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**PROJECT TITLE**

# **SET CARE: Self-study E-learning Tool for the Social Home-care Sector**

## **TARGET POPULATION**

**A brief report on the educational needs of immigrant women from  
Bulgaria who work as paid carers for a frail elderly in Greece**

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## 1. Immigration in Greece

There are few data which provide reliable quantitative information for immigration in Greece and are mainly collected by the National Statistical Service of Greece (ESYE), the Ministry of Labour, the Ministry of Education and Religious Affairs, the Ministry of Foreign Affairs, the Ministry of Public Order, the Ministry of Internal Affairs, and the Institution for Social Security (IKA). The first nationwide dataset came from the first regularization programme of 1998, while a more recent published one is the 2001 census carried out by ESYE. The most recent source of information is the 2004/5 Household Budget Survey (HBS) carried out by ESYE (Groutsis, 2009).

The data from 2011 census are the most recent information about immigration in Greece, but are not available yet. Apart from the above data, there are small sample researches, but the outcomes are incomparable due to different methodologies followed by the researchers.

According to Groutsis (2009), between 1991 and 2001 legal and illegal migrants tripled (7,3% of the total population in 2001). Recent estimates that take into account illegal immigrants raise the total number of immigrants in the early years of the twenty-first century to more than a million (Triandafyllidou and Maroukis, 2008).

This migration situation has started to change in 2009/10 with the recession in Greece and the financial crisis. These transformations had as consequence a new period for emigration history for Greece. Many of the immigrants have decided to return to their home countries, due to high rates of unemployment. There are no official data concerning the rates of emigrants in Greece since 2009.

## 2. Profile of Immigrants in Greece

The majority of immigrants are nationals of **neighbouring Balkan countries**, such as **Albania and Bulgaria**. Immigrants from Albania are estimated to be more than half of all immigrants (57.5%) and the second largest group are those from **Bulgaria** (4.6%), followed by immigrants from Georgia (3.0%), Romania (2.9%), and Russia (2.3%) (Cavounidis 2002).

According to the 2001 census, nearly half of the immigrants have completed secondary education (including technical school). Vassilikou (2007) mentions statistical data from 2002 concerning the educational level of immigrant women, which were collected from applications submitted for registration. Among the immigrant population, 2% are illiterate, **38% have primary education, 51% secondary**, and 9% have a higher education. In a comparison of male and female immigrants, we can observe that 16% of women compared to 7% of men have studied at the graduate level, 57% and 49% of women and men, respectively, have secondary education, and finally, 25% and 43% have primary education. Migrant women seem to have higher education than male immigrants. Robolis (2005) mentions that 13% of employees in Greece are immigrants. Furthermore, 20% of immigrants are employed in other services, in most cases domestic labor (taking care of children or elderly persons, house cleaning, etc.), which amounts to 75% of total employment in domestic services (Groutsis, 2009). Women immigrants work usually as employees and are not occupied in jobs according to their qualifications, or previous job experience. They choose to work in jobs with a low demand of competences (census, 2001). The majority of foreign workers that apply for a residence permit do not have any opportunity to use their qualifications in the occupations they are employed in (Vassilikou, 2007).

As we have already mentioned, the second largest migration population in Greece comes from Bulgaria, according to Markova Eugene (2001) there is a Bulgarian model of immigration. There are 4 waves of immigration from Bulgaria to Greece, beginning in 1989/90 with the fall of Communist regime which noted a new immigration history for Bulgaria, 1996, 2001 and 2007.

The majority of Bulgarian Immigrants are women, in middle age, sometimes retired in Bulgaria with secondary education even with tertiary education. Bulgarian women were the 6,1% (21.216) of the immigrants women in Greece (census, 2001) and the main reason for migration is for financial reasons. Migration rates depend on migration policy in Greece. In 2007, migration policy was simplified for Bulgarian people due to our participation in European Monetary Fund. In that state, the numbers of Immigrants coming from Bulgaria has raised in comparison with previous years (Mancheva, 2011).

Konstantinova et al (2005) describes the profile of Bulgarian immigration profile as:

**“A woman in her 40’s with higher education, married but alone in the host country (no children and husband with her), performing low-skilled work, residing in the host country for up to 3 years, sending up to 40% of her income back in Bulgaria, the main reason to emigrate – not sufficient funds from salary to support her family.”**

They also add that there are 2 age groups , 30-44 and 45 – 64. As for the second group is characterized as the transition period group, who finds it difficult to adjust to labor market conditions in Bulgaria, because their skills don’t correspond to the demands. The majority of this second group is occupied in low qualified jobs and lives in employer’s house (Konstantinova et al, 2005).

### Age groups of Bulgarian emigrants in Greece

Age group	Share
0-14	3,068 (8.7%)
15-19	1,877 (5.3%)
20-24	3,522 (10.0%)
25-29	4,940 (14.1%)
30-44	13,097 (37.3%)
45-64	8,002 (22.8%)
65+	598 (1.7%)
Total	35,104 (100%)

Source: Greek population census of 2001

**Babysitting, domestic help, elderly help, agriculture work** are female work for women emigrating for Bulgaria (Konstantinova, 2005).

### 3. Interviews through telephone calls.

The first attempt to gather a focus group in order to discuss about their educational needs has failed. Women working 24hours in employer's house were unable to attend. Instead we decided to call them and have a discussion in the form of an interview. We reached 7 Bulgarian women working with people with dementia, mean age 50 years old and mean years of education 11 years. The majority of women had encountered difficulty in Language. **Greek language** is the first barrier that they find when they start working in domestic sector. They are afraid of misunderstanding their duties.

Another important issue, which has risen from the interviews, was the course of the disease. As Veska says *“I would like to know the situation. What to expect from the disease”*.

A major issue for the home care sector was the 24hours care, which was exhausting for the women. They would need more leisure time, not just a day during the week.

They all admit that **patience** is very important factor for the quality of care. Additional the stage of the disease influence the quality of communication and care.

They also admit that for a paid carer is important to learn about the **course of the disease, the symptoms and the pathology of Third Age**.

As Mrs Pepi said *“I would like to know what is Alzheimer’s Disease, only the basic knowledge. I like to learn. I have studied Accounting and I like to learn. I have read about the patient’s behavior”*

Mrs Rebbie refers that *“I would like to know how to behave to frail elderly, to the grandpa that starts yelling without reason. What we should do to make them feel good and stay calm”*

Mrs Eleni said that *“I would like for her children to care more and I need more leisure time. I stay in at Holidays. I have the right to go out. Freedom, understanding from the family”*

#### **4. Interviews at the Greek Bulgarian Cultural Association**

The second attempt was made with the help of Blagorodna Filevska, from Greek Bulgarian Cultural Association. We thought that it would be easier to have the interviews conducted in Bulgarian language in order to investigate the educational needs of Bulgarian women caring for a person with dementia. Mrs Filevska has helped us and translated whenever it was needed. The interviews conducted on Sunday by 2 members of the team working for the project.

5 women, mean age 55 years old and mean years of education 15 years have participated in the interviews. All are living in Greece over 10 years and have worked with elderly and children. In their view, the most important subject in the sector of care for a frail elder, is the **communication** and **trust** by the main carer.

As Mr Petia said: *“Family is ashamed about the disease, I told them that the grandpa had Alzheimer’s Disease and they were shocked. The communication with the family is the most important thing which influences care”*

Mrs Marianna said *“I take care the old woman as like my grandmother, which is what my family has taught me. Family sees us like products. We are not used to see people as products”* .

Another lady, Mrs Tania insist that *“ family doesn’t trust us, they think that we are going to steal them”*

They find it easy to learn management of practical issues, such bathing, feeding, and medication.

*“I didn’t know how to bath him, or change the dipper, but I have learned, that is not a problem for me”* as Marianna told us.

It is interesting that even they haven’t encountered problem with the practical issues of care, the majority have **back pains**, but they don’t believe that they need to change something in the way they manage the patient.

All women insist that they care for the elderly as they would care for a family member. They think that it would be helpful for them to know the stages of the disease and the pathologies of Third age, which would simplify a lot their work. Neuropsychological symptoms of dementia seem to be a matter that paid carers don’t understand, and that make the communication with the patient rather difficult. That was the second most important issue that would like to learn in an educational program.

Mrs Tania said *“the grandpa wants to leave bed every 10 minutes and I have to do that all night long. I have to put him seat in the chair and then back*

*again to the bed. He thinks that I am his wife, and he always touches me. I cannot stand it. I try to convince him that I am just a nurse, but he says that I am his wife. When I am in the kitchen he doesn't eat and he says that I have stolen his money, I say no and we fight. This disease needs a lot of patience. It's not easy"*

They are positive to participate in a self study educational program, but not all of them would easily use computer or internet, even if they would be happy to learn how to use a computer. They are not willing to leave home for an educational purpose, but would be able to attend such a program on Sundays at the Greek Bulgarian Cultural Association. They prefer to learn in distance, at home.

They all insist that caring for a frail elderly is easier than caring for a child.

## **5. Interviews with Family Carers**

8 Family carers, children and spouses, have taken part in the interviews in order to help us to form a clearer picture for the educational needs of paid carers. The majority of the sample gives importance to the nationality of a foreign carer. They say that they cannot easily trust Bulgarian women and they usually quit the job quickly. They prefer women from Georgia, because they have higher education. Mrs Maria said that "our paid carer has previously worked in Bulgaria as accountant and now is negative to learn from us. She thinks that she knows it all and she believes that it is humiliating for her to work as a nurse". Main Family Carers think that it would be important for the paid carer to have taken part in seminars, especially about **practical issues (bathing, feeding), measuring of blood pressure, glucose and to be able to read drug prescriptions, guidelines for drugs and to understand Greek**. In cases where, carers have changed 2 or more paid carers, they think that this had happened due to difficulty in communication with the paid carer. An educational program is crucial for the quality of care and family caregivers are willing to give time to the paid carer in order to attend such a program.

Other issues that paid carers should learn according to family carers are: **the progress of the disease, neuropsychological symptoms, how to react and communicate with the patient, to support and offer cognitive training, practical issues such as bathing, feeding, mobility tips etc.**

## **6. Conclusions**

Women emigrating from Bulgaria to Greece are middle aged with secondary education and they are not familiar with home care sector when they start working as paid carers. The purpose of migration is mainly financial. They choose low qualified jobs at home care/domestic sector (Konstantinova et al, 2005, Mancheva et al, 2011).

They are positive in participating in an training program, to learn how to use computer, even if the majority of the respondents are not familiar with new technologies. They are unable to attend a program during the week and they prefer to learn at home if that is possible. They are positive in attending seminars at the Greek Bulgarian Cultural Society, but only on Sundays when they have their day off .

The most important issues that they need to learn are: Greek language, the course of the disease, other diseases of older people, how to communicate with family and patients. Practical issues are not of high priority in education, but they believe that it is important for a paid carer to know and not to learn it all by herself.

Family carers give priority to practical issues in comparison with paid carers. They believe that communication and knowledge of Greek language is very important issues in care.

Additionally, there are similarities of Greek and Italian contexts, which make us believe that the **ASPASIA** learning system, answers to the same needs and raised problems and can be highly effective in the Greek context as it has been in Italy.

The outcomes of the study on the target group of SET CARE project in Greece have a lot of similarities with the Italian care workers situation.

- ✓ The countries of origin: Romanians are the 25% of migrants in Italy, followed by **Albanians** (about 10%). Bulgarian are a minority group but still represented with over 50.000 residents in Italy and with an increasing trend (+11% compared to 2010).
- ✓ Education of migrant women: they are **highly educated**. 33% have received primary education, 28% have a secondary school degree, 12% have an university degree (but this percentage rise to 50% in some groups, like Ukrainian and Moldavian). Concerning domestic workers specifically: the 37% has an high school degree and the 6,8% has a university degree (against, respectively, the 23% and the 2% of Italian domestic workers)
- ✓ Migrant women in domestic services: they are the **74,5%** of all registered domestic workers (equal to the Greek percentage)
- ✓ Encountered problems: language barriers, lack of free time and respite, difficult relations with the employers.
- ✓ In Italy as in Greece, the majority of care workers **believe they have the necessary skills to provide care but** – among those who had access to the validation of competences – **failed the tests** related with mobility and a lot of workers complain about back pain.
- ✓ The lack of ICT skills but the willingness to learn have been registered among Italian care workers too.
- ✓ The **difficulties of reconciling work and education** are the same for workers in Italy and that's why a self-study tool was highly appreciated.
- ✓ Unfortunately, a lot of care workers in Italy also declares that "taking care of an older person is the same as taking care of a child".

All the above strengthen the implementation of SET CARE project through the transfer of ASPASIA learning program to Greece and Bulgaria.

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