

## Special Article

## Nursing and Contemporary Migration in Greece

**Dimitrios Theofanidis, PhD**

Assistant Professor, Nursing Department, International Hellenic University, Thessaloniki, Greece

**Antigoni Fountouki, PhD(c)**

Clinical Lecturer, Nursing Department, International Hellenic University, Thessaloniki, Greece

**Correspondence:** Dimitrios Theofanidis, Assistant Professor, International Hellenic University, Thessaloniki, Greece, e-mail: dimitrisnoni@yahoo.gr**Abstract**

**Introduction:** As the burden of migration to Europe increases, Greece is in a critical geographical crossroad and despite its longstanding financial troubles, is now mapping new paths for coping with modern immigration influx via adhering to improved social status of refugees and migrants. In terms of access to health services by refugees and immigrants in Greece, it should be noted that the institutional framework concerning access has been relatively restricted until recently.

**Aim:** The main objective of this paper is to explore factors associated with nursing and contemporary migration and also to present an overview of the European and Greek policies and initiatives to protect migrants' health.

**Method:** A critical literature search was performed, seeking key material and benchmark policy statements exploring and explaining the complexities and the challenges associated with migration per se and the impact on people's health.

**Findings-Discussion:** Findings are grouped and discussed further under five pillars, i.e.: Immigration in Europe in Recent Years, Configuring Europe's migration policy to address first migration rates, How is Europe securing migrant's health, Health care provision and utilization for migrants in Europe and Health care provision and utilization for migrants in Greece. Overall, it can be argued that the refugee crisis had a major impact on the Greek NHS and that the influx of forcibly displaced people raised critical issues concerned health care provision including services for mental comorbidities and psychosocial support. Yet, efforts are made to adjust policy and practice in the light of meeting health needs for migrants despite economic limitations, which are affecting both locals and refugees alike.

**Conclusions:** Nursing, in this turbulent health provision environment is expected to provide health interventions addressed to migrants. As the spectrum of migration into Europe continues due to various political, social and financial complexities, the need for societal responses including appropriate policy implementation and relevant nursing education is essential. Thus, migration will continue to pose challenges to society and to health in Greece and beyond. Only through continuous attentiveness will it be possible to identify, and then avoid or reduce health disadvantages faced by persons with a migration background.

**Key words:** migrants, health status, nursing, Greece, European health policies.

**Introduction**

Throughout human history, migration has been a common phenomenon. Palaeontological finds show that the first human migratory wave took place 200,000 years ago from the African continent and continued to colonize the rest of the planet with the main motivation to find more favorable living conditions but also to move away from harsh- weather phenomena and natural disasters (Hennig & Dorling, 2016). However, in order to understand the phenomenon of migration and the historical events associated with it, it is necessary to clarify the term and the conditions that

surround it. According to the International Organization for Migration (IOM), migration is defined as the movement of a person or a group of people either through an international border or within a state. It is a population movement, including any movement of people, regardless of its size, composition (how many men, women, children, what age group and nationality) and the factors that cause it. It includes immigration of refugees, economic migrants, displaced people, and the movement of people for other reasons, such as family reunification (IOM, 2011). There are two general types of migration: *voluntary* when a

person moves with his/her own will, using the existing means of transport and following legal procedures, making the journey more comfortable, and *forced*, where there is an element of coercion, including the threat of life due to natural or man-made events (Médecins Sans Frontières, 2016).

Similarly, migration is categorised according to the destination, i.e. Overseas or Continental, depending on whether or not the country of destination is in the same landmass or whether the country of destination is in another continent. It can also be categorised according to the degree of the change brought to the new way of life, in relation to the standards of living of the person had prior to migration (Mason, 2016).

Another distinction of migration is its *legitimate or illegal aspect*. Legal immigration is when a person or a group of people enters a country, following all legal procedures, and possessing the necessary documents to enter, stay and work in it. In contrast, Illegal immigration is when a person or group of people enters a country by land, sea or air, either by breaching a border or by using fake or wrong documents. In all cases, this could be achieved either with the help of organized criminal networks or even with an initial legal entry into the country and the subsequent violation of duration of stay (European Union Agency for Fundamental Rights, 2017).

Thus, an immigrant is defined as any person moving or moved across an international border or within a state from his/her place of residence, regardless of the legal status of the person, i.e. whether a movement has been voluntary or forced. This can be *temporary* when a person moves to a country other than the country of residence for a period of less than a year, with the exception of persons present in the country for holidays, work, health care or religious reasons. Also, it can be *permanent* when a person moves to a country other than the country of residence for a period of at least one year or more so that the country of destination becomes a country of residence (United Nations, 2012).

Overall, a refugee is defined as an individual who is suspected of being persecuted (usually on grounds of race, religion, nationality, political opinion or participation in specific social groups), and is outside his/her country of origin and is either incapable of returning, fears returning or even wishing to be protected from his/her own country (Directive 2011/51/EU, 2011).

However, a refugee should not be identified as an asylum seeker, because the latter are considered to be those seeking protection from persecution or serious life-threat in their own country and await the host country's decision of whether they can gain refugee status under the relevant international as well as national provisions. In the event of a negative response, he/she is required to leave the country and seek asylum elsewhere, unless the permit is granted on humanitarian or other grounds, while a refugee is considered to be a person already protected by the destination country (United Nations, 2012).

As the burden of migration to Europe increases, Greece is in a critical geographical crossroad. Greece, despite its longstanding financial troubles, is now mapping new paths for coping with modern immigration influx via adhering to improved social status of refugees and migrants. In terms of access to health services by refugees and immigrants in Greece, it should be noted that the institutional framework concerning access has been relatively restricted until recently (Sakellari & Sapountzi-Krepia, 2005). Yet, nowadays, positive signs of improved access and unrestricted use are established within the Greek public health care system (Theofanidis & Fountouki, 2018).

### **Aim**

The main objective of this paper is to explore factors associated with nursing and contemporary migration and also to present an overview of the European and Greek policies and initiatives to protect migrants' health.

### **Method**

For the needs of this discussion paper a critical literature search was performed, seeking key

material and benchmark policy statements exploring and explaining the complexities and the challenges associated with migration per se and the impact on people's health. To uncover this, the following key words were used in conjunction mainly in Scholar and PubMed: migrants, health status, nursing, Greece, European health policies.

## **Findings and Discussion**

### ***Immigration in Europe in Recent Years***

The European area, being the core of economic growth and cultural progress, has gradually become a pivot of attraction for migrants from the Middle East's war zones. Over the past few years, however, it faces the largest wave of mass migration since World War II, with a huge number of refugees and migrants, amounting to more than 3 million (European Commission, 2017).

It is remarkable that 85% of these people come from the main emigrant countries, with more than half coming from Syria, 20% from Afghanistan and the rest from countries such as Iraq, Eritrea, Sudan and the Somalia (Médecins Sans Frontières, 2017).

However, due to the stricter EU legislation for third-country nationals (i.e. not belonging to a Member State), many do not qualify for asylum and are forced into immediate repatriation, while others escape further into EU inland from fear of persecution. Yet, many more are accepted to a Member State where they fulfill the conditions for asylum. Thus the magnitude of third-country national migration into the EU is reflected by the sheer numbers of asylum applications each year (European Migration Network, 2016).

Asylum claims have risen significantly since 1992, when the then 15 member state Europe received about 672,000 applications from former Yugoslavia, and then in 2001 the 27 EU countries received about 424,000 applications. Since then, the number of applications has fallen to <200,000 in 2006 and 2012, where asylum requests in the 28 Member States of Europe showed a rapid increase of 431,000 in 2013, to 627,000 in 2014 and finally reaching 1,300,000 in 2015,

almost double that of 1992 (European Migration Network, 2016). In 2015, the number of immigrants who first applied for asylum was 693,000 coming mainly from Syria, Afghanistan and Iraq, with fewer coming from Albania, Kosovo and Pakistan. During the next year, out of the 1,300,000 asylum seekers, 29% came from Syria (363,000 applications), 14% from Afghan immigrants, 10% from Iraq, 5% from Albania and Kosovo, 4% of Pakistani and the rest from various other countries. Of these, 35% claimed asylum for Germany, 13.9% for Hungary, 6.8% for Austria and only 6% for France and Italy, while the remaining were shared in the other European countries at lower rates (European Migration Network, 2016).

This population was young, with 83% being <35 years of age, of whom 59% were between 18-34, and 29% <18, while those aged >65 accounted for only 0.6% of the total applications.

In terms of gender, official data show that men are more likely to seek asylum than women, as the ages between 14-34 the proportion of men reaches 80%, with the corresponding percentage dropping to 20% in ages >34 (European Migration Network, 2016).

### ***Configuring Europe's migration policy to address first migration rates***

For the management of the first migratory flows from the Middle East as well as the countries of the African continent, the European Union decided to establish the European Agency for the Management of Operational Cooperation at the External Borders of the Member States (Frontex) in 2004. The purpose of this service was to assist the EU Member States and the associated countries of the Schengen Convention in managing their external borders, harmonizing border controls and facilitating the cooperation of customs authorities by providing technical assistance and expertise (European Union, 2016).

At the same time, it strengthens the legal framework of the Schengen Convention by allowing Member States to carry out checks at their borders with other Union countries, the

necessary use of visas for non-Schengen nationals and the establishment of the Schengen system Schengen Information System, a large-scale information system supporting external border controls and the cooperation of authorities in the countries in the zone (European Commission, 2017).

#### *How is Europe securing migrant's health?*

The migration waves into Europe present a new health challenge for this century, alongside the deeper humanitarian issues. In the past, the risk of communicable diseases in refugee camps was of primary concern. Yet, the focus now is on the implications for national health care systems, as the scale of recent migrational movements has created unprecedented needs. They may be suffering from physical exhaustion, extreme distress, dehydration or cold, for example, combined with other issues such as inadequate living conditions, unhealthy lifestyles or chronic diseases that can impact on their physical and mental health. Furthermore, dehydration, hypothermia and small wounds are by far the most common conditions among new arrivals. Yet, for the old and the very young, or those already sick the greatest issue is access to treatment. Depression, anxiety, and post-traumatic stress disorder among refugees, particularly from war zones are of major concern. Most migrants are healthy when they arrive in the EU, but they can be affected by conditions and factors before or during travel.

Under this light, and with the escalating nature of this complex situation, the European Commission, within the last three years in particular, has stepped up efforts to protect migrants' health via implementing various policies and other initiatives such as:

- Providing financial support to improve healthcare for vulnerable migrants. Integrating migrants into national healthcare systems.
- Training healthcare professionals in culture sensitive care.
- Supporting EU countries facing particularly high levels of migration in responding to health-related challenges.

- Promoting the sharing of best practices on healthcare models.
- Coordinating activities through the Health Security Committee
- Collating requests for vaccines and other health supplies from EU countries most affected,
- Improving monitoring of communicable diseases.
- Bringing together national contact points for health with those in charge of civil protection and asylum, migration and integration funds.
- Networking of the European Centre for Diseases Prevention and Control with the World Health Organization Europe and the International Organisation for Migration to better identify and address the needs of EU countries and refugees.
- Developing training programmes for healthcare professionals.
- Producing a Personal Health Record and an accompanying Handbook for health professionals to help healthcare professionals build medical histories of incoming migrants and refugees and identify their immediate needs.

#### ***Health care provision and utilization for migrants in Europe***

Although migrants have an undisputed right to health care under legal settlements as issued by the EU, there is no standard, unified and mandatory European approach to offer health care to migrants. Evidently, in most cases, migrants face greater health problems and major health care access barriers, when compared to EU citizens. Therefore, this vulnerable group needs protection and thus, migrant health policies should focus on creating a Pan-European Health Safety Net, especially during economic hardship, taking into account economic and socio-demographic risk factors that affect communities throughout Europe (Reyes-Uruena et al., 2014).

Moreover, ough comprehensive and direct comparison between member countries across

the EU is difficult due to a limited number of relevant studies, the utilization of health care services by migrants can nevertheless be described as follows: empirical evidence on the utilization of health care services by migrants in Europe, and on differences in health service utilization between migrants and non-migrants across European countries show over-utilization of tertiary care and especially accident and emergency services.

Hospitalizations were also higher among migrants compared with non-migrants in most European countries. On the contrary, primary and secondary care facilities were used less often by migrants (Graetz et al., 2017)

Compared to the US, European countries have a smaller share of undocumented migrants, but these individuals remain a group with substantial needs for medical care. This brings policy challenges even in countries with advanced health and care systems. In this light, health policies for undocumented migrants in most EU countries provide a minimalistic service, i.e. no more than emergency services.

Yet, few EU member states provide additional services or allow undocumented migrants (who meet certain requirements though) access to the same range of services as their national subjects. As there is much room for improvement, access to care for undocumented migrants could be improved via the following strategies as suggested by Gray & van Ginneken (2012):

- focusing on segments of the population, like children or pregnant women.
- focusing on types of services, like preventive services or treatment of infectious diseases.
- using specific funding policies, like allowing undocumented migrants to purchase health insurance.

### ***Health care provision and utilization for migrants in Greece***

Nursing is a profession and a calling that is primarily concerned with the needs of vulnerable populations and the recognition of social, economic, and political determinates of health. Within the Greek culture, the term “philoxenia” (meaning warm hospitality)

reflects the concept of hospitality, the generosity and courtesy shown to those who are far from home and/or associates of the person bestowing guest-friendship. In Greece, the term alien (ξένος-foreigner) was used extensively instead of “migrant” in official terminology of legislative texts up to 2005, when Law 3386/2005 defined “migrant” as a “*citizen of third country, person who does not have the Greek citizenship neither the citizenship of other state of European Union*” (Law No. 3386/2005). Currently, according to Greek national legislation, asylum seekers are entitled free of charge to health, pharmaceutical and hospital care including medical examinations in public health care settings and corresponding prescribed medications and hospitalization when essential. Yet, the longstanding impact of the financial crisis on the Greek health system has led to a significant shortage of resources available to both the local population and migrants alike. Furthermore, linguistic and cultural difficulties compound the problem (Médecins Sans Frontières, 2017).

Greece is a country that has consistently relied on a costly public healthcare system. Unfortunately, in the past, there was a notable lack of equity access to health care for Greek citizens, resulting in the flourishing of the private health care sector. This was aggravated by the longstanding financial crisis which resulted in more people relying on the public health care system as many citizens could no longer afford private services (Kousoulis et al., 2013).

Many Non-Governmental-Organizations (NGOs) have been operating, mainly in the Greek islands, in an effort to offer health care relief in places where public services were only just sufficient for local demands. Migrants reaching Greek islands are suffering mostly from trauma and hypothermia and similar apparent emergencies. Those who are unwell or injured are transferred to a makeshift primary care medical facility for basic physical examination. Volunteer physicians and nurses, both Greek nationals and from across the globe, offer their services on site. Some NGOs have established clinics within migrant camps

but medical services are offered under rather adverse conditions, yet, apart from the immediate and apparent health care needs, all too often, migrants will present with severe mental health problems including PTSD, anxiety and depression (Kousoulis et al., 2016).

Along these lines, it is not enough that contemporary nursing practice in Greece follows the conventions of today's complex health care scene needs for divergent populations and limited resources without first having supportive access to appropriate educational resources (Razum et al., 2016). Furthermore nursing education should reflect current health care realities and prepare nurses to be culturally competent for wide spectrum of clientele (Sairanen et al., 2013). Thus, nurses should recognise cultural differences and attempt to put positive ends in their own professional development Bischoff et al., 2003). According to Hutnik and Gregory (2008), developing culturally sensitive practice is an ongoing-process that drives and is driven by the practitioner's self-reflection, embracing and transcending differences. People at the receiving end of health care throughout Europe must be regarded with equal compassion regardless of their background and health beliefs.

Overall, it can be argued that the refugee crisis had a major impact on the Greek NHS and that the influx of forcibly displaced people raised critical issues concerned health care provision including services for mental comorbidities and psychosocial support. Clearly, the economic downturn led to significant shortages in crucial equipment and unmet health needs due to economic limitations, which affected both locals and refugees (Kotsiou et al., 2018).

### Conclusions

Although patterns of migration can change greatly over time, with the size and composition of migrant populations reflecting both current and historical patterns of migration flows, the health care needs of these populations remain a continuing issue that receiving societies must learn to cope with.

Nursing, in this turbulent health provision environment is expected to provide health interventions addressed to migrants. These need to be not only effective per se, but highly culturally adapted as well.

Greece, despite recent economic crises has tried to deal with migration flows especially towards the most affected areas, i.e. the islands. Yet, despite overcrowded reception centers and overcrowded hotspots, considerable efforts are made to handle this highly demanding humanitarian and health burden.

Overall, there is unequivocal evidence that the initial lack of societal preparedness for a great influx of migrants and subsequent organizational shortcomings of the recipient country towards migrants' health needs, created a 'gap' in the aspiring humane and effective treatment of these people, with often detrimental effects on their health.

As the spectrum of migration into Europe is likely to continue due to various political, social and financial complexities, the need for societal responses including appropriate policy implementation is essential. With regards to contemporary nursing in particular, culturally sensitive education and preparedness is of paramount importance.

Thus, migration will continue to pose challenges to society and to health in Greece and beyond. Only through continuous attentiveness will it be possible to identify, and then avoid or reduce health disadvantages faced by persons with a migration background.

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