



Original Research

Consequences of international migration: A qualitative study on stress among Polish migrant workers in Scotland

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KEYWORDS

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Summary Objectives: This article aims to gain a greater understanding of the personal experiences of Polish migrant workers who work in manual and low-skilled jobs in Scotland, and to explore the experiences of stress and its impact on physical and psychological health and well-being.

Study design: Qualitative in-depth interviews and subsequent focus groups.

Methods: Eight in-depth interviews and two focus groups were conducted in Spring 2007. Data were analysed thematically using Nvivo computer software.

Results: The following stress factors were identified: difficulties with communication, unfamiliarity with the new environment and culture, work-related stress, practical stress, and social stress. Several respondents gave accounts of decreased health, particularly psychological and psychosomatic distress, and attributed this to the variety of stressors and demands on their physical, sociocultural and psychological adaptation abilities.

Conclusions: Cross-border migration is a time of transition and demands adjustment by the individual migrant as well as the country of settlement. Due to high acculturative demands and increased vulnerability, migrant workers need to be recognized as a specific target group for health promotion and health services.

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Introduction

As a consequence of globalization, work-induced mobility and economic migration have increased

over the last decades and become common phenomena. When 10 countries from Central and Eastern Europe, Cyprus and Malta joined the European Union (EU) on 1 May 2004, the 15 'old

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EU Member States', i.e. those which had been EU members before 1 May 2004, had the right to regulate access for Central and Eastern Europeans to their labour markets. The reasoning behind the UK Government's decision not to restrict access was to manage migration with the hope of filling vacancies in skilled and low-wage occupations.¹ Since then, migration from A8 countries (Poland, Estonia, Latvia, Lithuania, Czech Republic, Hungary, Slovakia and Slovenia) to the UK has been rising rapidly, with a total of 630,000 A8 applicants having registered with the Workers Registration Scheme (WRS) by March 2007.² It is estimated that 60,000 A8 migrants live in Scotland alone.² According to WRS data, 82% of migrants are between 18 and 34 years of age. The male:female ratio is 57:43. 65% percent of all A8 migrants are Poles. Although many are highly qualified, most work as manual or 'low-skilled' workers in hospitality, catering or a sector labelled 'administration, business and management services' which includes temporary employment agencies.²

This study on migration can be embedded in the following three areas of research: (i) the theory on stress, coping and adjustment by Lazarus³; (ii) Berry *et al*'s theory on acculturative stress and adaptation⁴; and (iii) the theory on life events and illness by Holmes and Rahe.⁵ According to these theories, international migration can be classified as a life event and a source of stress requiring adjustment.^{5–7} Berry *et al*⁴ use the term 'adaptation' to describe the level to which a migrant manages to cope with the foreign culture. Hull⁸ points out that the various demands which are placed on migrants can result in overburdening of the 'psychosomatic adjustment capacity'. This can bring about emotional distress, diminished well-being and illness. Several studies support this theory by showing that people in a state of physical and cultural transition are at higher risk of illness.^{8–10} To date, there is limited evidence about the adjustment difficulties and consequences of migration among Central and Eastern European migrant workers in the UK. Previous findings on stress among A8 migrants in the UK have been rare, have been limited to certain regions or derive from practical experiences rather than from scientific research.

This study contributes to our knowledge and understanding of the health impact of international economic migration by conducting interviews and focus groups on acculturative stress, coping and health. It adds to other research on A8 migrants in the UK,^{11,12} but is unique as it focuses on Polish migrants in Edinburgh; a subpopulation that has not been studied previously. Systematic

research on the situation of this group of immigrants in one of Scotland's biggest cities is needed in order to identify relevant issues to improve research, policy and service provision.

Methods

In Spring 2007, the author conducted eight qualitative interviews and two focus groups with Polish migrants working in manual and low-skilled jobs in Edinburgh. Interviews and discussion groups focused on the acculturation process with an emphasis on stress, difficulties, coping and the health impact of migration. Interviews lasted for 50–90 mins and focus groups lasted for 90–105 mins. All interviews and focus groups were digitally recorded and transcribed verbatim. The data were coded, analysed thematically and categorized using Nvivo computer software. Categorization helped to identify core issues and to capture and classify the variety of topics mentioned.

A convenience sample was recruited through gate keepers, advertisements, flyers and snowball sampling among the Polish community in Edinburgh. Supplementary sources of information were interviews with professionals involved with Polish migrants and fieldwork observations of 'Polish places' including Polish community centres, shops and churches. As migrants have been identified as a vulnerable research target,¹³ particular attention was paid to careful recruitment and close monitoring of the research process. Ethical guidelines of the University of Edinburgh Public Health Sciences were followed. By translating the information sheet and the consent form into Polish, it ensured that all research participants understood the objectives of the research, gave voluntary informed consent and were aware that they could withdraw from the study at any point in time. Both parental and personal consent were obtained for the 17-year-old focus group participant. Participants were encouraged to ask questions and offered a summary of the research results. All names were changed before analysis and are thus fictitious, only reflecting the gender of the participant. In order to distinguish between focus group participants and interviewees, 'FG' or 'I', respectively, are attached to the name.

Participants who spoke very little or no English were offered an interview conducted in Polish. A Polish student of the University of Edinburgh served as an interpreter. Three interviewees accepted full interpretation, and for one interview, the interpreter was present when the need for interpretation arose. During the interviews,

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