



Health workers for all - CASE STUDY

SPAIN

**The migration experience of Spanish
nurses in Germany**

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WHO Code* correspondence:

Article 4.5. Member States should ensure that, subject to applicable laws, including relevant international legal instruments to which they are a party, migrant health personnel enjoy the same legal rights and responsibilities as the domestically trained health workforce in all terms of employment and conditions of work.

Article 4.7. Recruiters and employers should understand that the Code applies equally to those recruited to work on a temporary or permanent basis.

** WHO Global Code of Practice on the International Recruitment of Health Personnel*

1) The national/regional context of the case

As a result of the economic crisis in Spain a significant part of the Spanish health workforce have considered the option of seeking a professional future outside the country, mainly in European Union countries, as there are no impediments to labour mobility and working conditions are expected to be attractive, or, at least, to offer better prospects than in Spain. One of the most frequent destinations for nurses is Germany, as the situation in the latter demands qualified personnel in the health sector. In 1996, Germany reformed its health system, which led to a huge reduction in nursing personnel. In total, it is estimated that at least 40,000 nurses left the German health system. In addition to this reduction, the remainder of the workforce faced different conditions. This led some to choose part-time employment, others to leave the country looking for more profitable and quieter destinations, and fewer young Germans choosing this career due to the simple equation 'less nurses plus more patients equals a bigger workload'. Needless to say, this has created favourable conditions for health workforce importation.

2) Description of the practice

In Spain there are private companies that seek health workers with the objective of covering positions in the German health system. One of them, dedicated mainly to intensive home care, has a programme called 'Work & Travel Europe', which hires nurses in Spain and other European countries. This programme was created, according to the company, to 'offer to qualified nursing personnel from a country that cannot provide them with the expected job opportunities, the chance to enter the German job market, which needs to cover such positions urgently'.

To do this, the company looked for nurses in countries such as Spain, Portugal and Greece and facilitated 'the accreditation of their nursing qualifications for Germany, together with economic support and subsidised accommodation', according to the company, which managed offices in Madrid that recruited around ten nurses every month for this programme.

The conditions discussed in the interviews seemed more or less acceptable: a German language course would be provided, and a contract was offered for 1.5 to 2 years. This contract was signed under the German labour law. Depending on the conditions offered, it appeared possible to choose between working in a big city or in a rural area. However, one major condition was that because of the company's support at the start, if a nurse left before completing their contract, he or she would have to pay a fine of between EUR 6,000 and EUR 10,000 due to breach of contract.

The real conditions on arrival in Germany were, however, very different. There was no choice about where to work and the main destinations were small towns with no chance of changing the destination. 'Our salary was between 20-40 percent lower than our colleagues, they did not give us the option to negotiate it; the working day was 12 hours without a right to have a break; and we often did the job of a nursing

assistant', reported Natalia Sierra, one Spanish nurses who entered the programme. If a person did not agree with these conditions, he or she would have to pay more than EUR 6,000, which was the main reason nobody left the programme.

Of course, the problem not only affected the workers hired by this programme: the salary conditions, so different from their fellow German workforce, caused a phenomenon that is known as 'a race to the bottom', with relationship problems between the local and international workforce, and locals seeing their international colleagues as cheap labour, which impeded the latter's social improvement. In light of this situation, the German labour union ver.di outlined a campaign with the nurses involved in the programme, and had a meeting with the German company recruiting in Spain on 26 May 2014. The company's response was to close the programme on 13 June 2014, respecting the ongoing contracts but ceasing, in principle, to hire more health workers outside Germany. This case has become public in Germany and in Spain, and in July the European Federation of Public Service Unions (EPSU), the biggest trade union federation in Europe for health workers, and its affiliates in Germany (ver.di) and Spain (FES-CCOO and FSP-UGT) called on health workers to no longer accept such conditions and to report such cases.

3) What can we learn from this experience

There is a lack of regulation at the European level regarding the basic conditions that must be respected by all companies (especially private intermediary companies) involved in the hiring of health workers for positions in other EU countries. The WHO Code specifies that there cannot be differences in labour conditions for workers coming from different countries, and the Recife Declaration confirms this in stipulating that it will: 'promote equal opportunities in education, development, management and career advancement for all health workers, with no form of discrimination based on gender, race, ethnicity or any other basis'.

Therefore, even if health sector and public sector work are national rather than European-defined competences, there must be a common European approach that clarifies the legal requirements and labour conditions that these companies must respect when hiring personnel (for example, same job, same salary). This common approach can be supported through voluntary codes such as EPSU-HOSPEEM, but this should be extended to home-based care workers and not only apply to the hospital sector. The EU must also make greater efforts to regulate the behaviour of these companies, as well as improve knowledge about the rights and duties of health workers wishing to work in another EU country.

¹ http://sociedad.elpais.com/sociedad/2014/06/29/actualidad/1404060780_813802.html

² <http://www.epsu.org/a/10605>

³ http://www.who.int/workforcealliance/forum/2013/recife_declaration_17nov.pdf?ua=1