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Original research article

Working environment and its impact on the health of immigrants

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ABSTRACT

According to Wilkinson and Marmot, the type of work and working conditions significantly affect health. Good working opportunities enable immigrants to integrate themselves into society. The goal of the research investigation carried out within the project COST (Cooperation on Scientific and Technical Research, Reg. No. 10031, entitled “Health and Social Situation of Immigrants and Asylum Seekers”) was to map the working conditions of the target group of Vietnamese, Mongolian and Ukrainian immigrants ($N = 236$) and compare their working conditions with the working environment of the Czech population. Another goal of the study was to evaluate the effect of working environment on the health of immigrants. The results, involving the majority of the population, were drawn from a study of the European Survey on Health in the Czech Republic EHIS 2008 (European Health Interview Survey). The study was published by the Institution of Health Studies and Statistics of the Czech Republic (ÚZIS) in 2011. The questionnaire styled survey was conducted in 2011. From the results, it is evident that the target group of immigrants is exposed to unfavourable working circumstances more than the Czech population. The biggest differences were observed in the sphere of “sexual harassment or other psychological pressure” and “discrimination”. A higher incidence of unfavourable working circumstances significantly increased the number of illnesses caused by the employment. Immigrants were exposed to a number of unfavourable working conditions that increased the risk of work-related injuries. Although the Czech legislation requires employers to provide each employee the training on safety rules when starting a job, the study results point to insufficient training of immigrants in the sphere of health protection.

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Introduction

According to Wilkinson and Marmot [1], the fact whether a person has or does not have a job, significantly affects their health. Landsbergis et al. [2] reported that the feeling of uncertainty about employment is not only much more common in immigrants and ethnic minorities, but also in workers with a lower socio-economic position. Specific factors which involve the relationship between health and the job of immigrants are their nationality (ethnicity), language skills or the advancement of their social network.

The vast majority of immigrants come to the Czech Republic to obtain a new job. Labour market segmentation significantly affects the employment opportunities of foreigners and their subsequent integration into the society. "The meaning segmentation identifies social processes in the context of the labour market. They lead to mutual separation of certain labour groups or sectors of the labour market and in distinguishing different socially determined opportunities of individuals and groups" [3, p. 20]. Pořízková [4] divides the labour market into primary and secondary markets. The primary labour market includes those from the point of view of quality working possibilities, also referred to as "good jobs". Secondary labour market represents poorer working possibilities. These are so-called "bad jobs" or "precarious jobs". Precarization, "casualization" of jobs, is the replacement of full-time jobs by temporary employment relationships or business relationships. These jobs are uncertain, they usually provide less security and stability, lower wages and almost no employee benefits [5]. All these unfavourable circumstances especially negatively affect the mental health of the employees [6].

Several research studies point to a link between a fixed-term contracts for a job and higher incidences of fatigue [7], depression [8], worse subjective health perception [9], stomach pain [10], back pain [7] and higher overall morbidity and mortality of cardiovascular diseases or cancer [11,12]. At the same time, the employees with the fixed-term contracts have lower morbidity [6] for a higher risk of accidents at work [12,13]. According to Benavides et al. [14], the risk of accidents at work for people employed on fixed-term contracts increases with age. The causes are a cumulative effect of a higher workload, reduced ability of older workers to adapt themselves to a changing work environment and higher labour standards associated with a short-term employment position. According to Benach et al. [15], people employed on fixed-term contracts feel great uncertainty at work and they have the same level of stress as the unemployed. It is a vicious circle. Jobs in a secondary labour market are linked to unfavourable working conditions, which impact the health state of workers, and the deterioration of their health results in a smaller chance to succeed in the primary labour market. Ferrie et al. [16] and Clarke et al. [17] state in their studies, that temporary work may be beneficial for the workers in terms of health in a case which allows them to manage their working time. It represents the first step towards permanent employment, or its termination involves a persistent lump-sum payment (pension, annuity).

With the increase of migration and development of international employment, the so-called tertiary sector of

jobs has developed [18]. The tertiary sector represents jobs which are rejected by domestic workers due to low benefits. Immigrants, mainly from the so-called "third world countries", represent a cheap and flexible labour force for these physically demanding jobs. According to Jelínková [19] and Jánková [20], tertiary labour markets offer immigrants so-called 3D jobs; jobs that are dirty, dangerous and demanding. According to Jelínková [19], there are jobs in agriculture, forestry and building industry. Immigrants often work at night and in production facilities, where they are extremely isolated from the mainstream society. They are stressed to the limits of their physical and mental abilities. According to Marfleet and Blustein [21], "locking" of foreign workers in the tertiary labour market may add up with forced labour and can lead to de facto illegal abuse and exploitation of immigrants by their employers.

According to Pořízková [4], immigrants from less developed countries work in the Czech Republic mainly in the secondary and tertiary labour market. Fischbacher et al. [22] report, that the immigrants themselves tend to look for work where they have lesser opportunities to use their professional skills. So, they work in places which require no or low education, which subsequently also corresponds to the value of the work force for the companies and character of working conditions.

Access to the labour market via intermediaries, the risk of clientelism

The situation surrounding the job and life of immigrants in the Czech Republic (hence EU) also carries many different problems. The most pressing problem regarding the entry of immigrants into the labour market is the so-called "clientelism". According to Černík [23], Leontiyeva [24] or Nekorjak [25], it is an unfair method of receiving immigrant workers into the Czech Republic, which in some cases results in exploitation, as well as trafficking people. Immigrants, particularly from the third world countries (e.g. Ukraine, Vietnam, Mongolia), but also from EU countries (e.g. Romania), are recruited to work in the Czech Republic via a broker or employment agencies that promise them great financial rewards. In the host country they keep the immigrants in an information vacuum and prevent them from having contact with other majorities. These agencies act in an unfair manner. They use immigrants' misinformation and naive ideas on getting rich quickly in Europe. Often still in the country of their origin the immigrants-to-be are promised a salary without being warned about its relatively low level and the accompanying necessary expenses on accommodation, meals, and, in some cases, also health insurance. Before their arrival immigrants will pay tens of thousands of crowns to such intermediary agencies for residence permission and for finding a job. These immigrants often get caught in a "trap" of the client system. In the case when their employment agency does not provide all statutory requirements (e.g. health and social insurance, extension of the stay, etc.), they find themselves in a position of unduly economically active immigrants [26].

The main focus of the research COST was based on the assumption of the mutual determination of the health state of immigrants and their social situation. In accordance with the

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