



Discrimination, work and health in immigrant populations in Spain[☆]

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ABSTRACT

One of the most important social phenomena in the global context is the flow of immigration from developing countries, motivated by economic and employment related issues. Discrimination can be approached as a health risk factor within the immigrant population's working environment, especially for those immigrants at greater risk from social exclusion and marginalisation. The aim of this study is to research perceptions of discrimination and the specific relationship between discrimination in the workplace and health among Spain's immigrant population. A qualitative study was performed by means of 84 interviews and 12 focus groups held with immigrant workers in five cities in Spain receiving a large influx of immigrants (Madrid, Barcelona, Valencia, Alicante and Huelva), covering representative immigrant communities in Spain (Romanians, Moroccans, Ecuadorians, Colombians and Sub-Saharan Africans). Discourse narrative content analysis was performed using pre-established categories and gradually incorporating other emerging categories from the immigrant interviewees themselves. The participants reported instances of discrimination in their community and working life, characterised by experiences of racism, mistreatment and precarious working conditions in comparison to the Spanish-born population. They also talked about limitations in terms of accessible occupations (mainly construction, the hotel and restaurant trade, domestic service and agriculture), and described major difficulties accessing other types of work (for example public administration). They also identified political and legal structural barriers related with social institutions. Experiences of discrimination can affect their mental health and are decisive factors regarding access to healthcare services. Our results suggest the need to adopt integration policies in both the countries of origin and the host country, to acknowledge labour and social rights, and to conduct further research into individual and social factors that affect the health of the immigrant populations.

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Introduction

In recent years, Spain has become immersed in a process of social and cultural integration as a consequence of increasing immigration from other countries. The ultimate goal of these immigrants is to enter the labour market and to improve their standard of living and family situation. The vast majority of these immigrant populations come from Latin America, East Europe and Africa (Arango, 2004). The Spanish labour market is characterised by new social relationships, and the position of workers is strongly influenced by the individual's social status and nationality (European Foundation for the Improvement of Living and Working Conditions, 2007). This situation can be unfavourable for

immigrants, who are particularly vulnerable, and can give rise to instances of discrimination experienced by individuals or groups.

Discrimination has been defined as a process through which one or several members of a socially defined group are treated differently (from a pejorative point of view) on the grounds of belonging to that group (Krieger, 2001). It is a complex phenomenon that can be experienced by both the immigrant and local population of the host country, since it is linked to different factors such as socio-economic position, gender, ethnic background and nationality (Krieger, Waterman, Hartman, et al., 2006). However, immigrants – especially those who emigrated under more precarious circumstances tend to have less well-regarded jobs and work under more unfavourable conditions – can be particularly vulnerable to this phenomenon (Mckay, Crac, & Chopra, 2006). In this way, work can be considered both a risk environment for the appearance of discriminatory attitudes or actions and an easily influenced context if the society is more discriminatory towards certain social groups (Mckay et al., 2006; Pavalko, Mossakowski, & Hamilton, 2003). The characteristics of the migratory process, the socioeconomic status of the immigrant upon his or her arrival in the host country and position (level of power or decision-making capacity) occupied in the working context could influence this problem (Gee, Ryan, Laflamme, & Holt, 2006).

Discrimination has a negative effect on people's health (Health and Discrimination Project, 2006). The World Health Organization's Commission on Social Determinants of Health (CSDH) (2007) deems discrimination as a determinant of an individual's state of health, which is in turn linked with social structure and hierarchy, socioeconomic class, gender and ethnic group. In the same way, the measurement of discrimination as a risk factor is complex and methods to do so are currently under development. Up until now, the main methodological approach taken has been the perception of discrimination among the affected population, combining quantitative and qualitative approaches (Krieger, 2001; Paradies, 2006). The reporting of these perceptions has led to the conclusion that discrimination on the grounds of belonging to a specific ethnic group, for example, can be associated with poor mental health (Gee et al., 2006; Liang, Li, & Kim, 2004; Noh, Kaspar, & Wickrama, 2007), a high risk of suffering from cardiovascular illnesses (Wyatt et al., 2003) or alterations in blood pressure (Brondolo, Rieppi, Nelly, & Gerin, 2003). In the workplace, research conducted in the United States warns about the possible link between belonging to a vulnerable ethnic group with a low socioeconomic level and a higher perception of discrimination experiences (Krieger et al., 2006).

The main sources of discrimination have been identified as individuals or groups that promote attitudes of discrimination or participate in discriminatory actions. However, the research itself highlights in its conclusions the importance of considering other sources of perpetration such as social organisations, institutions, laws, politics or practices (Health and Discrimination Project, 2006). In the case of discrimination on the grounds of belonging to a specific ethnic group, so-called *systematic racism* would be a structural risk factor, found at the root of policies and practices that are approached without considering the need to respect the fundamental rights of all ethnic groups, not just those that make up the majority of the society in question. It would also be manifested in the operational mechanisms in place within political, social and economic institutions themselves (Gee, 2002).

The study of health inequalities between the immigrant and native population must not ignore the possible effect of individual or systematic discrimination on the state of health of groups in a more underprivileged socioeconomic position who are at risk of being discriminated against on the grounds of their ethnic background or nationality. Furthermore, when tackling discrimination

in the working environment as a context in which the majority of economic and social relations take place, important information can be gleaned about the health of populations exposed to the highest number of factors. Although large-scale research involving discrimination as a determinant has been conducted, a knowledge gap continues to exist as regards the specific situations relative to discrimination which may affect immigrants' working conditions and health (among those immigrants resident in host countries for economic and working purposes). In addition, studies looking at immigrants on a nation-wide level are scant, especially in Spain.

This paper presents one aspect of the findings of a larger, ongoing, three-phase multi-method study involving researchers in five Spanish cities (the ITSAL Project, in its Spanish acronym). The most representative groups of the immigrant population in Spain are included in the project. The main objective of the research is to study the working conditions and characteristics of precarious employment among immigrant workers and the relation of these to health. Research comprised analyses of available occupational injury data on foreign workers, qualitative interviews and focus groups with immigrant workers and the application of a questionnaire developed using the information obtained in the previous phases of study. This paper aims to discover perceptions of discrimination and the specific relationship between this phenomenon and the working and health conditions of Spain's immigrant population.

Methods

Design and setting

A qualitative, descriptive and exploratory study was conducted using the interview and focus group as its data collection techniques. The geographical areas studied were five Spanish cities receiving a large influx of immigrants: Madrid, Barcelona, Valencia, Huelva, and Alicante. A qualitative design was used in such a way as to enable an exploration of the main perceptions of immigrants, and the determinants related to working conditions, health impact, and discrimination.

Participants

This study used a criterion sampling, and was guided by a framework for the selection of participants according to established criteria. The study population was defined as the foreign population, men and women who were not born in Spain, the European Union (EU-15), the European Economic Area or the Swiss Confederation, and who are residing in Spain either permanently or for an extended period of time, or who have been working in the country. At the time of study, Romania had not yet incorporated fully to the EU and so legal rights of Romanian migrants are not automatically acknowledged.

The immigrant population selected for the study is the most representative in Spain (according to statistics released by the Spanish Home Office and other public and private institutions), coming from Colombia, Romania, Morocco and Ecuador. Several challenges encountered in the field were important to participant selection. Because of the mostly seasonal agricultural work in which immigrants in Huelva are involved, the sample design was expanded to various Sub-Saharan African countries (Burkina Faso, Senegal, Nigeria, Ghana, Zimbabwe, Mali, Mauritania, Equatorial Guinea and Guinea Bissau). The final sample was 158 people, defined by saturation of the information, when the non-contribution of new data relating to the study aims was observed.

Data collection techniques

The data collection period ran from September 2006 to May 2007. Researchers contacted immigrant workers through the following channels: organisations working with immigrants, posters, and direct recruitment by researchers in local stores, pay phone centres, markets, neighbourhoods and the snowball method. Participants were selected from Morocco in Barcelona, from Romania in Madrid, Colombia in Alicante, Sub-Saharan Africa in Huelva, and Ecuador in Valencia. Initially, 131 subjects were recruited; later, 27 subjects were recruited through snowballing methods.

Eight-four interviews (INT) were conducted and 12 focus groups (FG) were held. In the FG, 74 immigrants participated. Participation in FG and INT was determined according to population recruiting facilities in each city. INT were used in Huelva and Barcelona, FG in Valencia and finally, in Alicante and Madrid both INT and FG were employed.

A semi-structured interview schedule was used with one common section and one specific section, depending on the group of informants and the technique used. The interview explored migratory and working experience and health. The topics were informed by research of scientific and grey literature, the research aims, and on a preliminary study with key informants in each study site (García et al., in press). Focus groups and Interviews were carried out by the researchers in each city, following establishment of consensus among the research team. The issues explored are shown in Table 1. In addition, sociodemographic information was gathered by means of a form that contained aspects such as age, sex, nationality, length of time residing in Spain, legal status (having or not a work and/or residence permission), level of education and current occupation or job.

The interviews, which lasted an average of 45 min, and the focus groups, lasting on average 60 min, were audio-recorded and the information was textually transcribed. Lack of fluency in Spanish was originally a cause for exclusion from the study. However, this criterion limited inclusion in the study of clandestine workers who had recently arrived in Spain, and consequently it was decided to use interpreters in order to facilitate the inclusion of 8 individuals from Morocco and 29 from Sub-Saharan Africa. The fieldwork was further complemented with observation notes. Confidentiality and

anonymity were guaranteed, the research purpose was explained both orally and in writing, and the participants' consent was obtained. Participation in the study was voluntary and subjects received a modest economic stipend for their participation in all the cities except Alicante, where researchers decided not to offer financial compensation due to funding limitations. In this case participants agreed to be interviewed without payment. The study protocol was approved by the Ethical Committees of the participating institutions (University Pompeu Fabra of Barcelona, University of Valencia, University of Huelva, University of Alicante and Trade Union Institute for Work, Environmental and Health of Madrid).

Data analysis

Initially, manual analysis was performed. Subsequently, the data were segmented using the Atlas Ti (1997) software programme, identifying significant text fragments from the study script used, and emerging analysis categories were developed. The data analysis focused on two aspects: the specific answers given regarding treatment or discrimination in the working and social environment; and second level codes for aspects such as discrimination and its relationship with the state of health of the selected population. The extracts of the discourses in the text are presented using a label indicating the source of data (Int: interview; FG: focus group), gender and nationality of the quoted informant.

Results

The main sociodemographic characteristics of the participating populations are presented in Table 2. Fifty seven percent were men and 62.7% have obtained legal status. The average age was 33.7, with a range of 18–60 years old. On average, the participants have been living in Spain for 5 years (ranging from 6 months to 22 years). Approximately three quarters have either a secondary school or university education (74%).

Discourse analysis regarding perceptions of discrimination and the specific relationship between this phenomenon and the working and health conditions of the immigrant population is broken down into 5 main categories, which cover a range of individual, social and political aspects.

The concept of discrimination amongst immigrant people

When the participants describe specific experiences of discrimination on the grounds of being a foreigner, either in working or social environments, discrimination is understood differently depending on the individual's subjective experiences in the host country, both in spaces that are directly related with the working environment, and in everyday spaces. All the immigrants interviewed expressed feelings about discrimination and rejection; in certain cases they even specified these feelings as xenophobia and racism.

"(...) they see the immigrants working alongside them as being directly responsible for this phenomenon, so, naturally, there are always instances of xenophobia, not so much racism but rather xenophobia among Spanish workers towards foreigners, some are fairly minor incidents that are not really significant, and others are more major" [Int7 – Man – Colombia]
 "Yes because, look, where I work they call me black, they can call me black and I don't mind, so that's why I say, in my country black, there aren't so many blacks, there are people who I think are stupid, there are lots of racist people, there are people who work in the fields with you, they don't say hello or anything, the

Table 1
Content of the semi-structured script used in interviews and focus groups with immigrants in five Spanish cities (Alicante, Barcelona, Madrid, Huelva and Valencia), 2007.

Theme/Issue	Categories
Migratory process	<ul style="list-style-type: none"> • Characteristics of the migratory process • Prior expectations and current situation • Future prospects
Occupational history	<ul style="list-style-type: none"> • Occupational background in country of origin • Occupational history in Spain • Current occupational situation • Work-related risks • Involvement in associations and unions
Relationships in the working and social context	<ul style="list-style-type: none"> • Treatment from superiors and work colleagues • Differences owing to status as an immigrant
Health situation	<ul style="list-style-type: none"> • Perception of physical and mental state of health • Perception of the link between health and work

Table 2

Qualitative study on immigrants in five Spanish cities (Alicante, Barcelona, Madrid, Huelva and Valencia), 2007. Sociodemographic characteristics of the study population ($n = 158$).

Characteristic	Categories	<i>n</i>	%
Sex	Man	90	57.0
	Woman	68	43.0
Legal status	Legal (residency and/or work permission)	99	62.7
	Illegal (no residency and/or work permission)	59	37.3
Origin	Romania	44	27.8
	Morocco	39	24.7
	Africa	29	18.4
	Ecuador	25	15.8
	Colombia	21	13.3
Level of Education	Unknown	10	6.3
	No education	3	1.9
	Primary	28	17.7
	Secondary	69	43.7
	University	48	30.4
Characteristic	Categories	Mean Range	
Age	Morocco	31.4	20–52
	Romania	33.6	20–52
	Ecuador	33.7	18–55
	Colombia	39.0	24–60
	Africa	33.4	23–47
	Total	33.7	18–60
Length of time in Spain	Morocco	7.0	0.33–22
	Romania	3.1	0.5–7
	Ecuador	5.2	3–8
	Colombia	6.2	1.5–15
	Africa	4.1	0.5–17
	Total	5.0	0.5–22

first word of the morning they call me black, they make jokes about that, they don't say hello or anything, the first word of the morning is black, it's hard, I don't answer, there are people who have said (I'm talking about my work), they have said to me why don't you go back to your country, to your home..." [Int65 – Man – Nigeria]

Discrimination is identified through feelings generated by the immigrant population: feeling vulnerable with no rights and powerless to resolve their situation.

"For example, when you're an illegal immigrant, all the doors are closed: there might be a door open to you in some association but I think that it's very difficult; but when you're legal situation is ok, a door is open and then ..." [Int20 – Man – Morocco]

"I want to get my legal situation sorted out, exercise my rights, and my things, open whatever I want, study, go back to my country whenever I want". [Int66 – Woman – Nigeria]

The immigrant population has difficulties when it comes to expressing their opinions, because they feel that they are forced to endure any kind of situation in order to guarantee their legal status.

"Then, what she said, it's often a case... of swallowing your pride and just putting up with it and trying to look for a way out, but it takes six months to find that way out..." [FG12 – Women – Ecuador]

"They treat me like dirt and I have to just keep quiet and take it because I have to pay for school (...) That's it, just keep quiet" [FG7 – Women – Romania]

The experiences related by the interviewees express the attitudes of the Spanish-born population, for example the feeling that

immigrants are taking over their jobs and other social, cultural, economic and educational spaces that are traditionally reserved for the Spanish population. These aspects generate feelings of mistrust, a lack of credibility or suspicion.

"(...) initially it affects you because you get a job that as a Colombian you are perfectly able to do and that Spanish people also do, initially they see you as a rival, they see you as competition, a barrier comes up between the Spaniard and the foreigner and if that foreigner has the same capacities as they do, they are suspicious, they don't inspire trust, they can't even say that you're doing a good job, initially they are wary, they doubt your capacities". [Int9 – Woman – Colombia]
 "The boss thinks that because we came over on a 'patera' boat that we don't know anything, and that is very annoying". [Int83 – Man – Mali]

One of the causes of discrimination expressed in these discourses is the accelerated growth of immigration. The role of cultural factors from the country of origin is also identified. These aspects involve stereotypes created around certain cultures or nationalities, for example, the characteristics of Muslim religion, the political and social problems of Colombia, the education level and the language of the Africans, or previous experiences in the Spanish-born population with Romanian or other groups that they associate with criminal or terrorist groups.

"No, at times, when I argue with someone, sure they say "go back to your country", "go back to your country" and stuff. For example, if you get on the metro, sometimes they give you bad looks, if you have headscarf, bad... For example, the headscarf, and you don't take off your headscarf because everyone has his religion. The headscarf is a religious, but it's not a matter of state or anything. [...] For example, if you wear the headscarf you can't work". [Int25 – Woman – Morocco]

"In any area. So, at work, or about being here in Spain... Yes, so, insults, and all that... [...] Spanish people judge everyone. You know? For example, if they see someone with dark skin stealing from someone, well they, [...] So [...] If one person does something bad, we all pay... All North Africans are bad, they're all thieves..." [Int33 – Man – Morocco]

The information extracted from these interviews and focus groups enables a description of the concept of discrimination.

Immigrants reported their experiences in spaces such as the community, institutions and social relations as being characterised by certain expressions of racism, humiliation or abuse. This represents their individual perception of personal experiences of discrimination. But they also perceived discrimination related to their own or other minority groups.

"For example, people talk to you in a certain way, they don't have any respect, I feel bad, I often think that because I'm black and come from another country, that's why they discriminate against me, I think that they would prefer it if I wasn't here, if I would just die, something like that, I can't eat, or live, because there are lots of people who have very ugly words, they don't think it, you just say it and that's it" [Int66 – Woman – Nigeria]
 "(...) Once I went into a restaurant, I sat down and a couple walks in (...) a Moroccan couple. She ordered a coffee. I went over to talk to them and asked for our coffees and the waiter said "I don't serve to the Moros (referring pejoratively to the Moroccan people)"" [Int16 – Man – Morocco]

Immigrants also describe perceived negative feelings that are not identified as discrimination as such; this attitude is even justified in some cases.

“No, not discrimination, because we have to understand that because we are Romanian and we come to Spain we can't be a priority, if they give you a hand, that's completely normal, but in a job, you, ok, you're well trained but they can always give priority to a Spaniard because they're in their own country” [FG7 – Women – Romania]

(...) “This kind of discrimination for me, well I see it as normal, I don't blame them because we forget that in Colombia we get Ecuadorians, Venezuelans, you treat us better than Spanish people, I don't think so... [FG2 – Men – Colombia]

The interviewees feel that there are clear differences between social groups, and certain nationalities are more discriminated against than others.

“Colombians here in Spain get a positive reaction in comparison with Romanians, Arabs, Algerians, we could say that we are not viewed badly or mistreated in comparison, but in comparison with other nationalities, we are discriminated against, for example the Argentines, they appreciate people from Argentina better than Colombians” [Int9 – Woman – Colombia]

In summary, the immigrant population perceives discrimination towards themselves or towards people of their same nationality or culture. However, they do not always interpret it in the same way and few classify it as racism or xenophobia. They attribute the causes of discrimination to the intercultural relationship between natives and immigrants, to their legal situation or to the characteristics of the social and labour context of the destination country.

Discrimination from a social and political perspective

The immigrant population acknowledges certain factors that surpass the individual sphere, both in terms of their status as a foreigner, working conditions and participation in different social environments. These aspects are linked with the action of political and social institutions. These institutions, both in the country of origin and the host country, are decisive factors, affecting the living conditions of the immigrant population and can in certain cases become barriers to social integration.

The interviewees also identified factors such as employment policies, and the legal and administrative requirements to obtain legal status and residents' permits, which are linked with the regulations established by the Spanish Government and the European Union. In this case, clear differences are identified, for example, in the terms of the right of nationality after two years of permanent residency for Latin Americans in comparison to other nationalities. For the Romanian population, entry into the European Union carries a great deal of weight in terms of obtaining permits and gaining legal status.

(...) “But we're not European, I can't accept that thing, that's the way things are.” (...) “If we enter the European Union or not, that's the hope for all Romanians, if we're accepted or not” [FG4 – Men – Romania]

“A question of time, of course. What's more, South Americans can apply after two years and we have to wait ten, you know? (Talking about nationality)” [Int33 – Man – Morocco]

“If you're going for a position in the public sector, because I'm foreign I don't have the right to access that position because I'm not a Spanish national, I can't apply to be a civil servant in the Spanish Civil Service if I'm not a Spanish citizen, because I'm foreign, until I get legal residency, and I have the merits and capacities of any Spaniard”. [Int9 – Woman – Colombia]

They also highlighted several factors related with the Spanish education system, both for basic education, university education

and the official recognition of qualifications. These facts become barriers, which influence the labour market and also limit access to certain sectors of the economy.

“And qualified people come here and they can't get work because they come up against all kinds of obstacles (...) “In Spain migration takes 5 years, if you go to countries like Sweden, Switzerland, there Colombians are doing jobs they are qualified for, but that takes time, that requires adaptation, studying”. [FG2 – Men – Colombia]

Finally, they refer to the role of the media as a mechanism that generates stereotypes about immigrants, mainly through their use of language and the terms applied to this population.

“ We've seen how they present the news, Romanians are a country of thieves, murderers, cruel” [FG4 – Men – Romania] “When you talk to a Spaniard about Colombia and you only talk to them about people dying, drugs, all the bad stuff, and when they only show the bad things on the telly and the newspapers, well they are the bad things” [Int9 – Woman – Colombia]

The immigrant population perceives discrimination from political and social institutions, which in some cases act as obstacles to social integration. These barriers are perceived as being out of the control of individuals, who must go through the legal channels in the destination country.

Discrimination, employment and working conditions

A trend is observed in the discourses linking discrimination to work and employment. These spaces are characterised by a social division of work between the immigrant population and the Spanish-born population, and even among the immigrants themselves. Factors such as an individual's legal status and nationality affect this phenomenon. Immigrants wishing to apply for a job found a limited number on offer, mainly in construction, domestic service and hostelry. In some cases, differences were observed in success at obtaining a job depending on cultural and language barriers.

“Yes, sometimes when you are looking for a job If they notice (referring to the boss) that you are African, they know you are African, they prefer South American people, or one people well-speaking Spanish, for that reason I learnt Spanish because I don't want to have problems in my job” [Int 63 – Man – Nigerian]

Depending on the type of company that is recruiting, the type of worker or the task assigned, the interviewees stated that there are barriers between employers and employees; hence workers are subject to unfair working conditions and differences in employment contracts. They also described a number of cases in which the employer has failed to abide by previously agreed terms and conditions. Furthermore, economic need also plays a key role in an individual's willingness to accept certain situations perceived as occupational exploitation.

“In a catering company where they didn't treat me well, I had to work a lot of hours, they paid me very little, for example I started earning less than 500 euros and working more than 60 hours” [FG3 – Men – Romania]

This has happened to me in most companies where I've been, because... because I don't have legal status, they take advantage... the bosses, because I'm an illegal immigrant they demand... more of you, they made more demands, force you to do overtime and then they don't want to pay you the proper hourly rate, they make you pay [FG11 – Men – Ecuador]

Discrimination in the occupational sphere can occur through four types of relationships: the relationship between Spanish-born and immigrant colleagues, the relationship between immigrant colleagues, the boss–worker relationship and the relationship with third parties in jobs that require dealing with the general public. These relationships depend on factors such as the type of group, contract or tasks performed. Here, the discourses spoke about feelings of solitude in the workplace; feeling discriminated against by customers, and finally, the feeling of working in a hostile atmosphere

“The fact that you have to treat a human being like all the others, what’s a piece of paper? No, a piece of paper doesn’t do anything, and there it doesn’t have anything... anything... to do with human beings, a piece of paper has nothing to do with a company, whatever... we’re all companions so let’s stick together but... there’s none of that here” [FG11 – Men – Ecuador].

“But the women from Catalonia, from here, don’t want me to work for them, they see that I do it well... no no no, I wait, I wait for the other Catalan girl, same as me... but not me, they don’t want that I work. That happens to me a lot, it makes me... I feel bad”. [Int43 – Woman – Morocco]

The Romanian, Moroccan, Ecuadorian and Colombian communities also feel that they have been discriminated against when working in companies managed by immigrants of the same nationality or, in some cases, for workmates.

“I have worked with Peruvians, with Ecuadorians, with Argentines, with Spaniards, but I don’t want to work with Romanians” [FG4 – Men – Romania]

“When they’re here you can really see them for what they are (referring to bosses with the same nationality). They take advantage because they’ve been lucky; it’s really only down to luck. Because why should they look for someone with legal status over someone who doesn’t have it when they both work the same, and at times one works even harder...” [FG11 – Man – Ecuador].

Another important aspect is the difficulty perceived by the interviewees in terms of accessing jobs other than those mentioned above, such as the civil service or other more qualified positions. They feel that they have no right, against a Spanish-born worker, to access these positions. And in other cases, a certain mistrust of their professional performance is perceived. For this reason, immigrants are located in a restricted number of economy sectors, as explained above, reducing opportunities for changing employment, and obliging immigrants to work in a limited range of jobs.

“No, no... like it’s out of reach, because the idea of working in the hotel trade is out of the reach of most immigrants. Those who don’t have a certain level of education, languages or a profession. That’s why there are two sectors that take on the most immigrants, construction and agriculture”. [Int28 – Man – Morocco]

“... when I see the position of my colleagues, who don’t judge me as a professional when I’ve made a mistake but rather as an immigrant, that’s something I don’t understand, it really grates, it upsets me, when I do good things or when things turn out well I’m a professional; who doesn’t make mistakes in their work? So, I would like them to see me as a professional when I make a mistake, not as an immigrant, I try to get them to adapt to that, I know it’s difficult, they haven’t worked with immigrants, many are also quite young, so I understand, as they say, the good vibes”. [Int76 – Man – Senegal]

The workplace is an environment where discrimination is experienced due to a series of causes: limited access to certain types of jobs, relationships between workers and management, or

due to the very characteristics of the job undertaken. Given that the search for employment is one of the priority objectives for the immigrant population, discrimination in this area can be extremely harmful for the affected population.

The impact of discrimination on mental health and health services access

The health status of the immigrant population that took part in the study seems to be influenced by their living and working conditions. The risk factors to which they are exposed in their social and working environment seem to be closely linked with their position in the social structure, especially in the case of certain nationalities, a fact that prevents them from enjoying rights such as paid sick leave. In some cases, it is more important to keep the job, in order to have the possibility of offering support to their families in the country of origin. For this reason, health may be seen to be of secondary importance.

“I didn’t want to lose my job, and at that time I didn’t have my legal situation sorted out, so after work I would go to the chemist and buy pain killers. At work, I put a block of wood in the fire and then put it in my mouth to put my tooth back in place and then I carried on working because I knew that if I didn’t work someone else would come along and take my place”. [Int62 – Man – Guinea Conakry]

“No, washing dishes, what kind of benefits am I going to get? (...) Well, I had to work here so that I could get to the health centre in Manso, then they took me in [...], they fixed me up and I went back to work” [Int18 – Woman – Morocco]

Perceived discrimination affects their quality of life, with consequences such as stress and other mental health problems. The discourses also mentioned risk factors in the workplace, where there is no possibility of demanding better working conditions. Furthermore, access to and use of healthcare services determine the actions taken by the immigrant population in the face of health problems, most of which are caused, according to their discourse, by experiences of discrimination. Some variables, such as language, culture and legal status constitute determinants in accessibility to healthcare. Nevertheless, they also mention positive experiences such as the possession of a National Health Service medical card, and the recognition of the right to enjoy good health, regardless of their legal status.

“And then, when I’ve been to the doctor, here doctors don’t treat you, for example... they... They check you over, “ok, so what hurts? Does this hurt?” No, they just write you out a prescription and say “it’s stress, where are you from?”, you say “I’m from Ecuador”, or ... wherever you’re from, you’re a foreigner, and they say “do you have family here? Does your husband treat you well? Do you work in domestic service? What... where do you work?” or the doctor just looks at your face and says “it’s stress””. [FG10 – Women – Ecuador]

“Well I don’t know..., being in the Social Security System; before they wouldn’t just give you a healthcare card, you had to pay social security, so even that, health is a public right for everyone, and there was discrimination there”. [Int36 – Man – Morocco]

In certain cases, workers state that discrimination, racist attitudes and a lack of respect are the main sources of job insecurity. They say that this type of social conflict is a great source of stress for them at work and can cause them to become distracted, which has serious repercussions for their health (for example they might have an accident because they are nervous or anxious at work).

“A lot of concentration, because I could cut my hand off, for example, with the saw, it takes a lot of concentration. I prepare the palettes, I cut them with a saw and you have to, well, if you’re nervous you could have an accident” [Int67 – Man – Nigeria]

To summarize, the participants mention various factors related to the fact of being an immigrant, to the possibility of obtaining employment and to specific workplace conditions. Discrimination would appear to be an important determinant in mental health problems such as anxiety or insecurity, as well as affecting specific factors related to the quality of life. But the immigrants’ own perception of health and disease seems to be related to opportunities for maintaining employment and providing economic support for the family, regardless of the lack of job benefits.

Protective factors against discrimination

In spite of the negative experiences expressed in their discourses, the participants also identify certain factors that protect against experiences of racism, discrimination and/or xenophobia.

“But you start to make a niche for yourself and you start to earn respect etc. Above all it’s about talking, establishing a dialogue and making them see that you also have rights” [Int4 – Woman – Colombia]

“I’m, I’m friendly, once I work with people, I try to do something so that they warm to me, you know? And to show that I like it, not for people to shout at me, if they shout I don’t understand, I can’t accept something like that. A better job, when I work as a person, you have to try and have a good relationship, that’s life”. [Int57 – Man – Guinea Bissau]

They also describe factors that act as compensation, such as the economic aspect, which meets their short, medium and long-term needs.

“When you leave your country you come with the mentality that you have to earn, save money and send it back home, and of course, when you come with these ideas you do whatever it takes” [FG3 – Men – Romania]

Furthermore, the role of social support organisations such as NGOs, immigrant groups, unions and other institutions is deemed to be very important because they provide the immigrant population with information about their rights, legal assistance and training, among other things.

“We really appreciate the fact that even though you’re an illegal immigrant they (referring to people working in support organisations) treat you as a person, that’s a real plus, you know, it’s really worth a lot, being an illegal immigrant they help you and assist you and give you all the help you need” [FG7 – Women – Romania]

In general, the immigrants believe that as they become increasingly integrated in a new area, this helps them to be recognised as people who contribute experience, resources, as well as social and cultural wealth to Spanish society and that their rights as citizens are also recognised.

Discussion

The discourses provided by the immigrant population that took part in this study reveal a perception of discrimination through feelings of having experienced racism and isolation, and in relation to their working and social environment, through the types of contracts offered, as well as factors such as ethnic background, nationality and

culture. Other aspects related with institutions and economic, legal and political processes were also identified. They recognise that discrimination and its different manifestations have an impact on the quality of life of the affected groups and therefore on their health and wellbeing. They also expressed the perception of discrimination that they experience as an individual – associated with people of their same condition or ethnic background – and the discrimination they perceived as being directed against certain nationalities.

The main limitation of this study is that the information has been taken from very diverse groups culturally, geographically and socially speaking. In this respect, more in-depth research should be conducted into the discourse of certain national groups of immigrants, since poor knowledge of the Spanish language and various cultural, religious and/or political barriers impeded the discourse of certain participants, especially in the case of non South-American women. However, in this case, the support provided by collaborators from the same country of origin as the immigrants facilitated communication. It is also acknowledged that there are local realities in other groups that are less well represented in Spain, such as the Asian population and communities from Eastern European countries other than Romania, which were not included in this study chiefly due to the technical difficulties involved in capturing these populations and also because of language barriers.

The concept of discrimination proposed by Krieger (1999), in which this study is grounded, is classified into different types of discrimination related to direct and indirect, open and subtle or covert discrimination (Krieger, 1999; Noh et al., 2007), and could explain the immigrants’ discourses. Other forms of discrimination make references to legal aspects, institutions and social organisations as well as different levels of everyday life (Cachón Rodríguez, 1995). Immigration in itself constitutes a life project, mainly work-oriented, undertaken as a means of guaranteeing economic survival and obtaining personal and professional satisfaction (Jansá & García de Olalla, 2004; Sinisterra, 2006). In this process, there are factors that contribute to integration in the different social spaces. However, in certain cases, experiences of discrimination can affect that personal project.

From the perspective of the immigrants, discrimination is mainly associated with subjective experiences linked with employment conditions, such as job instability, working under poorer conditions than the Spanish-born population, low wages, lack of social benefits, and labour exploitation, depending on gender, ethnic group, legal situation or occupational sector. These results are linked with studies on similar populations, which consider these elements that increase the social disadvantages (Jandl, 2003; Jasinskaja-Lahti, Liebkind, & Perhoniemi, 2007; Porthé, Amable, & Benach, 2007).

In certain examples, such as the protection of workers, there were clear cases of ‘Sickness Presenteeism’ (Aronsson & Gustafsson, 2005); this phenomenon makes it impossible for the worker to perform his or her duties effectively, since work is placed over and above health considerations (Flores-Sandi, 2007). Ignorance regarding workers’ rights or the availability of social support networks, and the constant fear of losing their job if they pursue their rights, are factors that affect the quality of work. Furthermore, for those without a work contract, any health problems associated with their work cannot be acknowledged as occupational illnesses or work-related accidents in accordance with current Spanish legislation.

Immigrant workers also experience general difficulties changing jobs or accessing more qualified positions than those traditionally held (construction, agriculture, the hotel and restaurant trade, and domestic service). In fact, opportunities to occupy positions in line with their training and professional skills are few and far between (García et al., in press).

From another perspective, public policies in general and specifically migration policies in the host countries can lead to systemic discrimination (Gee, 2002). This is a differentiating factor among immigrant groups of different nationalities because there is a different legal framework for each nationality, such as the regulations for EU immigrants and the different procedures for gaining residency permits and Spanish nationality for different countries.

Discrimination and its impact on the health of the immigrant population can be analysed from different perspectives. Firstly, it can negatively affect people's wellbeing (Viruell-Fuentes, 2007). In this respect, the presence of discrimination can act as a predictor for alterations in mental health, as demonstrated by various studies (Gee et al., 2006). The results of this study support this conclusion through the stress syndrome, nervousness and emotional instability expressed by some of the participants. These symptoms have been associated with a "migratory duel" and it has been reported in the literature as the Ulysses' syndrome (Achotegui, 2004). An association has also been found between situations of discrimination and chronic illnesses (Gee, Spencer, Chen, & Takeuchi, 2007). As part of this study, the interviewed population perceived illnesses associated with their working conditions and others related with their specific living conditions.

Another of the mechanisms through which discrimination might have an impact on health is in relation to access to healthcare services. Prejudices towards certain immigrant groups, specific social groups, and certain structural barriers within the Spanish healthcare system itself, may influence the treatment received by the immigrant population. There can also be cases of failing to turn up for check-ups for certain illnesses and a low proportion of primary care and specialist appointments in comparison to other groups. Finally, there can also be excess demand in relation to certain pathologies and specific health conditions among certain national groups of immigrants (Lauderdale, Wen, Jacobs, & Gandula, 2006; Moreno-Fuentes & González-Ferrer, 2002; Vázquez-Villegas, 2006).

This study emphasizes discrimination as an important health determinant in vulnerable populations. The main body of the text has focused in immigrants' working and occupational issues, which have not been investigated sufficiently in the scientific literature. This study shows that workers reported discrimination which they believed affected their health and quality of life negatively although they felt they had little power to influence their working conditions. This lack of power was related to immigrant status, fear of negative repercussions, and economic necessity. In a Spanish and European context, efforts should be made to ensure that newly arrived individuals have the chance to integrate through good-quality jobs that will not negatively influence their health. There is a special need for prospective and longitudinal studies. Additionally, further research must be conducted into how public policies can generate discrimination through strategies that are unfairly biased against vulnerable groups such as economic migrants.

It would also be useful to tackle this phenomenon using other methodologies that enable clear distinctions to be drawn between categories such as gender, legal status and nationality. It is important to recognise the specific differences between the working roles of men and women. This social division of work (men in construction and women in domestic service, for example) can present different perceptions of risk and experiences in relation to their health. It is essential to consider the special situation of women immigrants with a view to detecting social and health-related inequalities on the grounds of gender and act accordingly in order to eradicate them (UNFPA, 2006).

Finally, an integrated and global perspective of immigration is required (MacPherson, Gushulak, & Macdonald, 2007), since political and social action in this sphere does not depend solely on

the host country but rather on all the affected countries and public institutions. The possible effects of discrimination on the state of health of vulnerable groups such as immigrants must be tackled not only individually but also systematically, observing the health-related consequences of policies that have not been planned and developed with a view to treating these groups fairly.

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