

# The increase in illegal private duty nurses in public Greek hospitals

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## The increase in illegal private duty nurses in public Greek hospitals

**Aim** To consider key aspects of the increasing substitution of legal private duty nurses by an illegal immigrant health-care workforce.

**Background** Inadequate nursing care infrastructure and an oversupply of illegal immigrants, coupled with the current economic climate, favours the growth of an unofficial economy in hospital care.

**Evaluation** Information gathered from literature, governmental and ministerial records, the media and the press are evaluated.

**Key issues** Increasing numbers of unauthorized immigrant health-care workers, facilitated by agencies, carry out undocumented private employment in hospitals for a considerably lower cost than their legal counterparts. Legal workers view their employment as being threatened and nurses have expressed concerns about quality of care and safety of patients, while at the same time health-care officials are unable to control this situation.

**Conclusions** It is anticipated that unless an appropriate care infrastructure is developed, this situation will persist and even escalate. The effects on patient care and the economy of the country, in general, need to be evaluated.

**Implications for nursing management** Managers ought to establish ways of improving the regulation and monitoring of illegal private duty nurses, in order to optimize the health, safety and wellbeing of patients.

**Keywords:** care sector, Greece, healthcare industry, illegal private duty nurses, immigration

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## Introduction

For several decades now it has been necessary for a large number of patients in Greek hospitals to hire privately paid nurses [private duty nurses (PDNs)]. Privately paid nurses are a legal entity recognized by

health-care officials because of the lack of a care infrastructure within hospitals. Although mainly paid privately by patients, they can be considered an official sector of the health-care system. During the last 10–15 years, however, there has been an increase in competition between PDNs and an unauthorized

immigrant health-care workforce. The practice of this workforce in public hospitals is not permitted by law. The participants may have illegal immigration status and are completely unregulated, as their skills and qualifications are not substantiated, and the care they provide goes largely undocumented.

Several circumstances have favoured this situation: the oversupply of an illegal immigrant workforce seeking undocumented jobs in the care services in Greece; the inability of hospitals to control their access to patients; their substantially lower cost; their willingness to work longer hours; and the demand for care from many hospitalized patients because of the inadequate, nursing care infrastructure.

In addition, it is possible that hospitals may have also involuntarily facilitated this development when they employed licensed PDNs through agencies. Over time, those agencies have become inundated with an increasing number of illegal immigrants seeking work in the health-care sector. Because they do not fulfil legal requirements, they can only provide undocumented work. Agencies, through bypassing formal hospital procedures, act as direct brokers between patients and illegal PDNs who have thus been established in Greek hospitals.

### Immigration and the health-care sector

Following the collapse of the Soviet Union, and the other communist regimes of Eastern Europe, a large wave of predominantly illegal immigrants entered Greece, mainly from Albania and the other Balkan and Eastern bloc countries (Baldwin-Edwards 2004). In the 2001 census, there were 800 000 immigrants in Greece, 60% of whom were Albanians and 5% were Bulgarians, followed by Georgians and Romanians (Baldwin-Edwards 2004). Triantafyllidou and Lazarescu (2009) estimated the immigrant population of Greece in 1998 at about 1.3 million. However, as immigration in Greece is an ongoing process (Kostaki *et al.* 2009) and many immigrants are illegal, it is impossible to estimate more exact numbers.

In 1998, the Greek government allowed immigrants to legalize their residency and issued work permits, which are renewable every 5 years. Lianos (2003) claimed that more than 371 600 immigrants legalized their residency, while many preferred to remain illegal to minimize the risk of deportation and save paying taxes and social insurance contributions. However, other researchers claim that of the 368 000 illegal immigrants who applied for working permits (Green card II), only 220 000 of them were granted because of

difficult bureaucratic procedures (Baldwin-Edwards 2004). Triantafyllidou and Lazarescu (2009) estimated that there were 678 000 legal migrants in 2008. Of these, 363 000 had a valid permit while 314 000 were in the process of renewing their permits.

For one reason or another, most of the immigrants in Greece have illegal status and this results in a large off-the-record economy, which is around 30% of total economy (Baldwin-Edwards 2004).

A proportion of those illegal immigrants have been absorbed into the care industry. There is a constant flow of female immigrants from Eastern bloc countries into the Greek care industry (Lazaridis 2007). Immigrants know before they set out that Greece offers many opportunities to make money (on the black market) in the care sector as a result of the inadequate Greek welfare system (Groutsis 2009). Another attraction – particularly before several ex-communist countries recently joined the European Union – is the fact that Greece is a member of the European Union, which could be used as a gateway to the other European Union countries (Triantafyllidou & Lazarescu 2009).

The care industry has been the target of immigrant populations in several other countries. Israel has delegated care of the elderly to immigrant workers: home care assistants from the Philippines provide the majority of paid 24-hour home-care services to older people (Ayalon *et al.* 2008). In Italy, home care for the elderly and the disabled is carried out by immigrant care workers who are without qualifications (Chaloff 2008). Home-care workers were estimated to be at one million, 90% of whom were immigrants (Chaloff 2008). Recent reports in the press reveal that the UK is seeking the employment of health-care support workers from Bulgaria and Romania (Kelly 2011).

What makes the Greek case unique, and necessitates proactive measures from nursing management and health-care officials, is the fact that a large number of this unregulated health-care workforce are working as PDNs within Greek hospitals.

### Employment patterns of illegal PDNs

There are two main reasons for this influx. First, they are hired as home-care workers by families with chronically ill and dependent elderly relatives. They mostly live in the home of the patient, in order to provide care 24 hours a day. If the patient is in need of hospitalization, they continue their duties in hospital at the behest of the family, instead of using an official PDN. They are presented to hospital personnel as friends of the family, or the family's domestic worker

with the responsibility of looking after the dependent person on a 24-hour basis (Groutsis 2009). This action is permitted as, in Greece, it is necessary for relatives to provide a lot of informal care in hospitals (Sapountzi-Krepia *et al.* 2008). Families continue to pay the carer the same salary that they paid for home care, irrespective of the fact that care in hospitals may be more demanding and more tiring. This is much more affordable for families than paying per shift for an expensive PDN.

Second, when there is a need for a PDN in a hospital, an illegal one is hired rather than a legal one. Agencies who act as brokers between patients and illegal PDNs facilitate these arrangements. There are many nursing agencies: they advertise in newspapers and on websites, which display photographs and offer some background information of the carers. It has also been reported that agencies send representatives into hospitals to distribute cards/flyers with agency contact details for the recruitment of illegal PDNs (Groutsis 2009).

At the beginning of this practice, illegal PDNs used to wear white uniforms, which meant that they were easily identified by official PDNs. Now they do not wear uniforms and claim that they are a friend of the family, a domestic helper or a home care attendant. This has made it very difficult to discern the illegal PDNs and ban their practice in hospitals. Once illegal PDNs are established in Greece they may find work themselves without the brokerage of an agency, either by distributing personal cards or by word of mouth.

### Pay and working conditions

As mentioned above, this is a workforce mostly without working permits. Consequently, they are forced to accept poorer working conditions and lower wages. Illegal PDNs are not paid the legal wages arranged by union officials, and working hours are long and are arranged between the agency and the patients or the illegal PDN and the patient (Table 1).

Such long working hours are against the law; illegal PDNs may work up to 12-hour night shifts. While a family would have to pay about €140 for a 13-hour and 20-minute official PDN's shift, an illegal PDN costs only €50 for a 12-hour shift either day or night. This is very attractive to Greeks who, in the last year, have seen their income severely reduced, because of the economic crisis. What is more, this is black-market money, and contributions to social insurance and taxes are not paid, which has negative consequences for the Greek economy in general.

**Table 1**

Pay (in Euros) of formal and illegal privately paid nurses (PDNs)

|   | Legal PDN              | Illegal PDN            |                         |
|---|------------------------|------------------------|-------------------------|
|   | 6 hours and 40 minutes | 8 hours (day or night) | 12 hours (day or night) |
| Week days night shift                           | 77.65                  | 30–40                  | 50                      |
| Night shift before a bank holiday               | 117.24                 | N/A                    | N/A                     |
| Night shift on a bank holiday before a week day | 84.67                  | N/A                    | N/A                     |
| Early or late shift on a week day               | 62.14                  | N/A                    | N/A                     |
| Early or late shift on a bank holiday           | 108.73                 | N/A                    | N/A                     |

When agencies act as brokers they charge a commission. In addition, when the agencies have helped immigrants – through trafficking and with fraudulent papers – they expect repayment. Blackmail and violence have been reported if repayment is ever defaulted upon (Groutsis 2009).

### Reactions to illegal PDNs

The PDN unions and associations were the first to react to this situation to safeguard their jobs. They made inside investigations and have frequently reported the use of illegal PDNs and acted against them. In one instance, in the small town of Chania, Crete, the PDN union took legal action against the Ministry of Health, complaining of the fostering of the black economy and asking for increased monitoring of the situation (Groutsis 2009).

There have also been complaints from citizens witnessing, at the points of entry of the hospitals, the distribution of flyers and cards advertising illegal PDNs. It has also been reported that there may be relationships between those agencies and hospital officials (Groutsis 2009).

Complaints about the use of illegal PDNs reached the Greek parliament, once in 2004 and again in 2011. Members of Parliament asked the Minister of Health what measures the Ministry proposed to take against this illegal practice that they see as threatening the safety of hospital patients. Another important issue is that while formal PDNs undertake a health screening on a yearly basis in order to renew their licence, this is completely not done for illegal PDNs.

Recently, in March 2011, the Minister of Health issued a circular outlining certain mandatory measures: no-one, except for official PDNs, should be allowed to provide nursing care in hospitals; a committee (consisting of a member from the Hospital Council, the

Nursing Director and the Director of Administration) was to be set up to monitor the employment of licensed PDNs in each hospital; PDNs should always wear a badge with their picture on it; labour service agencies should be prohibited from entering hospitals and acting as brokers between patients and illegal PDNs; the responsibility of monitoring and prohibiting the entrance of illegal PDNs in hospitals was given to the security personnel and the sisters of every ward; and overall auditing powers were granted either to the hospital manager or to the member of the hospital council (Ministry of Health, 2011).

The National Centre for Rehabilitation was the first to put this circular into effect. The manager of the centre ordered security personnel to remove all illegal carers. This resulted in complaints from the relatives of patients, who accused the hospital authority of hypocrisy. They claimed that staff had been asking these relatives to hire PDNs because of a shortage of nursing personnel, as they could not afford to pay for an official PDN they hired illegal PDNs instead (Anonymous 2011).

Unless an appropriate care infrastructure is established in Greek hospitals, this problem will persist. This black market of illegal PDNs has been known to health-care officials for some time. In a somewhat similar situation, which involves informal payments to doctors, it has been argued that health-care officials in Greece allow under-the-table payments to doctors because the government does not pay doctors well (Liaropoulos *et al.* 2008). We hope health-care officials will not, similarly, turn a blind eye to illegal PDNs because they know that there is a shortage of nurses.

### Quality of care from illegal PDNs

A number of the immigrants who have come to Greece to find work in the health-care industry have professional, medical or nursing qualifications from their countries of origin. In Groutsis (2009) study, most immigrants were qualified in their countries and thus were able to work in Greece as legal PDNs. Qualified immigrants prefer to legalize their status and get a licence to work as legal PDNs because they are paid considerably more and working conditions are much better.

This implies that most illegal PDNs are totally unqualified, and this raises several concerns regarding the quality of care and the safety of patients. Hospitals deal with serious and complicated illnesses with demands for high levels of care. It has been argued that the required knowledge now needed to perform a routine,

non-professional procedure has increased dramatically (Scott 2004). In-hospital patient care requires such knowledge as well as familiarity with contemporary nursing practices and with hospital routines and systems.

Responsibilities for patient care are similar between the illegal PDNs and the legally employed PDNs (Groutsis 2009). Overworked nurses expect to receive help from the illegal PDNs, thus placing them in a situation for which they are totally unprepared. Informal observations from clinical practitioners have raised serious questions concerning the implementation of appropriate infection control precautions. Unfortunately, we know very little about the ways in which illegal PDNs manage care tasks.

Finally, another concern is communication. Limited Greek language proficiency will inevitably affect quality of care, as has been revealed by research in nursing homes in other countries (Cangiano *et al.* 2009). In the UK, Lord Winston recently warned that problematic communication skills among eastern European nurses are putting patients in danger (Macrae 2011). In hospitals, there is also a need for illegal PDNs to effectively communicate with health-care professionals.

### Conclusion

Economic circumstances in Greece unfortunately favour the use of illegal PDNs.

It is therefore a certainty that, unless an appropriate care infrastructure is developed, this situation will persist and may even be exacerbated. Many legal PDNs may become unemployed and the loss of taxes and social insurance contributions will negatively affect the Greek economy. Already, owing to unofficial, undocumented work, 20 billion untaxed Euros travel annually from Greece to the immigrants' countries of origin (Anonymous 2010). Those measures taken by the Ministry of Health have had little or no impact on an otherwise booming business. Labour brokerage agencies continue running websites and distributing flyers to match immigrants with potential employers. At the same time, there are major concerns within the nursing profession, as well as among official PDNs and the relatives of patients, about quality of care and the safety of patients being nursed by unqualified personnel.

### Implications for nursing management

Today, because of the financial crisis in the country, it is more imperative than ever for nursing management and health-care officials to ensure adequate provision of

nursing care and to find a solution to the problematic infrastructure of in-hospital care. Illegal personnel have only taken up this work because it is available and accessible. If the need for legal PDNs is eclipsed, then the need for illegal personnel will also be eclipsed. In the meantime, managers ought to provide increased regulation and monitoring of illegal personnel, in order to optimize the health, safety and wellbeing of patients.

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