FOREIGN NURSES IN PORTUGAL
Title: Foreign Nurses in Portugal

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“I truly hope that this survey will be able to recognize these and many other difficulties faced by the foreign nurses working in Portugal. And may the Ordem dos Enfermeiros, be the facilitator to our rightful inclusion in the labour market.”

Remark from a foreign nurse
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PREAMBLE

Whenever a decision is made, choices are taken with no guarantee on the results we will achieve. The document you are about to read is the result of one of these decisions. At the moment it was made, the doubts were enormous. Today, reading the final product, reflecting on the issues it raised and aware of the consequences of the release of the preliminary results, I am glad to see it was a good decision.

The subject of professional migration is a must in the worldwide events dedicated to human resources for health. My experience in these events shows that, although many studies are done on this issue, the presentation of detailed data on the different European realities is not frequently made. Although not being able to guarantee it is pioneer, I can affirm that this study is among the first of its kind in Europe.

I believe that, by disseminating these data, the Ordem dos Enfermeiros is opening new roads that will improve the understanding of a growing issue on our days.

In this document the International Affairs Office has only looked into foreign nurses working in Portugal. Even so, we have no doubts on the relevance of studying also the reasons behind the increasing number of Portuguese nurses leaving the country: we should know why, when, where and for how long they are going away.

Although only about 300 of about 2 thousand foreign nurses have answered the questionnaire, this reply tax seems to be common in this kind of initiative. We should also enhance the positive feedback on this initiative from the foreign nurses in Portugal, as well as from some sectors of society.

Our questions were raised from literature review, mainly international. The answers we received allow us to identify new issues that deserve a closer look. Although not able to formulate general conclusions, the collected data point out directions to future work. As an example of the issues raised by the study we have: the questions of language, perceived discrimination, refusal of care from patients, and foreign nurses’ professional development.

To finish, I invite you to read this document and send your feedback to:
gri@ordemenfermeiros.pt

António Manuel
International Affairs Office Coordinator
Ordem dos Enfermeiros
THE CONTEXT

The migration of health professionals is a global reality usually associated to the scarcity, in some countries alarming, of these professionals. According to the International Council of Nurses - ICN, nurses have always taken the opportunity to move across national borders in pursuit of new opportunities and better career prospects. However, in recent years this flow appears to have grown significantly and gained visibility, mining, in some developing countries, the attempts of improvement and sustainability of its health systems.

The authors of the ICN document *International migration of nurses: trends and policy implications* (Buchan J., Kingma M., Lorenzo F. M.) state that “whilst the issue of international migration of nurses is sometimes presented as a one-way linear "brain drain", the dynamics of international mobility, migration and recruitment are complex”. This analysis should cover the respect for the “individual rights and choice; motivations and attitudes of nurses to career development; the relative status of nurses (and women) in different systems; the differing approaches of country governments to managing, facilitating or attempting to limit outflow or inflow of nurses; and the role of recruitment agencies as intermediaries in the process”.

The Organization for Economic Co-operation and Development (OECD), in the editorial of its *International Migration Outlook - Edition 2007*, clarified some myths that we find interesting to transpose. One of them is directly related to the escape of nurses and doctors from developing countries to OECD countries. According to the organization, “the international mobility of health professionals has been limited and indeed often anecdotal”. “This has given rise to much speculation regarding what is a complex issue, and has hindered the development of effective policy responses”.

To justify this myth, there was the claim that health professionals are over-represented among highly-skilled migrants to the OECD countries. In truth, around the year 2000 and according to the document, on average 11% of employed nurses and 18% of employed doctors in OECD were foreign-born. These figures are similar to those observed for professionals, as a whole. Even so, this value is an average that includes variations from 5% to 30% in some countries and this factor cannot, logically, be undervalued.

Although the report clearly states that even if it was eventually possible to stop the flow of health professionals from developing countries, this would alleviate the problem, it would not by itself resolve the shortage issue.

The report still tries to disassemble the myth that the migration of health professionals is related to strong international recruitment policies. In fact, migration has increased in the last 5 years; however, and according to OECD, this increase has occurred even in countries without targeted recruitment programmes.

The John P. Martin editorial to the document reminds that although international mobility represents a limited role in the worldwide scarcity of health professionals, this should not divert the international community attention, nor weaken the commitments for better health for all.

Migrants in the European Union (EU) are generally defined as citizens from non-EU countries who come to the EU. Knowing that Europe hosts 34% of all worldwide migrants (United Nations factsheet 2006, stated by Miguel P. and Padilla B.), the need of a careful analysis of its developing context is easily perceivable.

The health problems faced by migrants are well known. Changes in the environment food habits, climate, the journey itself, as well as work and living conditions puts migrants in a vulnerable situation. Migrants present higher rates of hypertension, diabetes, cancer and some hemoglobinopathies, according to a document prepared by the Portuguese General Directorate for Health, in the scope of the Portuguese Presidency of the EU (Miguel P. and Padilla B. 2007). They are also considered vulnerable
group regarding communicable diseases, being the most significant TB, HIV/AIDS, hepatitis and sexually transmitted diseases (STD). For different reasons, migrants have a higher incidence of occupational accidents.

For its meaning, this information cannot be left without analysis from the society in general and particularly from the Ordem dos Enfermeiros, in what concerns this professional group. Only informed managers can contribute to improve reality. Migrants represent an added value to our country and their integration process should run with the fewest possible problems.
INTRODUCTION

The Ordem dos Enfermeiros (OE) (Portuguese Order of Nurses – national nursing and midwifery regulator), inspired by the theme of the Portuguese Presidency of the EU, has developed an inquiry to illustrate some social and professional characteristics of the foreign nurses working in Portugal. However, we have not considered the definition given in the previous chapter and have included all the nurses born outside Portugal.

On the 31st of December 2007, 2135 foreign nurses worked in Portugal. The majority have Spanish nationality (more than 63%), followed by very far from nurses born in Brazil. The geographic and linguistic proximity, as well as the facilitated movement in the UE, seem to be facilitators to the movement between the two Iberian countries. For its turn, the migratory flow established with Brazil is facilitated by the linguistic proximity and the existing recognition protocols established between the two countries.

As you can see in Table 2, the majority of the nurses are women, as the historic context of the profession easily explains. They represent 76.2% of the total nurse migrant population in Portugal. Curiously, the percentage of women in the general population of nurses is a little higher, representing 81% of all nurses in our country.

This data, in some way, contradicts the trend of the foreign population resident in Portugal. Please note the data from the National Institute of Statistic (Table 3), where the male gender is predominant among migrants.

Regarding the distribution by age group, we know that 75% of the migrant nurses are between 21-35 years old. When compared with similar data from the Portuguese National Institute of Statistics (INE 2005 – Table 3), only 36% of all immigrants in Portugal are in that range, which makes our foreign nurses population very young. We understand and remark that this association has its limits, as it is not based on identical years. However, it fulfills the goal of giving an added perspective of the population in study.

This data contributes to the strengthening of the national trend of renewal of the profession.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>1628</td>
</tr>
<tr>
<td>Male</td>
<td>507</td>
</tr>
<tr>
<td>Total</td>
<td>2135</td>
</tr>
</tbody>
</table>

Table 2 – Gender Distribution, OE Data – Dec 07

<table>
<thead>
<tr>
<th>Nationality</th>
<th>F</th>
<th>M</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>974</td>
<td>384</td>
<td>1362</td>
</tr>
<tr>
<td>Brazilian</td>
<td>176</td>
<td>21</td>
<td>197</td>
</tr>
<tr>
<td>Angolan</td>
<td>60</td>
<td>13</td>
<td>73</td>
</tr>
<tr>
<td>French</td>
<td>65</td>
<td>6</td>
<td>71</td>
</tr>
<tr>
<td>Guinean</td>
<td>36</td>
<td>22</td>
<td>58</td>
</tr>
<tr>
<td>Moldavian</td>
<td>32</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>German</td>
<td>29</td>
<td>10</td>
<td>39</td>
</tr>
<tr>
<td>British</td>
<td>35</td>
<td>3</td>
<td>38</td>
</tr>
<tr>
<td>S. Tomé</td>
<td>21</td>
<td>6</td>
<td>27</td>
</tr>
</tbody>
</table>

Table 1 – Ten most representative nationalities - OE Data - Dec. 07

|-----------|-------|-----|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|

Table 3 - Foreign population with resident legal status by nationality, gender and age group in Portugal, 2005 (INE)
Chart 1 shows the evolution of foreign nurses in Portugal since 2000. In 2000 there were 653 foreign nurses, in 2004, their number reached its highest peak, with 2402. Since then, there is a trend that indicates a constant decrease. By December 2007 the number of foreign nurses was of 2135.

Considering the dates of registration and respective cancellation in the OE, we can conclude that the average stay of foreign nurses in Portugal is of 2 years and 5 months. Nevertheless, we must take into account that both the OE and its members register have only 9 years of existence. Both the maximum and average values are limited to this time frame.

Looking at the nurses’ workplace, we can see that hospitals are the main employers of foreign nurses, followed by primary care health centers. The number of nurses with non declared activity is also quite significant.

In what concerns the professional title, only 2.5% of foreign nurses possess the title of specialist.

The OE has clear competences in both assuring quality health care to every citizen, as well as to promote favorable conditions to practice. To achieve this, data was collected that may be used as a tool to improve the integration and welcoming of those nurses that benefit us with their presence. We look forward to seeing that the integration of colleagues coming from abroad is done not only without harming the person in need of care but also with gains in what health care quality is concerned, by the miscigenation of different knowledge and experiences.

Health professionals’ migration being one of the subjects that has drawn more attention and taking into due account its importance, OE has decided to look, even though only superficially, to the persons behind the numbers that are annually revealed.

<table>
<thead>
<tr>
<th>Activity Sector</th>
<th>F</th>
<th>M</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>950</td>
<td>322</td>
<td>1272</td>
</tr>
<tr>
<td>Primary care health centers</td>
<td>150</td>
<td>39</td>
<td>189</td>
</tr>
<tr>
<td>Private Health Services</td>
<td>69</td>
<td>15</td>
<td>84</td>
</tr>
<tr>
<td>Liberal exercise</td>
<td>30</td>
<td>22</td>
<td>52</td>
</tr>
<tr>
<td>Retired</td>
<td>9</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Nursing education</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Not declared</td>
<td>419</td>
<td>107</td>
<td>526</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1628</strong></td>
<td><strong>507</strong></td>
<td><strong>2135</strong></td>
</tr>
</tbody>
</table>

Table 5 – Distribution of foreign nurses by activity sector, OE data, Dec. 07

<table>
<thead>
<tr>
<th>Permanence time (*)</th>
<th>Total (Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum length of stay</td>
<td>107</td>
</tr>
<tr>
<td>Minimum length of stay</td>
<td>1</td>
</tr>
<tr>
<td>Average length of stay</td>
<td>29</td>
</tr>
</tbody>
</table>

Table 4 – Permanence time of foreign nurses in Portugal, OE data, Dec. 07

It must be mentioned that this decrease is almost exclusively due to the decrease in the number of Spanish nurses working in Portugal. Comparing the 10 most represented nationalities in 2007, only the Spanish and the German professionals (125 and 1, respectively) decreased in number. The other nationalities either maintain or even increase the numbers.

This trend, if seen in the context of the changes occurred in the Portuguese Health System, may suggest a decrease in its attractiveness to foreign nurses, especially to Spanish ones. Also, the constant and remarkable increase in the number of Portuguese nurses between 2000 and 2007 (from about 37,000 to 53,000) has an influence in employment vacancies, which, of course, hinders the attractiveness of our Health System.
Having this in mind, a survey was launched having foreign nurses working in Portugal as a target. The goal was to become aware of the difficulties and challenges they face in their integration process.

The data collection took place from the 15th of July to the 20th of August 2007, by means of a questionnaire (attached) sent to all foreign nurses members of OE. A paid envelope was also sent, so that the response did not imply any cost to the participant. Answers should be given until the end of August 2007.

The questionnaire was elaborated taking into due account both foreign and national documents related to this subject. Four foreign nurses also contributed to its elaboration, and their doubts and difficulties were taken into account in the outcome of the model.
**Characterization of foreign nurses**

Having looked at the population to which the survey is related, it is now important to look at the sample used.

There were 290 answers but only 276 were considered valid, which represents about 12% of the population. 83% were female professionals, aged between 23 and 73, and with an average of 34 years old.

The majority of the answering nurses completed their education abroad, only 10% did it in Portugal. In these 10%, the migration occurred mostly in childhood, following their parents’ migration.

Among the nurses that graduated abroad, 14% had to complete complementary education in Portugal in order to be able to exercise the profession. The nurses in the sample are mainly generalist, with only about 7% of specialists.

Confronting the answers with the nationality of the answerers, the Spanish prevailed, although in less expressive numbers when considering their importance in the population (see chart 1). At the same time, the Brazilians increased slightly to 12%. It should be mentioned that from the 10 nationalities presented in the precedent chapter, only Sao Tome left the group, being replaced by Holland. Still, we find that the numbers of Table 6 represent well the original population.

Remarkably, 4% of the nurses present themselves as Portuguese without mentioning their former nationality (double nationality).

About 50% of the participants are married and, among these, 52% are married to a Portuguese citizen. Only 12% of these are married to Spanish citizens, which is significant when considering the numeric importance of this nationality in the entire survey.

Although a large part of the respondents (55%) have no children, the majority of the remaining has one or two children. As can be observed in the 2nd graph, more than 7% have 3 or more children.

Complementary to the 4th table (limited by OE lifetime), the 3rd chart allows a broader view on this topic. The vast majority of the inquired nurses (71%) have 5 or more years of permanence in Portugal. From these, 26% report to have 10 or more years of permanence time. Only 4% are in Portugal for less than a year.

In what respects to the reasons behind migration of nurses to Portugal (Chart 4), there was a need to regroup the data in order to redraw measurable results.

Knowing that each nurse could choose more than a reason to justify its migration, we can see that the perspectives of acquisition of professional experience, as well as the personal will to migrate are the main driving forces behind the journey to our country.

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**Table 6 – Percentage and frequency of nurses by nationality**

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>113</td>
<td>40%</td>
</tr>
<tr>
<td>Brazilian</td>
<td>34</td>
<td>12%</td>
</tr>
<tr>
<td>Moldavian</td>
<td>16</td>
<td>6%</td>
</tr>
<tr>
<td>German</td>
<td>15</td>
<td>5%</td>
</tr>
<tr>
<td>Ukrainian</td>
<td>12</td>
<td>5%</td>
</tr>
<tr>
<td>French</td>
<td>11</td>
<td>4%</td>
</tr>
<tr>
<td>British</td>
<td>9</td>
<td>4%</td>
</tr>
<tr>
<td>Guinean</td>
<td>8</td>
<td>3%</td>
</tr>
<tr>
<td>Angolan</td>
<td>7</td>
<td>3%</td>
</tr>
<tr>
<td>Dutch</td>
<td>7</td>
<td>3%</td>
</tr>
<tr>
<td>Portuguese</td>
<td>8</td>
<td>4%</td>
</tr>
</tbody>
</table>

Chart 2 – Percentage of nurses by number of children

- None: 11%
- One: 22%
- Two: 16%
- Three: 10%
- Four: 5%
- Five: 5%
- Six: 5%
- Seven: 4%
- Eight: 4%
- Nine: 4%
- Ten: 1%
- Eleven: 1%
- Twelve: 1%
The less chosen reasons were the improvement of working conditions and career opportunities (salary included), and a better quality of life.

As Sofia Leal said (2005, in Revista Ordem dos Enfermeiros) “the motor forces for the migration of the Spanish nurses consisted on the scarcity of chances for work in Spain, the acquisition of professional experience (gathering points needed to return to Spain) and the will to know another country.”

This survey achieved similar results related to the reasons behind migration reported by the Spanish nurses: professional experience, unemployment in the native country.

In the 5th Chart we can visualize the distribution of the 4 main drivers for migration, for a combination of nationalities. Considering the statistic relevance of the nurses born in Spain in our population and sample, these have been analyzed separately and not included in the group of the European countries, as it would be natural. For the same reasons, considering the prevalence of Brazilian nurses in our population and sample, compared with nurses born in other American countries, we have chosen to include the name of this country on the category, as you will see in the chart.

This chart offers a clear visibility on the drivers for migration reported by the Spanish nurses. They were essentially the nurses’ unemployment in Spain and the need to acquire professional experience to return to their country. Please note that only 2 Spanish nurses have reported the reason of personal desire to migrate (not enclosed in the graph).

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These two main drivers for Spanish nurses lose their pole position in almost all the other nationalities. For the remaining countries of the European Union and for Brazil (and remaining countries of the American continent), the positive feelings about Portugal and the family reunification are assumed as the main driving factors Justifying migration. For the nurses proceeding from Eastern Europe, family reunification is the answer most frequently reported.
Although chart 1 reveals a constant decrease in the number of foreign nurses in Portugal, 86% of the inquired nurses said they were happy with the decision to come to the country. Simultaneously, 77% of the nurses admitted that they visit their home country regularly.

When asked about the intention to return to their country, 38% of the 257 nurses who answered this question gave a positive indication. About 56% of these remarks that they intend to leave Portugal in next the 5 years and 20% consider returning within one year.

The homesickness of family, friends and feelings of belonging and patriotism are the main reasons for returning to their country.

As we can see in the 7th chart, the search for higher salaries and a better quality of life are among the other main reasons encountered by the foreign nurses to leave Portugal.

There is also a considerable group of nurses who do not know or decided not to answer about their will to stay or leave the country, nor when or why they will do it.

On the other hand, there are reasons that hold these nurses in Portugal. Professional stability, a personal desire to stay and positive feelings about Portugal seemed to be the main reasons to keep them among us, as shown in Chart 8.

**Do you intend to return to your home country?**

It is interesting to notice that the two main drivers for migration (the acquisition of professional experience and the unemployment in the home country) are not among the main reasons for staying. Another factor appears that seems to be relevant to our sample – the personal or family stability - confirming the data presented previously on marriage and number of children of these nurses.

**Drivers for returning to their home country**

<table>
<thead>
<tr>
<th>Frequency of answers</th>
<th>Other reasons</th>
<th>Don't know, didn't answer</th>
<th>Insufficient professional recognition or autonomy</th>
<th>Search for professional stability</th>
<th>Better quality of life</th>
<th>Family, friends and patriotic reasons</th>
<th>Higher salaries</th>
<th>Better working conditions/ material resources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40</td>
<td>10</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Chart 5 – Frequency of answers on the reasons behind migration, by continent or native country

Chart 6 – Representation of the stated periods for return to the native country considered by the nurses who intend to return

Chart 7 – Frequency of answers by reasons for returning to their native country
We now know that about 39% of the nurses responding the survey have already requested, or intend to request, the Portuguese nationality. From the nurses who already have children, 72% are planning to request, or have already requested, the Portuguese nationality to their children. It is also important to notice the data on family reunification, showing that 30% of these nurses are planning to bring, or have already brought, their family to Portugal.

Chart 8 – Frequency of answers by reasons for staying in Portugal
NURSES AND THE PROFESSION

Finding the professional stability as the primary motivation for staying in Portugal, it is important to know how these nurses were integrated in the profession and in their services. The integration of a health professional is a fundamental prerequisite to assure quality and safe health care to the citizen, as well as to satisfy the professional itself.

In the data represented in chart 9, we can see that 60% of respondents state having had one month or less of Professional induction. An important remark must be made to the 9% that had no period of integration and the 21% that only had one or two weeks.

![Time of professional induction chart](chart.png)

Chart 9 – Time taken in the Professional induction, for percentage of nurses

Despite the time spent in the integration, 86% found that time enough to fulfill their needs. However, when asked about the hardships in the adaptation to the technical terms of the Portuguese nursing, 35% state having felt difficulties and 11% consider that they are still feeling that way.

Due to this, 47% state having had Portuguese language classes, sponsored in 62% of the cases by either the professional itself or their family and only in 12% of the cases by the employers. Some nurses complain:

“There is no specific programme of technical Portuguese in what nursing is concerned and the general Portuguese classes can’t fulfill our needs.”

Among the professionals that state not having had Portuguese language classes, more than 37% found that this has influenced their practice¹.

In what the general use of the Portuguese language is concerned, 37% of respondents stated having experienced difficulties. It is curious to notice that there were more nurses with difficulties in dealing with day-to-day Portuguese language than with specific nursing technical terms. Among these, 7% state that they still have to deal with their difficulties.

![Time of language training table](table.png)

Table 7- Time of language education

Complementary to table 4 and chart 3, the data collected in this questionnaire allows a broader view of the period that foreign nurses are in Portugal and their experience, both in our country and abroad (chart 8).

![Table 8](table2.png)

Table 8 – Percentage of nurses vs. time of stay and experience in Portugal and abroad.

¹The nurses coming from countries that have the Portuguese language as mother tongue were excluded from this analysis.
The majority of respondents (about 70%) are in Portugal for more than 5 years. Nevertheless, only 53% of these nurses have more than 5 years of professional practice in Portugal.

Of the remaining, 34% had between 1 and 5 years of practice in our country and 13% had less than 1 year.

Chart 8 expresses time gaps between the arrival in our country and the beginning of the nursing practice; these are quite evident when comparing the time of stay in Portugal and the time of professional experience. Please note that 11.6% have until one year of experience in Portugal; nevertheless, only 4.1% of the survey participants are in our country for a year or less. This allows the already mentioned conclusion: foreign nurses do not begin exercising the profession immediately after arriving. Also, nurses with more than 10 years of stay in Portugal are in greater percentage than those who possess 10 years of professional experience in our country.

In what professional experience is concerned, 26.5% of them have more than 5 years, with 15.1% having even more than 10 years of nursing practice abroad. Of the remaining, 24.3% have between 1 and 5 years of experience abroad and 26.8% never practiced outside Portugal.

<table>
<thead>
<tr>
<th>Workplace</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>74</td>
</tr>
<tr>
<td>Hospital</td>
<td>148</td>
</tr>
<tr>
<td>Primary care</td>
<td>79</td>
</tr>
<tr>
<td>Maternity hospital</td>
<td>35</td>
</tr>
<tr>
<td>Infant and child health</td>
<td>26</td>
</tr>
<tr>
<td>Mental health</td>
<td>17</td>
</tr>
<tr>
<td>Nursing Education</td>
<td>25</td>
</tr>
<tr>
<td>Others</td>
<td>39</td>
</tr>
</tbody>
</table>

Table 9 – Workplaces of the nurses in their home country.

In what the workplace is concerned, we have again a prevalence of hospital practice (compare with chart 5), followed by the practice of primary care.

In what professional practice is concerned, about 66% of the nurses found significant differences between Portugal and their country of origin. Such as: different functions, competences, resources/work conditions and autonomy, highly hierarchized inter-professional relationships.

![Perception of differences in nursing practice](image)

Chart 10 – Representation of the perception of substantial differences in nursing practice between Portugal and home country, by nationality.

Mostly, the Spanish are the ones that find more substantial differences in nursing practice between the two countries. The majority of them state that the Portuguese auxiliary staff has little professional qualifications and because of that the Spanish nurses are obliged to perform some tasks that they do not do in their home country.

Besides, they state having more professional autonomy in Spain, performing a broader range of functions and techniques (e.g. arterial gas blood tests, ECG).

The data on professional experience (charts 8 and 9) is important to give credit to the answers about significant differences in nursing practice between countries. In order to ascertain data credibility, professional experience in their home country (chart 9) was compared with the mentioning of those differences.
Among the nurses that found significant differences, 50% have more than a year of professional experience abroad. Half of these have more than 5 years.

It is important to mention that differently from other countries (Spain for example), in Portugal there is only one level of general care nurse. This characteristic may justify some of these data.
DIFFICULTIES AND DISCRIMINATION PERCEPTIONS

When referring to the integration in a new service, especially in a different country, it is important to consider episodes of discrimination that may occur. Hiding that is running away from a problem that is yet (and has) to be solved.

Foreign nurses were asked whether clients/patients have shown some reluctance in receiving health care from a person coming from abroad. The same question was made but referring to health professionals that share the same work place. Results show that 25% of respondents have felt discriminated by patients and 28% by other health professionals.

Data in graph 11 shows the frequency that nurses face episodes of discrimination. The “yes” answer represents the nurses that although having been discriminated, did not mention the frequency in which it happens/happened.

As we can see, the discrimination by work colleagues tends to occur more often than the one by patients (28% vs. 25%) and in a more repeated way (27% state having felt it more than 10 times or frequently – graph 11). This may be explained by the proximity between professionals, which puts them together in a frequent or even daily basis.

On the other hand, the majority of nurses that state having felt discrimination by patients say that its frequency is less than 10 episodes and in 34% of the cases, less than 2.

When asked to describe the episode, the answers focus, mainly, on 4 types of discrimination. The most common is the patient asking to be treated by a Portuguese nurse, resulting in some cases in a total refusal of care delivered by a foreign professional or even in aggressive behavior.

The following episodes were reported:

- “Patient didn’t accept “fast indication” from Spanish”;
- “During traineeship a family refuses to let me in, because I’m black”;
- “Some families turned their back on me when I started to speak. Another patient refused clinical advice from a foreign”;
- “A patient’s father refuse my care to his children, he verbalized “I don’t like Spanish people”.”

The mistrust regarding foreign nurses’ competences appears in third place in the incidence order, after depreciative, racist or xenophobic remarks and even verbal assault such as:

- “Go back to your country”;
- “to make matters worse, she’s Spanish”; or
- “they’re taking the job from a Portuguese”.

The last kind of discrimination felt by the nurses, coming from patients or their families, happens in stressful situations, as well as in moments of crisis or discontentment regarding health services.
In these moments, the revolt is placed upon the foreigners, as it was conveyed in some commentaries:

“When the waiting time is long they think that the foreign nurse is there to ... them”;

“When they are nervous with something they tend to insult”;

“Attempts to mediate conflicts, ends in "and you lady, go back to your land"”

There are some changes regarding the type of discrimination when it comes from members of the healthcare team. There are 3 main types of discrimination felt, and presented in decreasing order of frequency:

- Feelings of racism, xenophobic or discomfort, such as:

  “In the first times it was difficult, because the chief nurse and the colleagues were constantly making jokes with Brazilians, they said that Brazilians were vagabonds and they make fun of us”;

  “A colleague asked if I “earned the same as one of Ours””;

  “All Spanish people! All come to Portugal to steal our salary!”;

  “Hatred, envies and preconceptions against Spanish, demonstrating ignorance and unfamiliarity”;

  “Looks, commentaries, laughs. Mainly gestures and segregation (...) I was unkindly treated, psychologically and even physically, by a colleague”;

  “Mainly the physicians. On a situation, I had only said two words, and the physician asked for a Portuguese speaking nurse. And at that time I already spoke correctly”.

- Mistrust regarding professional aptitude:

  “They always rise doubts and discomfort about my scientific knowledge”;

  “In the beginning they mistrust our professional skills.”;

  “In the first contacts, the colleagues asked me if they could show me how to do some techniques”;

  “You’re a bad professional, till you prove otherwise”.

- Problems with leadership

  “The chief nurse told me she was going to invest more on a Portuguese nurse, than in me”;

  “The chief nurse didn’t accept a Brazilian on the unit. He/She despises my knowledge and humiliates me for having graduated in another country”;

  “I was excluded from a period of training (in ICNP®²)”;

  “The job distribution is unbalanced (heavier) and there is power abuse, (...)”;

  “Racism from the chief nurse against Spanish in promotion situations (for example to chose team leaders or the tutor of students he/she always chose Portuguese nurses)”.

The respondents reported that these episodes happen mostly in the beginning of the Professional practice in the Portuguese services, declining with the passing of time.

Anyway, there were some foreign nurses that made it clear that they received a good welcoming. Here are some of their statements:

  “Some patients were protective towards me. They asked for my services frequently, not accepting the delivery of care from Portuguese nurses”;

  “Despite some problems, the general idea is that patients are keen on Spanish nurses and take us in very good account”;

  “Now I have good colleagues, they are wonderful”;

  “On the contrary, they correct my mistakes and teach me to speak correctly”;

  “The majority of colleagues and patients have always been cooperative and showed great friendship and willingness to help and welcome people. I’m very thankful for that”.

² International Classification for Nursing Practice ®
But the hardships of nurses are not confined to the professional field. One in five nurses have felt difficulties in getting a loan, or a house, leased or bought. However, it seems to be easier to get health care, which can be explained because of the profession of these particular immigrants.

Some examples of difficulties:

“The house price is boosted when the owner hears a foreign voice”; “banks ask for a Portuguese guarantor”; “I still have neither a health system card nor a family physician”. More stressing are statements like: “During my three first months, I was denied health care”, which goes against every legal guide concerning health services to immigrants.

Miguel P. e Padilla B. (2007) state that migrants, when arriving to a new country, face a new environment and lifestyle, This puts them in a situation of vulnerability, exposing them to unknown viruses and other pathogenic agents, or simply, introducing them to a new climate which may affect their immune system”. Nevertheless, only 13% of the migrant nurses state having felt difficulties adapting to the Portuguese climate and food, as shown in graph 13.

Curiously, data collected among nurses does not confirm this idea. Only 2% consume alcohol on a daily basis and 15% have tobacco habits.

Also, there are issues with health problems acquired with the journey to the destination country. The sample shows that 12% of the nurses mention health problems with the trip to Portugal. The majority focuses on respiratory problems, like infections and tuberculosis (1/3 of the episodes). Stress and depression, as well as muscular or bone injuries are the following complaints.

Graph 13 shows that 19% of respondents state suffering from a chronic or serious illness.

The 10th table shows the distribution of the illnesses found, with the presence of comorbility being important to mention.

It is preoccupying that almost one third of foreign nurses (28%) state having experienced some kind of professional accident, 75% of which involved needles or perforating objects. 37% of these were infected. Nevertheless, it must be deemed as an even higher rate, considering that any object in contact with the patient has to be considered as contaminated.
The remaining accidents involved physical effort, with muscular-bone injuries (discal hernia); falls in the service; contact and infection by patients with active tuberculosis. Among other information, the survey estimate that about 7.7% of hospital nurses have at least one occupational accident per year.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>HTA</td>
<td>12</td>
</tr>
<tr>
<td>Anxiety</td>
<td>8</td>
</tr>
<tr>
<td>Oncologic</td>
<td>5</td>
</tr>
<tr>
<td>Respiratory S.</td>
<td>5</td>
</tr>
<tr>
<td>Digestive S.</td>
<td>5</td>
</tr>
<tr>
<td>Depression</td>
<td>4</td>
</tr>
<tr>
<td>Diabetes</td>
<td>3</td>
</tr>
<tr>
<td>Hypercholesterolemia</td>
<td>3</td>
</tr>
<tr>
<td>Sleep problems</td>
<td>3</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>2</td>
</tr>
<tr>
<td>AIDS/Hepatitis/STD's</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>62</strong></td>
</tr>
</tbody>
</table>

Table 10 – Frequencies of positive answers for current serious or chronic disease

<table>
<thead>
<tr>
<th>Risks \ Frequency</th>
<th>Always / Frequently</th>
<th>Some times</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
<td>Frequently</td>
<td>Total</td>
</tr>
<tr>
<td>Physics</td>
<td>38.1</td>
<td>32.3</td>
<td><strong>70.4</strong></td>
</tr>
<tr>
<td>Chemical</td>
<td>22.4</td>
<td>30.1</td>
<td><strong>52.5</strong></td>
</tr>
<tr>
<td>Biologic</td>
<td>33.6</td>
<td>34.1</td>
<td><strong>67.6</strong></td>
</tr>
<tr>
<td>Other risks</td>
<td>31.1</td>
<td>26.6</td>
<td><strong>57.7</strong></td>
</tr>
<tr>
<td>Great pain</td>
<td>19.1</td>
<td>44.1</td>
<td><strong>63.2</strong></td>
</tr>
<tr>
<td>Psychological pressures</td>
<td>25.8</td>
<td>46.8</td>
<td><strong>68.6</strong></td>
</tr>
<tr>
<td>Physical efforts</td>
<td>22.7</td>
<td>42.0</td>
<td><strong>64.7</strong></td>
</tr>
</tbody>
</table>

Table 11 – Frequency of exposure to risks by nurses working in Portugal, in “The Portuguese nurses working conditions” (p. 191 2004)

The high percentage of occupational accidents found in this survey confirms Miguel P. e Padilla B. statement concerning higher rates of this type of accidents on the migrant workers. Not devaluing the importance of this information, there is the fear that these accidents are not restricted to the foreign population.

The study ordered to the Portuguese Catholic University by Ordem dos Enfermeiros (2004) on “The Portuguese nurses working conditions” revealed that 62.1% of the inquired nurses considered their workplace little or not at all adequate in what concerns security. The 11th chart represents the frequencies of exposure to risks faced by nurses working in Portugal.

Data reveal that at least half of the nurses considered being always or frequently exposed to whatever risk considered.

In the same context, the Union of the Portuguese Nurses (SEP) have released in 2005 a sociographic survey with national scope, entitled “Portuguese nurses work resources and conditions”.

The accidents with needles and other sharp instruments totalize 61% of these cases. The muscular effort and the falls were the following accidents.

The study also disclosed the occurrence of occupational accidents in the primary care health centers, where the predominance of needlestick injuries also occupies the first place, followed by falls in service.

The hard context of work faced by the nursing profession is a topic for national and international concern. The International Council of Nurses, aware of that, released a position statement regarding Positive Practice Environments, that must be read by those interested in this issue. Even the survey carried through by the Portuguese Catholic University for the OE, as well as the SEP survey, contains deeper analyses that should not be forgotten.
On the final page of the questionnaire, a space was left blank, only with an invitation for the nurses to write their concerns or simply to add information they thought interesting and had not been asked before. The nurses responded quite well to this space, revealing the need felt to publicly express their worries and concerns.

One of the concerns refers to a very specific issue – cars with Spanish plates and the fines their owners constantly have to pay in Portugal (we should mention the Portuguese Government announcement on this issue – in the Portugal/Spain summit of 19/1/2008 -, which is deemed to solve this somehow unfair situation).

Nevertheless, what most worries foreign colleagues are academic-related issues. The recognition of foreign academic titles and the need to progress their education in Portugal, resulted in comments like:

“I’ve made some efforts in trying to recognize my Spanish academic title in Portugal, without any success.”;

“I would like to graduate in Portugal but my title is not compatible here and the administrative procedures that I must submit are too complicated, impossible or too expensive.”;

“I can’t develop my studies in Lisbon, according to the Health Ministry there is no institution that does the procedure of academic equivalences... I hope this can be solved with the Bologna Treaty.”;

“In Germany I’m a nurse, there are no academic differences. Now I come here and I’m trying to discover what am I, academically speaking.”.

Concerns related to labor issues were also taken into account: low salary, high cost of life, difficulties in finding job and the consequent unemployment...

The hardship in the finding of a place to practice the profession also gives rise to specific discriminatory and even rage behaviors. The confusion between the OE and the unions’ activity was also expressed in the survey, showing differences in professional regulation comparing to the home countries. Some more comments:

“We can’t compare the salary earned here with the German, but the expenses are the same. If the nursing salary was better, colleagues wouldn’t feel the need to have another job and maybe have some more time to their work at the hospital.”;

“I’m here for two years now and I still face difficulties in finding a job, I don’t know if that is due to excessive offering of nurses or because of some discrimination.”;

“I’ve had some negative answers when I try to get a job, I don’t know if this is because of my age or color...!”;

“They are not contracting Spanish nurses in public hospitals. Aren’t we good anymore???”;

To finalize, we transcribe the letter of a colleague which, by the showing of his feeling, may express the hardships that foreign nurses have to face:

“There is almost no help between colleagues, which is something that I’m not familiar with in Germany. I had my exam in 1974, I specialized in anesthetics and intensive care but my work was neither accepted nor respected. In Germany I worked since 1971 without any interruption and
mainly in emergencies, anesthetics and intensive care, here I get the feeling that I’m always beginning from scratch, side by side with younger colleagues, who just came out of the graduation. All my experience is meaningless, has no value at all. They don’t let me work with some specific patients because I don’t know the Portuguese context, but until now no one was able to explain me the meaning of that. Are Portuguese patients that different??? I don’t know. At work I’m not happy because I can’t work has I’ve learned. But I think the problem is not circumscribed to the hospital were I’m working, it’s a general system problem, I’ve felt difficulties since the beginning. OE rose many difficulties, it all took 13 months, without many informations or possibilities to talk with someone responsible. My diplomas were sent to the health ministry in Berlin to be certified, neither me nor them understood why. In my opinion it’s about lack of trust in the education done out of Portugal, and Germany is a member of the UE. But that lack of trust also follows me in the profession. I can’t understand why I have to be a member of OE, it’s an obligation that I don’t find necessary. In Germany we have OE and unions but none mandatory. If a Portuguese nurse with German language knowledge wants to work in Germany, he is immediately accepted without great difficulties and procedures of more than a year.”


**CONCLUSIONS**

Human resources in what health is concerned are of particular importance to society. For this reason, professional migration trends have been the subject of many studies, aiming to collect information and different experiences on the issue.

The majority of the surveys have focused on the impact of the presence or absence of these professionals in one particular national health system, and on attraction and keeping of these professionals. Differently, this study focused on the socioeconomic and professional situation of foreign nurses working in Portugal.

It is interesting to notice that data concerning to foreign nurses does not comply with data related with the whole immigrant population. Examples of that are: average age (lower in nurses); gender proportions (predominantly female nurses); the adaptation to both climate and food (not problematic) and the alcoholic habits (with little significance in the sample).

Nevertheless, the integration of these professionals in society is not exempted of difficulties, some of them serious and needing some real reflection. The discrimination feelings in what concerns housing, credit and health care access must be dealt with. The same is to say about professional integration and the relationship with colleagues and patients, which was sometimes problematic.

Although facing some problems, data confirms nurses’ satisfaction with the choice of our country as a place to work. We cannot underestimat e the indicators related to the family constitution in Portugal and sometimes with Portuguese partners.

Yet, there is a considerable decrease in the number of nurses that annually come to our country, which shows a decrease of its attractiveness. This is easily explained by the difficulties faced to find a job in the nursing area in Portugal.

Data allows the following conclusions:

- It seems that our health system is less attractive than before, especially to our Spanish colleagues;
- Foreign nurses feel many difficulties in the recognition of their academic qualifications and do not easily get to know who can proceed to that recognition;
- They feel discriminated by both colleagues and patients;
- They face difficulties when searching for housing, banking credit and health care;
- The ones that speak a foreign language have difficulties adapting to Portuguese technical terms and find it hard to get education in this matter;
- They find many differences between their home country nursing practice and the Portuguese practice. Yet, they face short or no periods of professional integration;
- Nursing practice still consists in a risky activity, presenting a considerable amount of professional accidents, especially with needles or other perforating objects.

This survey arises the need to further deepen the data analysis and, by doing that, to get profit from the information obtained.

In what concerns the limitations of this study, it has to be mentioned that it was not possible to describe the education paths of nurses, although it was asked in the questionnaire. This impossibility arose from the divergence in years of studies, even among nurses of the same nationality, which made it hard to work and organize the data in a coherent way.

In what migration of health professionals is concerned, much has been written. Nevertheless, the opportunity given to professionals to express their difficulties has generated information profits which are of crucial importance to the OE in its decision process.
It is also important to address those who asked questions in the responses sent to OE. As the questionnaires were anonymous, there is a practical impossibility of responding directly to those persons.

OE wishes to thank all the nurses and other participants in this survey. A special thank to Francisco Gentil Nursing School (nowadays part of the Lisbon Nursing School), in the person of Nurse Augusta Grou Moita, who contributed very much to the validity of this questionnaire.
REFERENCES


MIGUEL, J. P.; PADILLA, B.; *Health and Migration in the EU – Building a shared vision for action – Background Paper* Direcção Geral de Saúde, 2007,


WWW.INE.PT
Annex
QUESTIONNAIRE

Dear Nurse,

We would appreciate your cooperation in the filling out of the following questionnaire. The data collected will be made public by the usual means of OE. The questionnaire is anonymous and data will be treated with confidentiality and respect.

1-  
Age _______ Sex _______ Nationality _______
Residence district _______________ Nr. of children (if applicable) ____  
Marital status _______ Nationality of husband/wife (if applicable) __________

2 – Time of stay in Portugal:

□ ≤ 2 months □ ≤ 6 months □ ≤ 1 year □ ≤ 5 years □ ≤ 10 years □ > 10 years

3 – Professional experience outside of Portugal:

□ None □ ≤ 2 months □ ≤ 6 months □ ≤ 1 year □ ≤ 5 years □ ≤ 10 years □ > 10 years

4 – Services where you have worked outside of Portugal (you may choose more than one option – if you were in more than one service for each area, please insert the respective number):

□ None □ Hospital □ Primary area □ Maternity hospital □ Child health
□ Mental health □ Nursing teaching □ Other, specify ____________

5 – Professional experience in Portugal:

□ ≤ 2 months □ ≤ 6 months □ ≤ 1 year □ ≤ 5 years □ ≤ 10 years □ > 10 years

6 – Services where you have worked in Portugal (Including the one you are right now. You may choose more than one option – if that is the case, please insert the number of services where you have been in the corresponding option):

□ None □ Hospital □ Primary care □ Maternity hospital □ Child health
□ Mental health □ Nursing teaching □ Other, specify ____________

7 – Current working place ________________________________________

8 – Country where you graduated in nursing ________________________
9 – If possible, give us an overview of your academic path (please cross the fields that are not applicable):

Primary education (first cycle) __ years.
Basic and preparatory education (2nd and 3rd cycle) __ anos
Secondary education __ years
Technological/Professional education (does not confer an academic title) __ years
University education __ years

9.1 – In what did you do the basic nursing practice? _______________________

10 – Professional title possessed nowadays:

□ Nurse  □ Specialist nurse

11 – Did you have to do any further education in order to be allowed to exercise the profession in Portugal?

□ Yes □ No

11.1 If yes, where? ___________________________________________

12 – Country where you had your specialized education (if applicable) _________________________,

12.1 - In which area? _____________________________________________________

13 – Migration motivation: (you may choose more than one option)

□ Better salary/work conditions/career opportunities,
□ Acquisition of professional experience,
□ Family reunification or following a relative to Portugal,
□ Unemployment in the home country,
□ Better life quality,
□ Personal desire to migrate,
□ Enjoy Portugal,
□ Other reasons (please specify)

_____________________________________________________________________________

_____________________________________________________________________________

14 – Facing the reality, are you happy with the decision to come to Portugal?

□ Yes □ No
15 – Permanence factors in Portugal (you may choose more than one option):

- Better salary/work conditions/career opportunities,
- Professional stability,
- Unemployment in the home country,
- Acquisition of professional experience,
- To stay with family that lives in Portugal
- Better life quality,
- Personal desire to migrate,
- Enjoy Portugal,
- Other reasons (please specify)

In your current place of work:

16 – Do you have enough induction time in your current service? □ Yes □ No

16.1 – How long takes that period?

- I didn’t have any □ ≤ 1 week □ ≤ 2 weeks □ ≤ 1 month □ ≤ 3 months □ > 3 months

17 – Did you find any significant differences in the nursing practice in Portugal, comparing to your home country? □ Yes □ No

17.1 If yes, please specify:

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

18 – Did you have difficulties adapting to the technical and scientific terms of the Portuguese language? □ Yes □ No

18.1 If yes, do you still feel difficulties? □ Yes □ No

19 – Did you go through training in the Portuguese Language? □ Yes □ No

19.1 – If you did, how long did it last?

- I didn’t have □ ≤ 1 week □ ≤ 2 weeks □ ≤ 1 month □ ≤ 3 months □ > 3 months

19.2 – Who financed this training in Portuguese?

- Not aplicable □ Myself/family □ Friend □ Employer
- Other, specify____________________________________________________
20 – If you did not have any training in the Portuguese language, did you feel that it affected your professional practice, namely in communicating? □ Yes □ No

21 – Did the clients/patients shown any reluctance / discomfort in receiving health care from you, because you are migrant?

□ No □ ≤ 2 times □ ≤ 10 times □ > 10 times □ Frequently

21.1 If yes, please describe us a situation:

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

22 – Did your colleagues or other professionals shown any reluctance / discomfort in working with you, because you are migrant?

□ No □ ≤ 2 times □ ≤ 10 times □ > 10 times □ Frequently

22.1 If yes, please describe us a situation:

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

In the society

23 – Did you feel difficulties adapting to the day-to-day Portuguese language? □ Yes □ No

23.1 If yes, do you still feel difficulties? □ Yes □ No

24 – Did you feel difficulties renting or buying a house because you are a migrant? □ Yes □ No

24.1 If yes, specify:

_____________________________________________________________________________________________________ 
_____________________________________________________________________________________________________

25 – Did you feel difficulties accessing health care, because you are a migrant? □ Yes □ No

25.1 If yes, please specify:

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

32
26 – Did you have difficulties taking a loan, because you are a migrant? □ Yes □ No

26.1 If yes, please specify:____________________________________________________________________________________
____________________________________________________________________________________

27 – Do you visit your home country regularly? □ Yes □ No

28 – Do you intend to go back, definitively, to your home country?

□ No □ within 1 month □ within 3 months □ within 1 year □ ≤ 5 years □ > 5 years

28.1 If you intend to leave, definitively, please tell us your reasons:
____________________________________________________________________________________
____________________________________________________________________________________

29 – Did you already request the Portuguese nationality legal status or do you intend to do it? □ Yes □ No

30 – If you have children, did you already request the Portuguese nationality legal status for them or do you intend to do it? □ Yes □ No

31 – If you are requesting it, or already did it, for you or for your children, are you feeling, or did you feel, difficulties?

□ Yes □ No

31.1 If yes, please specify:____________________________________________________________________________________
____________________________________________________________________________________

32 – Do you have family you wish to bring to Portugal, or that you already brought? □ Yes □ No

Regarding your health

33 – Did you have difficulties adapting to the Portuguese climate? □ Yes □ No

34 - Did you have difficulties adapting to the Portuguese food? □ Yes □ No
35 – Did you have any health problem, serious or not, related to the journey or the permanence in Portugal?  
□ Yes □ No  
35.1 If yes, please specify: 
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

36 – Do you, currently, have any chronic or serious disease you are aware of?  □ Yes □ No  
36.1 If yes, please tell us which: (you may choose more than one option)  
□ Diabetes □ Hypertension □ Oncologic disease □ Cardiovascular disease  
□ Gastric or digestive system disease □ AIDS/Hepatitis/STD’s  
□ Depression □ Sleep problems □ Anxiety □ other (specify): ________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

37 – Did you have any occupational accident?  □ Yes □ No  
37.1 If yes, please describe us a situation: ________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

38 – Do you usually have alcoholic drinks?  □ Yes □ No  

39 – Do you have smoking habits?  □ Yes □ No  

Thank you for your collaboration.

If there is something you wish to say, and which has not been asked in these pages, please use the blank space to do so.