing foreign degrees. So, after a lot of hustle, they decided that although I studied nursing up to when I was 19 years old back home, I should start from scratch over here, in fact I entered the Technological Educational Institute of Thessaloniki (T.E.I.) at the second semester. I think it would be extremely helpful if I had some written information, (preferably in my native language), so that when I first came to Greece I could have taken better decisions as to what I should have done. You see, as there are 2 levels of nursing, I could have recognized my degree to a nurse's assistant degree, and look for a job wright away. Yet, I don't regret going the T.E.I. as I study nursing at the appropriate level and I hope I will work as a staff nurse in the future.

9) Yes there should be a module on cultural mediation, because it will smoothen the transition between cultures. With regards to intercultural learning there is a module at my nursing school, but the more we learn about these things the better. After all, this is a global world we live in, and nursing is no exception.

## **ANNEX 2**

### **INTERVIEW GUIDE IN GREEK**

## ΔΙΕΥΘΥΝΤΙΚΑ ΣΤΕΛΕΧΗ

Παρακαλώ πάρτε συνέντευξη από Διευθυντικά στελέχη της επαγγελματικής κατάρτισης (Εθνικές και τοπικές αρχές, Πανεπιστήμια κ.λ.π.).

1. Παρουσίαση του ατόμου που παίρνει τη συνέντευξη (ρόλος, λειτουργία κ.λ.π.)
2. Εισαγωγή στο πρόγραμμα Leonardo, διευκρινίζοντας στόχους και δραστηριότητες. Τα ακόλουθα σημεία – κλειδιά θα πρέπει να γίνουν ξεκάθαρα και κατανοητά από το άτομο που συμμετέχει στην συνέντευξη.
  - i) Οι πληροφορίες που θα προκύψουν από την συνέντευξη θα είναι απολύτως εμπιστευτικές.
  - ii) Οι πληροφορίες που θα προκύψουν από την συνέντευξη θα χρησιμοποιηθούν μόνο για τους σκοπούς της μελέτης αυτής.
3. Ποιες είναι οι επαγγελματικές ευκαιρίες κατάρτισης στο τομέα της υγείας τις οποίες αναγνωρίζεται; Παρακαλώ διευκρινίστε το επίπεδο εκπαίδευσης (δευτεροβάθμια, πανεπιστήμιο, επαγγελματική εκπαίδευση, εξειδικεύσεις κ.λ.π.)
4. Θεωρείτε ότι η εκπαιδευτική πολιτική στο χώρο της υγείας απαντά πλήρως στις ανάγκες του συστήματος υγείας και τις επαγγελματικές ευκαιρίες;
5. Δεδομένου των προϋποθέσεων και του υψηλού ποσοστού των γυναικών – μεταναστριών που σχετίζονται με τον τομέα αυτό, θα υποστηρίζατε την εφαρμογή ενός προπτυχιακού εκπαιδευτικού κύκλου σπουδών για τις γυναίκες μετανάστριες; Εάν ναι, σε ποιο βάθος; (χρηματοδότηση, αναγνώριση)
6. Λαμβανομένου υπόψιν τον υψηλό αριθμό των μεταναστών στην χώρα, θεωρείται βασικό να συμπεριληφθεί σε όλες τις επαγγελματικά – εκπαιδευτικές σπουδές τουλάχιστον ένα μάθημα για εισαγωγή στο πολιτισμό της χώρας υποδοχής και διαπολιτισμική μάθηση;
7. Λαμβάνοντας υπόψιν τον υψηλό αριθμό των γυναικών – μεταναστριών που σχετίζονται με την υγεία και την φροντίδα, πως θα βελτιώνατε την συμμετοχή τους στο επαγγελματικό – εκπαιδευτικό σύστημα;

## ΕΚΠΑΙΔΕΥΤΙΚΟ ΙΔΡΥΜΑ

Παρακαλώ πάρτε συνέντευξη από Διευθυντικά στελέχη των επαγγελματικών – εκπαιδευτικών ιδρυμάτων που προσφέρουν εκπαίδευση στο χώρο της υγείας.

- 1) Παρουσίαση του ατόμου που παίρνει τη συνέντευξη (ρόλος, λειτουργία κ.λ.π.)
- 2) Εισαγωγή στο πρόγραμμα Leonardo, διευκρινίζοντας στόχους και δραστηριότητες. Τα ακόλουθα σημεία – κλειδιά θα πρέπει να γίνουν ξεκάθαρα και κατανοητά από το άτομο που συμμετέχει στην συνέντευξη.
  - i) Οι πληροφορίες που θα προκύψουν από την συνέντευξη θα είναι απολύτως εμπιστευτικές.
  - ii) Οι πληροφορίες που θα προκύψουν από την συνέντευξη θα χρησιμοποιηθούν μόνο γι τους σκοπούς της μελέτης αυτής.
- 3) Πληροφορίες σχετικά με τα εκπαιδευτικά προγράμματα (αριθμός συμμετεχόντων, αριθμός αλλοδαπών γυναικών, αριθμός ατόμων που αφήνουν τις σπουδές τους)
- 4) Σε ποιο βαθμό επενεργεί στο περιεχόμενο των σπουδών το γεγονός των αλλοδαπών σπουδαστών;
- 5) Ποια μαθήματα από το πρόγραμμα σπουδών θεωρείται ότι είναι τα 70 σημαντικά για να εργασθεί σε αυτό το χώρο;
- 6) Ποια χαρακτηριστικά (προσωπικά, γνώσεις κ.λ.π.) θεωρείται ότι αποτελούν πλεονέκτημα για τους αλλοδαπούς σπουδαστές ώστε να ολοκληρώσουν τις σπουδές τους;
- 7) Ποια θεωρείται ως τα πιο κοινά εμπόδια ώστε να τελειώσουν με επιτυχία τις σπουδές τους οι φοιτητές αυτοί; Ποιοι λόγοι για την μη περάτωση.
- 8) Ποιο είναι το ποσοστό των μεταναστών φοιτητών που εγκαταλείπουν τις σπουδές τους;
- 9) Προπτυχιακές και προϋποθέσεις για την επιτυχή παρακολούθηση του κύκλου σπουδών στο χώρο της υγείας – ποιοι λόγοι εγκατάλειψης των σπουδών θα μπορούσαν να μειωθούν με ένα ειδικό προπτυχιακό μήπως οι μετανάστριες έχουν «κάποιου είδους προτεραιότητα» όταν πρόκειται για θέματα συνεχιζόμενης εκπαίδευσης και δια βίου εκπαίδευση;

10) Σύμφωνα με την εμπειρία σας ποια είναι τα κυριότερα προβλήματα που αντιμετωπίζουν οι μετανάστριες όταν παρακολουθούν ένα επαγγελματικό κύκλο στο χώρο της υγείας και της φροντίδας;

11) Στο εκπαιδευτικό πρόγραμμα σας συμπεριλαμβάνεται ένα μάθημα για εισαγωγή στο πολιτισμό της χώρας υποδοχής και διαπολιτισμική εκπαίδευση; Εάν ναι, πόσες ώρες; Θεωρείτε ότι είναι αρκετό; Εάν όχι, θεωρείτε ότι εάν συμπεριληφθεί αυτό το μάθημα θα αυξηθεί η ποιότητα των σπουδών;

## ΥΠΗΡΕΣΙΕΣ ΥΓΕΙΑΣ

Παρακαλώ πάρτε συνέντευξη από Διευθυντικά στελέχη του χώρου υγείας (νοσοκομεία, γηροκομεία, φροντίδα στο σπίτι).

- 1) Παρουσίαση του ατόμου που παίρνει τη συνέντευξη (ρόλος, λειτουργία κ.λ.π.)
- 2) Εισαγωγή στο πρόγραμμα Leonardo, διευκρινίζοντας στόχους και δραστηριότητες. Τα ακόλουθα σημεία – κλειδιά θα πρέπει να γίνουν ξεκάθαρα και κατανοητά από το άτομο που συμμετέχει στην συνέντευξη.
  - i) Οι πληροφορίες που θα προκύψουν από την συνέντευξη θα είναι απολύτως εμπιστευτικές.
  - ii) Οι πληροφορίες που θα προκύψουν από την συνέντευξη θα χρησιμοποιηθούν μόνο γι τους σκοπούς της μελέτης αυτής.
- 3) Παρακαλώ περιγράψτε τις υπηρεσίες που προσφέρει το ίδρυμα σας.
- 4) Παρακαλώ περιγράψτε τις διάφορες θέσεις στο ίδρυμα / τμήμα σας σε σχέση με τα προσόντα, δεξιότητες και ευθύνες.
- 5) Σύμφωνα με την εμπειρία σας οι τρέχουσες δεξιότητες των υπαλλήλων ανταποκρίνονται στις ανάγκες των χρηστών των υπηρεσιών υγείας;
- 6) Ποιες θεωρείται τις κυριότερες προκλήσεις που αντιμετωπίζουν οι επαγγελματίες σε αυτό το χώρο;
- 7) Ποιες δεξιότητες θεωρείται σημαντικές όταν εργάζεται κάποιος σε αυτό το χώρο;
- 8) Υπάρχουν αλλοδαπές που εργάζονται ως νοσηλεύτριες στο ίδρυμά σας; Εάν ναι, πόσες και σε τι θέσεις;
- 9) Δεδομένου του μεγάλου αριθμού των αλλοδαπών και ξένων που νοσηλεύονται στα νοσοκομεία της χώρας ποια θεωρείται ότι είναι τα ειδικά πλεονεκτήματα επειδή πολλές αλλοδαπές εργάζονται στο χώρο της υγείας;
- 10) Έχουν οι μετανάστριες επαγγελματίες με παρόμοια πτυχία και γνώσεις της γλώσσας της ίδιας πιθανότητες στην αγορά εργασίας όπως ένας γηγενής επαγγελματίας; Εάν όχι, ποιες είναι οι ειδικές πολιτικές ώστε να βελτιωθούν οι «ίσες ευκαιρίες»;
- 11) Λαμβανομένου υπόψιν τον υψηλό αριθμό των μεταναστών στην χώρα, θεωρείται βασικό να συμπεριληφθεί σε όλες τις επαγγελματικά – εκπαιδευτικές

σπουδές τουλάχιστον ένα μάθημα για εισαγωγή στο πολιτισμό της χώρας υποδοχής και διαπολιτισμική μάθηση;

## ΣΥΝΔΙΚΑΛΙΣΤΙΚΟΙ ΦΟΡΕΙΣ

Παρακαλώ πάρτε συνέντευξη από συνδικαλιστικοί φορείς που ασχολούνται με θέματα επαγγελματικής εκπαίδευσης και θέματα μεταναστών.

- 1) Παρουσίαση του ατόμου που παίρνει τη συνέντευξη (ρόλος, λειτουργία κ.λ.π.)
- 2) Εισαγωγή στο πρόγραμμα Leonardo, διευκρινίζοντας στόχους και δραστηριότητες. Τα ακόλουθα σημεία – κλειδιά θα πρέπει να γίνουν ξεκάθαρα και κατανοητά από το άτομο που συμμετέχει στην συνέντευξη.
  - i) Οι πληροφορίες που θα προκύψουν από την συνέντευξη θα είναι απολύτως εμπιστευτικές.
  - ii) Οι πληροφορίες που θα προκύψουν από την συνέντευξη θα χρησιμοποιηθούν μόνο για τους σκοπούς της μελέτης αυτής.
- 3) Παρακαλώ περιγράψτε τις υπηρεσίες που προσφέρετε στις αλλοδαπές (νοσηλεύτριες).
- 4) Έχουν οι αλλοδαποί επαγγελματίες υγείας με παρόμοια πτυχία και χρήση γλώσσας τις ίδιες πιθανότητες εξεύρεσης εργασίας στην αγορά εργασίας όπως οι γηγενείς επαγγελματίες; Εάν όχι, υπάρχουν καθόλου ειδικές πολιτικές ώστε να αυξηθούν οι πιθανότητες τους;
- 5) Ποιες είναι οι πολιτικές εργασίας και εκπαίδευσης που αφορούν τους αλλοδαπούς;
- 6) Δεδομένου των προϋποθέσεων για εξεύρεση εργασίας και του υψηλού αριθμού αλλοδαπών γυναικών που σχετίζονται με τον τομέα υγείας, θα υποστηρίζατε την εισαγωγή ενός ειδικού προπαιδευτικού εκπαιδευτικού προγράμματος για τις αλλοδαπές;
- 7) Δεδομένης της έννοιας των «ίσων ευκαιριών» και της εμπειρίας σας, έχουν οι μετανάστριες κάποιου «είδους προτεραιότητα» όταν πρόκειται για θέματα συνεχιζόμενης εκπαίδευσης και ίσων ευκαιριών;
- 8) Λαμβανομένου υπόψιν τον υψηλό αριθμό των μεταναστών στην χώρα, θεωρείται βασικό να συμπεριληφθεί σε όλες τις επαγγελματικά – εκπαιδευτικές σπουδές τουλάχιστον ένα μάθημα για εισαγωγή στο πολιτισμό της χώρας υποδοχής και διαπολιτιστική μάθηση;

## ΑΛΛΟΔΑΠΕΣ ΣΤΗΝ ΝΟΣΗΛΕΥΤΙΚΗ

Παρακαλώ πάρτε συνέντευξη από μετανάστριες που εργάζονται ως νοσηλεύτριες.

- 1) Παρουσίαση του ατόμου που παίρνει τη συνέντευξη (ρόλος, λειτουργία κ.λ.π.)
- 2) Εισαγωγή στο πρόγραμμα Leonardo, διευκρινίζοντας στόχους και δραστηριότητες. Τα ακόλουθα σημεία – κλειδιά θα πρέπει να γίνουν ξεκάθαρα και κατανοητά από το άτομο που συμμετέχει στην συνέντευξη.
  - i) Οι πληροφορίες που θα προκύψουν από την συνέντευξη θα είναι απολύτως εμπιστευτικές.
  - ii) Οι πληροφορίες που θα προκύψουν από την συνέντευξη θα χρησιμοποιηθούν μόνο γι τους σκοπούς της μελέτης αυτής.
- 3) Παρακαλώ περιγράψτε την θέση σας και τα καθήκοντά σας.
- 4) Που και πως αποκτήσατε τις επαγγελματικές δεξιότητες και επαγγελματική εμπειρία για να εργασθείτε σε αυτό το τομέα;
- 5) Ποιο είναι το κίνητρο σας για να εργασθείτε στο χώρο της νοσηλευτικής;
- 6) Ήταν η εργασία σε αυτό το χώρο αυτό που προσδοκούσατε;
- 7) Ποια νομίζετε ότι είναι τα δυνατά σημεία σας για να εργασθείτε σε αυτό το χώρο;
- 8) Ποιες νομίζετε ότι είναι οι δυσκολίες (γενικές και προσωπικές) όταν εργάζεσαι σε αυτό το χώρο;
- 9) Αντιμετωπίσατε δυσκολίες για να παρακολουθήσετε ένα εκπαιδευτικό πρόγραμμα στο χώρο της υγείας;
- 10) Κατά πόσο βοήθησε η εκπαίδευση σας (σε αυτή τη χώρα / στη χώρα καταγωγής) στην εργασία σας στη νοσηλευτική;
- 11) Κατά τη γνώμη σας ποιες συνθήκες ή παροχές θα βοηθούσε για να γίνουν οι σπουδές σας πιο εύκολες;
- 12) Ποια επιπρόσθετη εκπαίδευση, ενημέρωση, δεξιότητες, εμπειρία θα ήταν χρήσιμη για εσάς;
- 13) Λαμβανομένου υπόψιν τον υψηλό αριθμό των μεταναστών στην χώρα, θεωρείται βασικό να συμπεριληφθεί σε όλες τις επαγγελματικά – εκπαιδευτικές σπουδές τουλάχιστον ένα μάθημα για εισαγωγή στο πολιτισμό της χώρας υποδοχής

## ΑΛΛΟΔΑΠΕΣ ΠΟΥ ΦΟΙΤΟΥΝ ΣΤΗ ΣΧΟΛΗ ΤΟΥ ΧΩΡΟΥ ΤΗΣ ΥΓΕΙΑΣ

- 1) Παρουσίαση του ατόμου που παίρνει τη συνέντευξη (ρόλος, λειτουργία κ.λ.π.)
- 2) Εισαγωγή στο πρόγραμμα Leonardo, διευκρινίζοντας στόχους και δραστηριότητες. Τα ακόλουθα σημεία – κλειδιά θα πρέπει να γίνουν ξεκάθαρα και κατανοητά από το άτομο που συμμετέχει στην συνέντευξη.
  - i) Οι πληροφορίες που θα προκύψουν από την συνέντευξη θα είναι απολύτως εμπιστευτικές.
  - ii) Οι πληροφορίες που θα προκύψουν από την συνέντευξη θα χρησιμοποιηθούν μόνο γι τους σκοπούς της μελέτης αυτής.
- 3) Ποια ήταν τα κίνητρα που σας ώθησαν να εργασθείτε στο χώρο της υγείας και φροντίδας;
- 4) Έχετε προηγούμενη εργασιακή εμπειρία ως νοσηλεύτρια σε αυτή τη χώρα ή στη χώρα καταγωγής σας; Εάν ναι τι εμπειρία έχετε;
- 5) Ποιοι είναι οι λόγοι που σας ώθησαν να εργασθείτε στο νοσηλευτικό χώρο; Σε ποιο στάδιο των σπουδών σας βρίσκεστε;
- 6) Έως σήμερα ήταν η νοσηλευτική σας εκπαίδευση αυτό που προσδοκούσατε;
- 7) Είχατε δυσκολίες στην εκπαίδευση σας σχετικά με τις συνθήκες σπουδών σας; (διάρκεια, χρηματοδότηση, περιεχόμενο, συμμαθητές, καθηγητές και γλώσσα).
- 8) Τι είδους προετοιμασία και πληροφόρηση θεωρείται ότι θα ήταν χρήσιμη για να σας προετοιμάσει καλύτερα για την εκπαίδευσή σας;
- 9) Δεδομένου ότι υπάρχουν πολλοί αλλοδαποί επαγγελματίες στο χώρο της υγείας. Θεωρείται σημαντικό να συμπεριληφθεί τουλάχιστον ένα μάθημα για εισαγωγή στο νέο πολιτισμό και διαπολιτισμική μάθηση στην εκπαίδευση των επαγγελματιών υγείας;

## **ΑΛΛΟΔΑΠΕΣ ΠΟΥ ΑΦΗΣΑΝ ΕΝΑ ΕΚΠΑΙΔΕΥΤΙΚΟ ΠΡΟΓΡΑΜΜΑ ΚΑΙ / Ή ΑΛΛΟΔΑΠΕΣ ΠΟΥ ΕΠΙΘΥΜΟΥΝ ΝΑ ΠΑΡΑΚΟΛΟΥΘΗΣΟΥΝ ΕΝΑ ΕΚΠΑΙΔΕΥΤΙΚΟ ΠΡΟΓΡΑΜΜΑ**

Παρακαλώ πάρτε συνέντευξη από μετανάστριες που άφησαν ένα εκπαιδευτικό πρόγραμμα και / ή αλλοδαπές που επιθυμούν να παρακολουθήσουν ένα εκπαιδευτικό πρόγραμμα.

- 1) Παρουσίαση του ατόμου που παίρνει τη συνέντευξη (ρόλος, λειτουργία κ.λ.π.)
  - 2) Εισαγωγή στο πρόγραμμα Leonardo, διευκρινίζοντας στόχους και δραστηριότητες. Τα ακόλουθα σημεία – κλειδιά θα πρέπει να γίνουν ξεκάθαρα και κατανοητά από το άτομο που συμμετέχει στην συνέντευξη.
    - i) Οι πληροφορίες που θα προκύψουν από την συνέντευξη θα είναι απολύτως εμπιστευτικές.
    - ii) Οι πληροφορίες που θα προκύψουν από την συνέντευξη θα χρησιμοποιηθούν μόνο γι τους σκοπούς της μελέτης αυτής.
  - 3) Ποια ήταν τα κίνητρα που σας ώθησαν να ακολουθήσετε αυτήν την εκπαίδευση ώστε να εργασθείτε στο νοσηλευτικό χώρο;
  - 4) Σκεφθήκατε να ακολουθήσετε κάποιο άλλο εκπαιδευτικό πρόγραμμα;
  - 5) Έχετε εργασιακή εμπειρία σε αυτό το χώρο; Τι είδους;
  - 6) Γιατί αφήσατε τις σπουδές σας; Πόσο καιρό σας πήρε για να καταλήξετε σε αυτή την απόφαση;
  - 7) Τι θα σας βοηθούσε ώστε να τελειώσετε τις σπουδές σας;
  - 8) Τι είδους προετοιμασία για πληροφόρηση θεωρείται ότι θα ήταν χρήσιμη για να σας προετοιμάσει καλύτερα για την εκπαίδευσή σας;
  - 9) Μπορείτε να περιγράψετε την καθημερινότητά σας (συμπεριλαμβανομένων και των πηγών που χρειάζεται για να σπουδάσετε).
- Και / ή αλλοδαπές που επιθυμούν να παρακολουθήσουν ένα εκπαιδευτικό πρόγραμμα.
- 10) Έχετε καθόλου ανησυχίες ή φόβους σχετικά με το εκπαιδευτικό πρόγραμμα; Εάν ναι ποιες είναι αυτές;
  - 11) Τι θα σας βοηθούσε να τελειώσετε με επιτυχία τις σπουδές σας;
  - 12) Μπορείτε να προτείνετε κάποιες αλλαγές στο εκπαιδευτικό πρόγραμμα (δομή, περιεχόμενο) ώστε να διευκολύνει την συμμετοχή σας σε αυτό;

## **ANNEX 3**

### **NEWSPAPER ARTICLES**

## **ANNEX 4:**

# **TRADE UNION TAKES MIGRANTS TO SUPREME COURT REGARDING DEGREE RECOGNITION**