

SPECIAL ARTICLE

# IMPACT OF MIGRATION IN EUROPE: A NEW CHALLENGES FOR HEALTH CARE IN SPAIN AND GREECE

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## Abstract

**Introduction:** Migratory processes are inherent to humans due to comparisons between the environment where they live and the resources they have, and a different environment, in which there may exist with hope for a better resources and possibilities.. **Aim:** Exploration of the migrants' health problems and the barriers they face accessing health in the southern European hosting countries. **Methodology:** A systematic review was undertaken using the following databases: PubMed, SciELO, CINAHL, ProQuest, Google Scholar and Scopus, with combinations of search key words: "immigration", "health system impact", "immigration AND Europe", in English and Spanish. The search revealed 85 papers published between 2013 and 2018, 35 of which were included in this study. The search was performed during December of 2018 and January 2019. **Results:** Results were grouped in three main categories, in terms of relevance and significance as follows: '*Economic impact of migration on public health*', '*Barriers and experiences of migrants in the health system*' and '*Migrants' health problems*'. Immigrants are reported to use emergency services as an entrance into the health care system but make limited overall use of specialised medical services. Lifelong experiences from their own health care system, can affect immigrants' expectations of health-illness and care concepts, i.e. these concepts may conflict with the new health care practices they are facing. Most of the research carried out about migrants' is focused on the disparities between them and non-migrant population. The results show a relative shortage of actual studies focusing on the needs of those in need of health care. **Conclusions:** Migration is a multilevel phenomenon involving many different ethnic groups and moreover, different layers within these groups.

**Keywords:** immigration, health system impact, nursing, Europe

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## Introduction

According to Eurostat’s migration statistics, in 2015, there were approximately 54 million migrants living in the European Union (EU). This figure equals about 10% of Europe’s overall population).<sup>1</sup> Eurostat’s definition of a ‘migrant’ is a person residing (either temporarily or permanently) outside their own country of origin. In these lines, it is worth noting that nearly 34 million migrants in the EU were born outside it and approximately 19 million were born in an EU member state but many now reside in a different EU country from the one they were born in. It is estimated that in 2011 there was 1.7 million undocumented immigrants in the EU. The United Kingdom followed by Germany, Spain and Italy, represented together 60.3% of the EU’s immigrant population.<sup>2</sup>

Immigration is the entrance of people into a country who were born or came from elsewhere. Migratory processes are inherent to humans due to comparisons between the environment where they live and the resources they have, and a different environment, in which there may exist with hope for a better resources and possibilities. Yet, safety is most obvious reason for migration, especially in the more unstable ‘hotspots’ (e.g. conflict or war zones) of the globe. However, definitions of ‘migrants’ are often confusing and may overlap or even be misused or misunderstood depending on the wider political, social and economic agenda of specific sections of the recipient society. A taxonomy of ‘migration’ with its accompanying explanations is shown in the following modified table of Walker & Barnett (2007) and for this paper’s purposes the term ‘migrant’ is used.<sup>3</sup>

Europe has been a source of migration to the United States, Canada, Australia and other parts of the world in the 19th century and in the first half of the 20th century. Yet, now it is a net recipient of migrants. Moreover, European Mediterranean countries have become the destination of economic migrants due to the control

of the immigration policies that have been developed in the rest of Europe since the 70’s. In countries like Spain, the number of foreign residents doubled in the last decade, of which 55% were economic immigrants.<sup>4</sup>

<b>Type</b>	<b>Definition</b>
Irregular migrants	Persons whose paths of migration did not adhere to legal provisions of entry and residence.
Undocumented migrants	Third-country nationals without a valid residence permit or visa allowing them to reside in the country of destination and who, if detected, may be liable to deportation.
Involuntary migrants	Any foreign-born person who has migrated to a country because they have been displaced from their home country, has an established or well-founded fear of persecution, or has been moved by deception or coercion.
Refugees	Anyone who has fled their country, unable or unwilling to avail themselves of the protection of their own country of nationality or habitual residence because of a well-founded fear of persecution on account of race, religion, nationality, membership of a particular social group or political opinion.
Asylum seekers	Those being granted asylum, having the right to remain permanently in the host country. Contrasting to a refugee who underwent processing overseas, an asylum seeker is a person who first reached another country, usually as a visitor or other non-immigrant status, and either upon or after arrival declared oneself to be a ‘refugee’ based on the refugee standard.

Table 1: Operational definitions of ‘illegal migrants’

In Greece, the registered foreign population in the country increased by 20% within a decade i.e. 2001-2011.<sup>5</sup> According to the last Greek census (Greek Census, 2011), there were 712,879 third-country nationals

(non-EU citizens) and 199,121 European Union (EU) nationals who were not citizens of Greece out of a total population of 10,816,286.<sup>6</sup> These were mainly foreign nationals from Balkan countries, and although the pattern of migration has changed significantly over the last eight years, this is not officially documented as yet; as the National Census in Greece is repeated every 10 years (i.e. data will be collected in 2021).

Currently hundreds of thousands of people are crossing the Mediterranean aiming to reach a European Union country. The war in Syria and adjunct areas is one of the main reasons for thousands of refugees crossing the sea in the past few years and with a high intensity in the recent past.<sup>7</sup> This has led to socio-demographic changes generating often heated political and public discussions in Europe.<sup>8</sup>

The hosting countries and EU institutions in general are discussing and debating the management of such massive incoming populations, including the hosting capacities for refugees. Yet, this situation is having dire consequences, often resulting in delays of humanitarian emergency relief dispatches. Furthermore, mechanisms and processes regarding the protection of refugees have been undetermined.

In addition, in the EU, where high unemployment rates are in situ, associated with the wider, global economic crisis, migrants from outside of the EU, the so-called "natives of third countries", are facing particular challenges.<sup>9</sup> As of 1<sup>st</sup> of January 2017, the number of natives of third countries that inhabited a member country of EU was 21.6 million, representing 4.2% of EU's population, according to Eurostat.<sup>1</sup>

Migration has played an important role in the structure of societies and has affected demographic changes throughout times and places. Migration flow patterns can change over certain key factors. In the last decade there has been a period of multiple crises in the world, especially in the greater Middle East area and Northern Africa, resulting in arrival of millions of refugees.<sup>10</sup> Yet, despite Europe's economic crisis, migration flows and

destinations changed over the last decade.

The World Health Organization (WHO) in its 1948 constitution declared that access to health care is a fundamental human right. Yet, in practice, many migrants often face legal and/or administrative barriers in accessing such services. Thus, having escaped from war or other conflict zones, extreme poverty or other adverse conditions and the treacherous journey to Europe, the next challenge for migrants is often finding access to health services in the host country.<sup>11</sup>

Furthermore, mainly due to the wide spectrum of financial states within EU's countries, ranging from austerity to prosperity, Europe displays substantial variability in terms of levels of access to health care services for migrants. Within this complex picture coupled with sudden influx of migrants into Europe, the degree of utilization of health services by migrants has become an important topic of both political and social debate.<sup>12</sup>

More specifically, Spain was amongst those that took the highest number of immigrants and as Reyes-Uruena et al.,<sup>2</sup> notes: "*the recent economic crisis has had an impact on migration flows in European Union, immigration levels have slowed while emigration has increased in some countries of the European Union.*"

The European Union has systems with rules and procedures that allow a pragmatic management of asylum seeker demands, but they were not prepared to deal with the huge humanitarian crisis arising from Syria's plight. Also, the influx of 'regular' immigrants and economic migrants, exacerbated the whole situation making it precarious for many. In some cases, there was even exclusion from social and health services, while often; there was exposure to high health risks.<sup>13</sup>

Immigrant's health may be at risk due to potential barriers in access to the health care system, of its recipient country, often as a consequence of the lack of the system's sensitivity and adaptation in now diverse and multicultural needs. All these new changes in Europe involve a deep transformation of health care systems in order to be able to attend to the needs of the new wave

of health care seekers. In addition to medical care, there is also the difficulty understanding the different concepts of health, illness and care related procedures. All of these issues require the management of health services to adopt new perspectives concerning diversity in terms of religion, culture, language and customs.<sup>3</sup>

## Aim

The main objective of this discussion paper is to explore the migrants' health problems and the barriers they face accessing health in the southern European hosting countries.

## Methodology

A systematic review was undertaken using the following databases: PubMed, SciELO, CINAHL, ProQuest, Google Scholar and Scopus, with combinations of search key words: "immigration", "health system impact", "immigration AND Europe", in English and Spanish. The search revealed 85 papers published between 2013 and 2018, 35 of which were included in this study. The search was performed during December of 2018 and January 2019.

## Results

After close perusal, results were grouped in three main categories, in terms of relevance and significance as follows: '*Economic impact of migration on public health*', '*Barriers and experiences of migrants in the health system*' and '*Migrants' health problems*'.

### ***Economic impact of migration on public health***

Data provided by the Ministry of Health and Consumer Affairs of Spain were used in order to gain insight into the economic impact of migration on healthcare in the country with comparisons between hospital admissions and the costs associated with them. Although the figures may not be highly precise due to the difficulty of collecting accurate data regarding contemporary immi-

gration, they can still provide an understanding of economic efforts carried out.

In this light, gender differences were noted, i.e. 12% higher care expenses for male immigrants. This is due to the high occurrence of elderly men also confirmed by other researchers.<sup>14</sup> Reduced hospital admissions for immigrants and lower costs for emergency services in general reflect the better health care status of incoming migrants. More worryingly, it may reflect socio-cultural factors that could make access to health care more difficult to attain. In the case of Spain there was a lower cost per capita for immigrants than for Spanish citizens.<sup>15</sup>

Immigrants are reported to use emergency services as an entrance into the health care system but make limited overall use of specialised medical services<sup>3</sup>. Furthermore, admissions to hospital are even less frequently used compared to the native population and unit costs are shown to be less for immigrants than for locals. Until now it can be said that there has been no 'foul, excessive or inappropriate' use of the Spanish health care system on the immigrants' part.<sup>11</sup> Nevertheless, there remain problems with implementing the continuity of health care plans for immigrants that require health care. Ensuring that medical advice is followed is another difficulty for health care workers and patients alike. Also immigrant groups create new challenges with implementing prevention and health promotion.<sup>3</sup>

In other countries, studies in health service's uses by economic immigrants have been performed. In these lines, findings from Holland show that immigrants use health services more than Dutch citizens, while in Canada there were not differences found.<sup>5</sup>

In Greece, the huge economic crisis has compromised the welfare state and the universal healthcare coverage. As a result, there has been a rising in the generation of new groups in risk of poverty and social exclusion between native and migratory population, while rates of unsatisfied care needs are increasing.<sup>16, 17</sup>

Also, one of the biggest problems that immigrant

people face when they are in need of using the hosting country's health system are the barriers and challenges they suffer in comparison with native population, as presented below.

### ***Barriers and experiences of migrants in the health system***

Lifelong experiences from their own health care system, can affect immigrants' expectations of health-illness and care concepts, i.e. these concepts may conflict with the new health care practices they are facing. Coupled with ignorance of available services and the way these services are used is also creating adverse circumstances surrounding access to health care.

It is confirmed that immigrant populations face multiple barriers that complicate their access, usage and ability to 'navigate' through the host health care service. These obstacles may be due to complex legal requirements, bureaucracy, language difficulties, cultural differences, low literacy especially in health terminology<sup>3</sup>, social exclusion and direct or indirect discrimination.<sup>1</sup> These barriers affect their well-being and create an status of inequality that should be tackled. It is essential for the patient, as well as for the health care professionals, to show kindness, empathy and be of good disposition regarding the differences that exist between perception of respective ways of working and differing moral-value systems.<sup>3</sup>

Professionals in primary healthcare settings need special training in order to acquire intercultural competences and to learn the biomedical peculiarities of their patients, while these patients also need help to learn the host country's language and health care functioning modes. Both are necessary gestures in order to improve communication and services offered.<sup>11</sup> Both research findings and the common experience show that simple and direct communication skills, are a key factor in improving the quality of medical services for these people in need.<sup>18</sup>

The barriers that migrant populations find in the accessing healthcare are divided in those regarding the health services and the immigrant population per se. thus, with regards to the health services infrastructure, the main barriers are insufficient information, incompatible timetables in primary health care, excessive waiting times, deficient technical quality, inappropriate treatments and negative attitude from the staff. On the other hand, relating to immigrant population, the obstacles found among others are: acknowledging sanitary customs in the host environment, fear of using local health services, resisting acquiring the local language and compliance with local social roles e.g. that of woman.<sup>19</sup>

A list of poor communication issues between patients and health care professionals, and their detrimental consequences on migrants' health, based in a study performed in primary healthcare centers in the north of Europe is provided by Beyaert & Pons (2009) as follows<sup>11</sup>.

- Serious delays in symptom recognition.
- Mistakes in the interpreting process.
- Insufficient explanations of current medical symptoms and other problems.
- Misinterpretation regarding diagnosis, therapy, treatments and medical follow-ups.
- Treatment desertion.
- Inadequate preventive care.

In countries with a long tradition of being immigration receptors such as Australia, Canada, the United States, the United Kingdom or Sweden, there have been ongoing adapting processes in order to offer several solutions for linguistic support within the healthcare environment. These simple solutions include direct communication, (usually with a translator-mediator), between health care professional staff and non-native language-speaker patients i.e. in the host language, in the patient's language or in a working language such as English or French. This could be the best solution, but it is impossible to cover all the minority languages and also to expect that the linguistic competence level among the staff would always be of sufficient standard. On the

other hand, we can always seek for linguistic assistance on site, which can be differentiated in bilingual professionals, informal interpreters, such as relatives or patients' friends; volunteer interpreters or professional services of interpretation; telephone interpreting or multilingual informatics mobile apps.<sup>20</sup> Yet, unfortunately, often the translator is someone with a poor grasp of medical terminology and maybe inclined to add text which was not originally spoken.

In recent years Spanish academia are developing new modes of specialized formal education specifically for the communicative needs of migrant populations. The University of Alcalá in Madrid offers the first Master's degree in Public Service Translation and Interpreting.<sup>21</sup> At the University of Granada, similar courses promote skills required to become professional interpreters, and graduates seek employment at national and international levels.

Greece is slower in implementing specialist public service translation studies as it is still focusing in European and Western cultures and languages. Translation graduates seek employment in private or public education, translation offices, professional interpreting, the publishing industry or public administration. Yet, under the current influx of migrants to the country, it is necessary and fundamental to create links, between the local communities and the newcomers living in camps nearby, and therefore interacting daily with local populations. Yet, migrants arriving mainly in the Greek islands present with complex needs that require empathetic translators in order to understand the new environment and to find their way through complex asylum procedures.<sup>22</sup>

However, in Spain, migrants consider that access to the public health system is relatively easy providing they possess a valid health insurance card. Yet, without it, there are many barriers to access to health care services for the aforementioned groups. The acquisition of a health insurance card poses difficulties because of the need for census documents and affiliation to the Social

Security System. Adding to the bureaucracy, there is fear of being identified by authorities as illegal migrants and possibly face consequences.<sup>13</sup>

A study in Andalusia, showed that the principal obstacle in the use of health services by economic immigrants was the fear to uncover their irregular situation. Also, there are cultural and linguistic limitations that complicate the communication and overall interaction between health care staff and migrant patients.<sup>4</sup>

Due to this, migrants often go directly to pharmacies, emergency services, associations or private centres, without making use of the official public medical channels. Sometimes, they use health insurance cards belonging to other people, get self-medicated or pay for private healthcare. All of this often creates delays in the attention to and worsening of the illness.<sup>23</sup>

### ***Migrants' health problems***

Most of the research carried out about migrants' is focused on the disparities between them and non-migrant population. Migrants are often, or at least initially, healthier than native people is in their hosting countries.

This is called "the healthy migrant effect" because the migration process requires a clean bill of health in order to be carried out, in general. However, migrants are facing many particular health challenges that depend on some factors such as age, gender, country of origin, country of destination, socio-economic status and the typology of migration. The fact that migrants live and work legally in the hosting country or the opposite situation, that is, an irregular one, is particularly important regarding their opportunities in accessing the health systems.<sup>7</sup>

Regular economic immigrants have the same rights to health assistance as native citizens do by law, both in Spain and Greece. However, there is a huge economic immigrant group in an irregular situation for whom the access to the health system is restricted finding it available only in emergency services.<sup>5</sup>

In addition, there are significant differences between

native and migrant populations regarding health problems. Migrants seem to be more vulnerable to chronic conditions such as diabetes and hypertension, certain communicable diseases, maternal and paediatric health problems, risks in occupational health and mental health related issues such as Post Traumatic Stress Disorder. These differences can be explained by risk factors and disease patterns originating in their native countries; poor life conditions in their hosting countries, the precarious work situation and the psychological stress associated to the diverse causes of the migratory process and to the process itself.<sup>7</sup>

In this regard, refugees and illegal immigrants tend to be more exposed to risk factors concerning mental health, including the exposition to violence in their origin countries and the stress suffered during the migration process and after the arrival to their new country<sup>7</sup>. Moreover, some studies show that migration itself could be a risk factor for schizophrenia and other serious mental health conditions<sup>9</sup>.

According to Eikemo et al.,<sup>24</sup> currently in Greece, there are high levels of unmet healthcare needs for migrants, compared with other European countries, and suggest that this may be due to longstanding austerity policies impacting provision and access to healthcare services for both native and migrant people. Furthermore, healthcare access for migrants seem to have no coherent and effective policy framework, and efforts to accommodate their needs are more reactive than proactive.<sup>25,26</sup>

## Discussion

In spite of the number of published papers and grey literature that address the usage of healthcare services by migrant populations, the results show a relative shortage of actual studies focusing on the needs of those in need of health care. Research teams usually treat migrant populations as a whole and few actually make any differentiation based on the origin of these

populations, sorting them only by continent or subcontinent. These results should be interpreted cautiously because some of these groups are being underrepresented or misunderstood.<sup>27</sup> On the other hand, there are few studies that explore the migrant population's actual access possibilities to healthcare and instead tend to focus on the analysis of their socio-demographic characteristics without analysing the factors that are related to the health services interplay.<sup>28-29</sup>

Existing studies seem to indicate that migrants and native people's access to healthcare services in the host country differ with regard to the various levels of care, even when both face similar health conditions. Furthermore, differences also vary depending on the migrants' place of origin.<sup>30</sup> The international literature indicates that it is important to analyse migrant population's place of origin.<sup>31</sup>

The biggest differences between migrant and local populations are that there is a greater use of emergency services by migrants but specialized care is used less often. Yet, in many cases this creates logistic havoc and complaints as many emergency services are ultimately treating conditions that are not true emergencies but rather should be treated as outpatient cases, provided of course that access could be made easier.<sup>32-33</sup>

Moreover, it has been observed that there are differences in the use of the healthcare services between migrant groups which could be a consequence of their different socioeconomic or cultural profiles.<sup>34</sup> Yet, it is also possible that the same care is performed differently to different migrant groups depending on their origin. For example, problems may arise due to poor interpretation or attitudes either at an institutional level as a whole or at an individual level.<sup>35</sup>

## Conclusions

Migration today is a multilevel phenomenon that involves not only many different ethnic groups but different layers within these groups, sometimes even conflicting. Therefore, among vast migrant populations one can

find whole families or unaccompanied minors, highly qualified professionals, students, people looking for a better life, labours seeking improved work opportunities, displaced persons for environmental reasons, refugees fleeing from war zones and even their persecutors, to list a few.

In many parts of the world where there is insecurity and conflict, migration is initiated but can produce fear against these migrants in local host populations and often host-country governments react to mass influx with further restrictive or selective legislation.

Currently, the increase of social and economic inequality between North and South in Europe has caused a growing pressure to migrate northward. Yet, in all cases, and on a truly humane basis, it is essential to offer such people in need, healthcare services. After all,

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