

Monique Ritter

*NURSING SHORTAGE AND MIGRATION: INSIGHTS INTO THE
CURRENT SITUATION IN THE FEDERAL STATE OF SAXONY,
GERMANY*

Abstract

This paper summarises two qualitative studies that examined the issue of recruiting migrant workers for the healthcare sector in the Federal State of Saxony, Germany. Given the shortage of skilled nursing staff, investigations were conducted to understand the situations and conditions that migrant caregivers are likely to encounter when working in the nursing and care work sectors in Dresden and in the district of Görlitz. These regions were characterised by sparse migrant populations and limited intercultural collaboration at the workplace until 2014/2015, when they witnessed an influx of refugees. To gather relevant data on the issue, problem-focused interviews were conducted with a number of white, German actors engaged in older people's care and in hospitals. A grounded theory-based approach and content analysis were used to analyse the responses. Findings highlighted the presence of racism in exchanges with migrant caregivers. Further, in a field of labour governed by economic constraints, racist practices fostered exclusions, especially when time and human resources were not invested in promoting teamwork. Thus, the working conditions of migrant caregivers can be potentially regarded as precarious, problematic and in need of anti-racist and employee-friendly practices. This work addresses a research gap by examining an issue that is relevant to labour sociology and nursing science in Germany from an anti-racist perspective while analysing specific working conditions. It also offers recommendations for a more promising collaboration that are based on the findings.

Keywords: immigration; racism; nursing

Introduction

The population in the European Union (EU) is ageing rapidly. Across the EU, on average, people older than 65 years account for 20.3% of EU's population (measured in 2019; Grubanov Boskovic et al., 2021). According to a recent report by the EU Commission, a shortage of 11 million caregivers is anticipated across Europe by 2030 to meet the increasing demands for nursing and elder care (Grubanov Boskovic et al., 2021). With 21.5% people aged 65 or above, Germany has one of the oldest populations within the EU (Grubanov Boskovic et al., 2021, p. 31). Demographic changes, the implementation of long-term care insurance in 1995/1996 and the subsequent working conditions characterised by economic pressures have led to a particularly acute shortage of skilled workers in nursing and older persons' care in Germany. Given these developments and the lack of successful labour market policy measures (e.g. retraining and continuing professional education of helpers), migration and associated recruitment measures play an increasingly

important role in addressing nursing and elder care needs, thereby ensuring the provision of general interest services.

Federal level

The Federal Employment Agency (BA) located in Nürnberg has increasingly come to rely on immigrant workers (Bundesagentur für Arbeit, 2022). Since 2016, the number of non-EU nursing staff employed in Germany has increased by 29,000 to reach a total of 88,000, as a result of the European freedom of movement (Bundesagentur für Arbeit, 2022, p. 10). In 2021, 13% of the statistically recorded nursing staff nationwide came from EU and non-EU countries (this figure was still 7% in 2016), and it included a high number of people with flight experience referring to the increased refugee influx from African and West Asian regions post-2014-15 (Bundesagentur für Arbeit, 2022, p. 10). The Immigration Act, introduced in Germany in March 2020, has also created new prospects for skilled workers, particularly from non-EU countries, thus facilitating the immigration of non-EU workers in the care context.

State level

The Federal state of Saxony has one of the oldest populations in Germany on average (care rate of 7.7%; Statistisches Bundesamt, 2023). Consequently, the shortage of skilled workers in the elder care and nursing sector is considered particularly problematic in the region. In 2017, for every 100 registered nursing positions in the sector, only 14 'unemployed' candidates were available (Fuchs et al., 2018, p. 31). At the same time, the share of the so-called foreigners in Saxony's total population was – and continues to be – low. In the state capital Dresden, migrants accounted for 4.7% of the population in 2013 (Landeshauptstadt Dresden Kommunale Statistikstelle, 2013, p. 6), whereas in the more peripheral rural district of Görlitz, it was 3.5% in 2015 (Landratsamt Görlitz, 2017). It was only with the increased influx of refugees from the Global South after 2014/2015, including predominantly Black and/or Muslim people, that the proportion of immigrants increased to 9.1% in 2021 in Dresden (in 2021; Landeshauptstadt Dresden Kommunale Statistikstelle, 2023) and to 4.5% in Görlitz district in 2018 (Landkreis Görlitz, 2018).

Taking these facts into account, this paper examines the level of cooperation between white, German and migrant caregivers, particularly Black and Muslim caregivers, in the context of nursing and elder care. Although the research on which this paper is based was initially guided by an open-field approach and inductive category formation, it gradually adopted an anti-racist or critical race theory framework based on a precise analysis of the empirical phenomena.

Critical Race Theory

In this paper, racism is not seen as an individual fact or mechanism. Instead, it is highly effective in shaping contexts or structural principles of social reality that refer to general patterns of differentiation between people, and it operates at different levels of social reality (e.g. laws, institutions, everyday interactions, individual self-understanding; Scharathow et al., 2011, p. 10). Thus, racism forms a powerful system of discourses and

practices operating with or connected to racial constructions. It makes inequalities and hegemonic power relations firstly effective and secondly plausible (Mecheril & Melter, 2011, pp. 15-16). These dynamics are pervasive at the everyday level (Essed, 1991) and linked to repressed, colonial imaginaries (Friese, 2021, p. 127) that have 'flowed' through time. In everyday life, they are continuously actualised and reliably available as a frame of interpretation (see e.g. Fanon, 2001; Hall, 1997). Since its emergence, (colonial) racism, and thus colonialist aspirations, have been closely tied to the global spread of capitalism. A comprehensive understanding of racist exclusionary practices is strongly associated with historical materialistically informed perspectives (e.g. Hall, 1980; Miles & Brown, 1989); even contemporary 'race' relations are understood as entangled with economic processes.

Drawing on this theoretical framework two studies were conducted – one in the city of Dresden and one in the district of Görlitz, whose research design and results are presented below. Finally, an overall assessment of the current conditions of cooperation and its implications are presented.

Study 1: 'I am actually open-minded, but...' – the context of domiciliary care in the city of Dresden

Background

In view of the increased refugee immigration since 2014/2015 and the national trend of attracting migrants for care professions, I examined the cooperation conditions in domiciliary care contexts in the city of Dresden. This study is part of my PhD dissertation research, which was conducted between 2018 and 2023 and funded by the European Social Fund and the institution 'Sächsische Aufbaubank', via a scholarship titled 'Landesinnovationsstipendium' (Ritter, 2020a, 2020b, 2021, 2022). Domiciliary care is an arrangement under which professional caregivers visit patients in their homes and provide nursing, intimate care and domestic help.

Methods

In line with research studies based on grounded theory (Clarke et al., 2018; Strauss & Corbin, 1990), I conducted problem-centred interviews (PIs) (Witzel, 2000) with six, white care managers, caregivers, care recipients and 14 migrant caregivers. As a method, PI facilitates an unbiased recording of individual actions and subjective perceptions as well as ways of processing social reality (Witzel, 2000). To generate new knowledge inductively, the PI starts with an open-ended initial question and addresses, during the ongoing conversation, other aspects that the interviewees find relevant. In addition, the PI involves the use of – usually at the end of the interview – an interview guideline prepared by the interviewers to address certain topics that are of particular interest to the research and allow for greater comparability of the responses. In addition, I engaged in participant observation (Spradley, 1980) of daily care activities for over four weeks in three care facilities in order to become familiar with the work routines and logics. The collected data was fully transcribed and analysed using the theoretical coding strategies (open, axial and

selective) of Anselm Strauss and Juliet Corbin (1990). The data analysis was supplemented with elements from the literary critical analysis method of ‘close reading’, proposed by Barry Brummett (2010). This method aims at a critical analysis of socially shared patterns of interpretation that can be found in the language used, such as racist narratives, speech patterns, arguments and symbolic-rhetorical figures (tropes such as metaphors, irony and euphemisms; Brummett, 2010, pp. 8-9, 73-96).

During the field phase of the study, between 2018 and 2020, 115 outpatient care facilities were listed in the city of Dresden, and I contacted them by telephone. Responses from the care service managers’ revealed that only three care services permanently employed Black and/or Muslim caregivers. Targeted recruitment of people from non-EU countries for nursing training is still not established, despite the high shortage of nursing staff.

Results

The entire research work was guided by the statement ‘I am actually open-minded, but...’. A few of the white, German interviewees opened their conversation with this statement and went on to share their thoughts on professional cooperation with migrant care workers. They primarily addressed hypothetical scenarios with Black and/or Muslim caregivers (hereafter referred to as Black and People of Colour (BPoC)) and not, for example, cooperation situations with caregivers from Eastern Europe, such as Poland or the Czech Republic, which can be regarded as established in the study area.

The phrase ‘I am actually open-minded, but...’ supposes openness and interest on the one hand, but at the same time signals a problematisation, discomfort and sense of contradiction with the idea of cooperation. In my PhD research, I focused on this ‘but’ or the discomfort of working together. Crucial to the understanding of this discomfort is (a) the (re)production of (colonial) racist knowledge by the interviewees and (b) a labour sector marked by high pressures of cost optimisation and/or profit maximisation.

Interestingly, in German-speaking countries, research that examines professional cooperation between white German workers and migrant workers from an anti-racist lens – while examining specific local and contextual working conditions – is lacking in the fields of both labour sociology (Huke & Schmidt, 2019) and nursing science. The issue of professional cooperation with migrants and refugees has been covered in research on politics and labour markets (see e.g. Bundesministerium für Wirtschaft und Energie, 2020; Büschel et al., 2018). The studies mainly address legal frameworks, language skills, integration offers, recognition issues or skill deficits among migrants (Huke, 2020). Racism or discrimination in the working context has hardly been addressed. This study, therefore, bridges an important gap.

Among the colonial legacies whose subtle impact I was able to reconstruct in my study are phantasms of laziness, dehumanisation, hypersexuality, impurity and criminality (Fanon, 2001; Hall, 1997). In the research field studied, these bodies of knowledge problematise collaboration with BPoC at the everyday work level, leading to avoidance of such collaboration and, on the part of migrant caregivers, to experiences of exclusion, rejection and devaluation.

The following interview excerpts¹ are intended to provide insights into the (re)production of the laziness topos:

They [BPoC] are actually used to smooth processes; surely, they are not under pressure in their home countries (Interviewee1 [nursing specialist], personal communication, 12/19/2018).

It's too much work for a foreigner, at least for one who doesn't come from the EU (Interviewee 1 [nursing specialist], personal communication, 02/02/2020).

On the other hand (pause), I can imagine with the migrants [BPoC], this may not be positive. I could well imagine him throwing up his hands [...] with care and in piecework [...], [and saying]: "I can't work like that, we are not used to so much work like that." (Interviewee2 [head of a care facility], personal communication, 07/18/2018)

These statements from the white, German interviewees clearly illustrate their concerns about BPoC being able to adopt established work routines in nursing and elder care. It should be mentioned here that neither the nursing specialist nor the head of the care facility had any experience in working with BPoC during their professional nursing careers. Thus, these attributions can be understood as social imaginaries that are linked to (colonial) racist knowledge. Not surprisingly, Black postcolonial theorists Frantz Fanon and Stuart Hall have criticised the supposed 'laziness of the black man' (Fanon, 2001, p. 294) or the alleged "'innate laziness" of blacks' (Hall, 1997, p. 244) as white constructions.

Thus, BPoC are denied the ability to endure a high degree of work pressure, time pressure, caring load, stressful experiences, or physical and psychological strain involved in the daily care for older people, which stem from the pressures of economisation (Slotala, 2011; Stagge, 2016; Theobald et al., 2013). Hence, they are rarely considered for professional collaboration. Further, the issue of established routines in older peoples' care does not seem to be questioned. In fact, a care service manager repeatedly spoke of these routines in a monotonous, system-uncritical manner:

[T]here is nothing else here in domiciliary care but piecework. [...] [W]e have thirty patients in some tours, and, of course, that goes one after the other. [The times for the various services] are given, and we have to cover our expenses. [And] everybody has to go along with it and accept it (Interviewee2 [head of a care facility], personal communication, 07/18/2018).

Once it is established that cost-cutting constraints and/or the expected level of profitability can no longer be maintained by working with BPoC, racist exclusionary practices (re)produce themselves.

It's all about the money, as usual. And what is more important for me? Hiring the foreigner [...] that will not work, and I might lose [...] several thousand euros [...] as

¹ All direct interview quotes used in this paper were translated into English by the author.

a result? If I take the risk, the management is never behind me. They want to see numbers (Interviewee3 [head of a care facility], personal communication, 10/14/2019).

Conclusions

The above interview excerpts provide insights into an exclusion-reinforcing relationship between racialisation and economisation in the context of older peoples' care. As a result of their colonial racist imaginaries, the interviewees feel threatened by an anticipated mode of operation that realises less surplus value or that endangers the usual profitability. In other words, the processes of racialisation serve to effectively reproduce the capitalist mode of production, pushing people into certain economic positions within the wage labour system or excluding them from the working population (Miles & Brown, 1989). Although there is a general tendency in Germany, and in the EU, to recruit migrants for unstable jobs affected by a shortage of labour, such as nursing and elder care, the current situation in Dresden is disparate. The more or less unconscious (re)production of everyday racism impedes professional cooperation with people identified as Black and Muslim, which in turn threatens cooperation in a labour sector subjected to economic constraints.

The following section offers a deeper insight into the prevalent scenario at the outskirts of the urban city where a targeted recruitment of people from non-EU countries for nursing training is absent, too: the district of Görlitz. In line with the understanding of racism presented above, interviewees at the hospital in Görlitz are to be considered as also being entangled in racist knowledge (Kalpaka & Räthzel, 1986). As noted above, cost-saving constraints have been cited repeatedly by interviewees as the reasons problematising a collaboration with BPoC a priori.

Study 2: 'This house has no resources' - District of Görlitz

Background

Owing to demographic changes, a steady decline in population and the acute shortage of nursing staff in the rural area of Görlitz district (Staatsministerium für Wirtschaft, Arbeit und Verkehr, 2019, p. 19), the local hospital (hereinafter referred to as 'Klinikum Görlitz') intends to engage in targeted recruitment of people from non-EU countries for nursing training at the hospital's academy (hereinafter referred to as 'Krankenhausakademie'). These are considerations that arose in particular in response to an enquiry from the Institute for Cultural Infrastructure in Saxony (hereinafter referred to as 'Institut für kulturelle Infrastruktur Sachsen') about possible interest in such recruitment and an Institutes' process guidance.

Due to an already existing cooperation between this Institute and socio-political actors (e.g. mayors) in Bafoussam (West Cameroon), in the coming years, interested candidates from Bafoussam and the surrounding region would be able to pursue nursing training in Germany, which includes immigrating to Germany and training on site in Germany. If the

Klinikum Görlitz chooses to implement this recruitment, interested Cameroonians are expected to acquire the B2 language certificate, mandated by the Common European Framework of Reference for Languages as well as attend an introductory module in elder and nursing care and a course on intercultural issues in West Cameroon as part of their preparations. Efforts are also under way to recognise school certificates issued in Cameroon. Translated certificates of the candidates are to be sent to the management of the hospital's academy so that they can be forwarded to the corresponding state offices. Thus, starting in 2024, Cameroonians could pursue a three-year vocational training programme at the Krankenhausakademie in Görlitz (in a mixed class together with German students) and become healthcare and nursing professionals (Gesundheits- und Krankenpfleger/innen). The dual-mode training programme in Germany includes (a) classroom-based training at a vocational school (Krankenhausakademie), (b) practical sessions at the training centre (Klinikum Görlitz) and in other care contexts (domiciliary care services and care homes). The trainees must complete a high number of practice hours as part of the training in all those care contexts.

Klinikum Görlitz has no previous experience in organised recruitment of nursing staff from abroad. The majority of its employees are white and German, and the majority of its migrant employees come from Central and Eastern Europe (primarily Poland and the Czech Republic), after having applied for employment opportunities individually.

Supported by a grant from the Saxony State Directorate (Landesdirektion Sachsen) for the promotion of inter-regional, cross-border as well as international cooperation, the Institut für kulturelle Infrastruktur Sachsen commissioned me to conduct a one-month short (02/2023) survey before possibly launching the above-mentioned programme at the Klinikum Görlitz and the Krankenhausakademie. In view of my anti-racist research carried out in Dresden, the goal of the short study was to understand how the hospital and the training actors in Görlitz evaluate the project of recruiting Cameroonians. Further, the key question to be answered was 'What conditions must be created – based on the assessed perspectives – so that training and cooperation processes (can) succeed both within the school and at the various training wards in the programme.' It can be assumed that such a project calls for a (pro-)active anti-racist approach to integration and cooperation processes, employee-friendly working conditions and a clear understanding of 'good work' and 'good care', given that the nursing profession is subjected to severe economic constraints.

Methods

To seek initial answers to these questions, I conducted three PIs (Witzel, 2000) with leading, senior personnel and nursing managers of the Klinikum Görlitz and the Krankenhausakademie, all of whom were white and German. The interviews were recorded electronically and subsequently transcribed in excerpts. The evaluation was carried out in a structured and rule-guided manner using a qualitative analysis approach, namely 'Qualitative Inhaltsanalyse' (Mayring, 2019). Subsequently, the collected data were systematically analysed and condensed to reveal key messages. Furthermore, messages with similar content were grouped under a single theme.

Finally, interviewees identified five themes or issues that could be fundamental and vital to a nursing education of trainees from Cameroon. These were (a) language skills, (b) the in-company perspective, (c) the school perspective, (d) the out-of-school and out-of-company perspective (social environment) and (e) preparatory training in Cameroon. These themes are discussed in detail along with initial recommendations for action.

Results

Language Skills

First and foremost, the interview data revealed that the hospital actors are concerned about the candidates' German language skills. They fear that Cameroonian trainees may have insufficient language skills for everyday nursing work. Although future nurses from Cameroon are expected to acquire the German B2 certificate before starting their training, the interviewees do not consider this sufficient for (a) communicating with colleagues, doctors and patients in everyday nursing care settings without challenges or loss of time or (b) for dealing with regional dialects. The respondents recalled earlier experiences in other institutions or with Eastern European nurses, where migrant nurses – despite a high level of German proficiency – experienced considerable problems, especially in nursing documentation. The interviewees anticipate major challenges with handwritten documentation, which is especially important in domiciliary care settings (training covers domiciliary care). Meanwhile, the digitalisation of all documentation procedures at Klinikum Görlitz may prove to be beneficial in this respect. Nevertheless, respondents fear, for example, that doctors' orders or instructions shared during rounds – typically in great haste – may not be properly understood and may be incorrectly executed. Further, they expect that work processes may suffer if a considerable amount of time is spent on joint documentation with the Cameroonian nurses or if shift handovers are lengthened due to poor documentation abilities on the part of the previous (migrant) shift workers. If such difficulties occur, Cameroonian employees may likely be subject to team exclusion, or the nursing staff's commitment to cooperation may weaken.

Proposals

To address this potential problem, some of the senior hospital staff see themselves as responsible for the process of language acquisition. Furthermore, the Krankenhausakademie is considering the possibility of offering language support courses at least in the first year of training. In my opinion, such courses should focus on teaching technical vocabulary, in-nursing documentation and reading instructions from colleagues and doctors, both in digital and handwritten formats. Funds should be sought for recruiting external foreign language teachers, as the interviewees believe that such teachers may be more competent at teaching a foreign language than those at the Krankenhausakademie. For an effective learning environment, I recommend a close link between the supplementary courses and the practice-orientated training at the wards as well as the use of authentic nursing documentation from everyday routines (covering the contexts of domiciliary care and care homes).

The In-Company Perspective

This dimension addresses the potential situations and challenges associated with professional cooperation within the nursing team at the ward level in the hospital. Given the high degree of work pressure in nursing, the interviewees have low motivation for extending collegial support or cooperation to the Cameroonian trainees; this may also be accompanied by great mistrust. It is likely that established caregivers will not or cannot offer language-sensitive guidance or support in communicating with patients and other professionals or with documentation to the Cameroonians. The interviewees anticipate increased stress levels resulting from additional workload for the established nursing staff, who are already heavily strained with daily work. These situations can manifest in many forms of exclusions. The proposed training programme expects established nurses to offer Cameroonian nurses attention and support that they themselves have not received or do not receive in their professional lives. At present, institutionalised guidance from the so-called practical instructors ('Praxisanleiter/innen'), equipped with the requisite additional qualifications for training, does not adequately meet the needs of nursing students with higher support requirements. Currently, a student nurse is only offered five days of structured instruction per year of training. Increasing the days of instruction in a year is an aspect that needs to be examined in future.

A lack of solidarity among white German nurses is also an issue that the interviewees have highlighted. These divisive tendencies are particularly evident between older and very young caregivers as older caregivers are believed to compensate for the alleged lack of responsibility or poor attitude towards work shown by the young carers. Interestingly, the interviewees agree that the Cameroonian trainees, at least in their first year of training, should be placed in wards characterised by a supportive and solidarity-based team culture, which 'do not make it so difficult for the trainees' (Interviewee1 [senior executive], personal communication, 03/06/2023) and where the ward directors have more employee-friendly leadership and self-reflection skills. The management style of older ward managers tends to align with the belief that 'apprenticeship years are not master years' (Interviewee1 [senior executive], personal communication, 03/06/2023). As a result, they repeatedly act out their own unfortunate, authoritarian training experiences with today's trainees.

Proposals

Overall, the data suggests that Cameroonian nurses are likely to encounter precarious working conditions and conflict situations in the hospital context – and these need to be addressed for all the nurses involved. The following statement, made repeatedly by the interviewees, should be recognised: 'On the ward, everyone has to function' (Interviewee2 [senior executive], personal communication, 02/18/2023). Accordingly, I recommend the provision of mentors for the Cameroonian trainees on each ward, who can invest the necessary resources to accompany them in their daily work. Such mentors are already available – at least theoretically, their number varies between three and eight per ward. These mentors are prepared for their responsibilities via a multi-module, certifica-

tion-based seminar, which aligns with the catalogue of continuing education opportunities offer by Klinikum Görlitz. It must be noted, however, that because of a (perceived) lack of nurses, the mentors do not (or cannot) perform their responsibilities properly. In theory, it is their duty to ensure successful onboarding of staff, offer daily learning support and intervene at an early stage in the event of subtle or expressed team dissent. However, interviewees note that 80% of mentoring activities are not implemented due to shortage of time as the nursing staff with mentoring duties do not obtain any relief for their additional responsibilities during their daily work routines. In-house solutions to this problem need to be discussed urgently. Currently, some nursing staff are mentors because they have been asked to play the role. Instead, suitable employees with an interest in such responsibilities should be encouraged and appointed.

Additionally, I recommend using the existing work structures, such as meetings of nursing service managers, ward directors and practical instructors, to discuss the anticipated stress of individual nursing teams as well as the topic of everyday racism. External mediators or educational inputs can also be beneficial in addressing the issue. Since team supervision is not usually implemented on the nursing wards, it is important to raise awareness about the above-mentioned issues at least among senior staff. Internal resources should be made available for such training and reflection opportunities, preferably over several days. Unfortunately, such investment is not a priority for the hospital management at this stage.

It is interesting to question if a course on cooperation in intercultural nursing teams should be included into the existing catalogue of continuing education opportunities at the Klinikum Görlitz. However, interviewees report that all ward managers are required to participate in an 18-month long extra-occupational training course anyway, which already covers topics such as leadership and the onboarding of and dealing with trainees. Given their experience, the interviewees believe that including an elective course on intercultural cooperation in the hospital's catalogue of courses (each lasting 90 minutes; the 18-month course is not part of this catalogue) is unlikely to meet with much success.

Using the established – and interviewees' suggested – means of company communication, such as podcasts, company meetings or the intranet, to provide information about the training of Cameroonian nurses seems insufficient for comprehensively dealing with the above-mentioned problems. To create a basis for a successful cooperation within the team, these paths should be only used as supplements.

The School Perspective

Regarding the school context, the interviewees mainly expressed concerns over the correct ratio of Cameroonian to German trainees in a class in order to elicit the highest possible degree of participation and cohesion. On the one hand, having a very small number of Cameroonian nursing students in each class may result in feelings of foreignness and exclusion. On the other hand, if the number is too large, parallel groups may form, and it could impede the development and strengthening of class unity as well as joint, inclusive learning and mutual support.

Proposals

Such potential dynamics could be countered with targeted team-building exercises as part of the lessons. They will not only help reduce the perceived feelings of isolation but also enhance the development of solidaristic behaviours. In this context, I recommend regular exercises by vocational teachers to promote group and empowerment processes, along with reflections on everyday racist stereotypes. Group exercises, workshops with a technical focus (e.g. nursing-related project work or project work that addresses the topic of discrimination) or those stimulating (self-)reflection processes, such as check-in rounds or end-of-day rounds, should be conducted. They offer a good opportunity for students to focus on their current challenges in the school, in the nursing practice or in everyday personal life and seek peer support. The extent to which the individual teachers need to be prepared for such activities must be explored in discussions with the school management and with the teachers themselves. Currently, a social worker is available at the Krankenhausakademie to strengthen social participation processes. In future, it is worthwhile investigating how social work can aid the inclusion of Cameroonian nursing students and strengthen the solidarity within the class community.

The Social Environment

According to the interviewees, an aspect that the Krankenhausakademie cannot address is assisting Cameroonian nursing students in accomplishing regular and basic living tasks in the district of Görlitz, such as signing a rental contract, opening a bank account, contacting public authorities or finding a general practitioner. However, these social participation processes as well as developing a stable social network in the district of Görlitz and the surrounding area are rated as crucial for successful vocational training in a new cultural environment.

It is important to note that the district of Görlitz has a high number of supporters of Alternative for Germany (AfD), which is a party known for its centre-right politics. Thus, a high number of citizens are sceptical or even hostile to immigrants. The interviewees believe that the district of Görlitz is primarily responsible for raising awareness about everyday racism among the population. In other words, they do not (yet) see themselves as responsible for sensitising their (senior) staff to the problem of racism. Interviewees felt that their colleagues, particularly on individual wards need to 'get their shit together' (Interviewee1 [senior executive], personal communication, 03/06/2023) which completely ignores racism issues. On the one hand, the lack of financial and time resources is a barrier to cultural training. On the other hand, the responsibility for helping trainees cope with rejection, discomfort and everyday racism is placed on individual wards and on individual nursing staff. In this context, in-house communication should help staff members recognise that the recruitment of migrants is a benefit to the nursing system and to themselves. In official communication, the interviewees presume a necessity to represent the Cameroonians as an 'innovative asset' (Interviewee1 [senior executive], personal communication, 03/06/2023).

However, attitudes conducive to a discrimination-free working life are difficult to find. My conversations with hospital leaders are marked by the effects of (colonial) racist/racialised knowledge and, more precisely, the topos of laziness, as discussed above. Interviewees share fears – without any experiential evidence – that Cameroonian nurses will struggle to meet the established work demands or the ‘German way of working’ (Interviewee2 [senior executive], personal communication, 02/18/2023). They will be overburdened, will ‘groan under the pressure’ (Interviewee2 [senior executive], personal communication, 02/18/2023) and drop out of the training programme.

Proposals

To support social participation processes, the interviewees believe that trainees should be informed in Cameroon about the basic living structures in Germany (for example, as part of the preparing intercultural course). Furthermore, the establishment of mentoring structures in the district of Görlitz should be targeted. To this end, assistance can be sought from students of the Faculty of Social Sciences (especially the Social Work programme) as well as those from the Faculty of Culture and Management (especially the nursing programme). In addition, the Welcome Alliance (Willkommensbündnis) of the city of Görlitz can help with the process. The alliance was founded in 2015 with the increased influx of refugees and has now developed a large pool of potential mentors for social integration processes. However, it is unclear who should shoulder the responsibility of setting up such a mentoring network in the future.

Given the high number of right-wing supporters in Görlitz, preparing for the possible rejection of future trainees in society which could occur during interactions with patients and colleagues may be essential. To exchange and reflect on individual experiences and ways of dealing with rejection and racism along with other affected people, it is advisable to develop self-organised support groups that are affiliated to professional social work organisations, such as the Görlitz victim consultation group (Opferberatungsstelle).

Preparatory Training in Cameroon

Regarding preparatory intercultural courses, the hospital actors consider it relevant to sensitise prospective nursing students in Cameroon about the subjects, tasks and the contextual conditions of nursing in Germany. Since the contents of the training and the expectations of nursing differ worldwide, preparatory training can prevent disappointments related to misaligned expectations and, consequently, potential dropouts from training. In particular, preparatory training can address the range of nursing responsibilities that are similar, or distinct from, those in the medical profession. Nursing in Germany – unlike in other national contexts – only covers medical treatments or medical knowledge to a limited extent. In Germany, the emphasis is, to a large extent, on basic care services such as bathing, feeding and providing assistance services.

Proposals

Prospective nursing students in Cameroon should be provided with socio-cultural knowledge about family structures and living conditions of older people in Germany (e.g.

often live alone, separated from children) as well as different cultural approaches to hospital organisation (e.g. physical care in hospitals and nursing facilities is the task of professionals and not family). However, since the Cameroonians will not be recruited as professionals until they receive training in Germany, they seem to be in a safe zone in that discrepancies in expectations may not be highly problematic.

Finally, the interviewees highlight the need for imparting knowledge on social integration processes in Germany. Tasks such as opening a bank account, dealing with local authorities and signing a rental contract should be covered as part of the preparatory courses in Cameroon. Accordingly, it is necessary to examine whether and to what extent the everyday life and social participation processes of the interested Cameroonians differ from those of the people socialised in Germany.

Conclusions

The Klinikum Görlitz is not inclined to investing additional financial and personnel resources for more successful cooperation with migrants. Highlighting the stressful daily nursing routine, which currently offers few options for improvement, one of the interviewees says, 'I already feel sorry for the Cameroonian trainees.'

Klinikum Görlitz believes in treating all trainees – with or without special needs – equally. To address the (imminent) shortage of qualified nursing staff, the hospital is ready to 'gladly participate' (Interviewee1 [senior executive], personal communication, 03/06/2023) in the recruitment project discussed here; however, it does not seem to fully understand this 'undertaking' or this 'project' (Interviewee1 [senior executive], personal communication, 03/06/2023) as its own, which is evident from the findings presented above. The hospital considers that the 'distress [of the shortage of nursing specialists] is not yet so great' (Interviewee1 [senior executive], personal communication, 03/06/2023) as to warrant special investments in this process. However, such an evaluation undermines the harsh realities of demographic changes and the risks of inadequate provision of general interest services.

Summary and Final Reflections

From the studies presented here, two main problem areas can be identified in working together with migrants. Firstly, racist knowledge is embedded in people's everyday practices. Linked to colonial legacies, it particularly problematises, if not excludes, cooperation with BPoC. This has been explained in detail via the example of the laziness phantasm. Secondly, this racialised body of knowledge tends to be de-thematised by the economic constraints and limited time resources that characterise nursing and elder people's care in Germany. Simultaneously, the responsibility for non-discriminatory interactions with migrants and dealing with potential discomfort and resistance is individualised.

It can be deduced that the implementation of the following is necessary: (a) sensitisation measures that address everyday racism and (b) workshops or exchange formats for solidarity-based cooperation in the nursing team given the existing economic constraints and personnel shortages. The latter inevitably highlight the questions of 'good work' and

employee-friendly working conditions and, not least, call for an investigation of the nursing system itself and the structural changes needed.

In light of the projected population changes and the number of nursing professionals needed in Germany, targeted investments of personnel and financial resources are necessary to enhance cooperation processes. Future research should address application-oriented measures – contextually – for building an anti-racist organisational environment and creating the conditions for 'good work' using a participatory approach. At present, Saxon employers in nursing and elder care need to invest significantly greater efforts to realise the potential of a qualified migrant workforce and, above all, to ensure the successful social and professional participation of migrants.

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