



# Migrants and their working and health conditions: integrative review from the nursing look

*Migrantes e suas condições de trabalho e saúde: revisão integrativa a partir do olhar de enfermagem*

*Migrantes y sus condiciones de trabajo y salud: revisión integrativa desde la mirada de enfermería*

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## ABSTRACT

**Objective:** To analyze the scientific, indexed production associated to the working and health conditions in migrants. **Method:** Integrative review of articles published in the period 2009-2019, using Medline/PUBMED, SCOPUS and ScIELO databases, by using the DeCS and MeSH keywords: Working conditions, Health Status and Immigrants. **Results:** A total of 21 studies were obtained, distributed in 17 in Medline/PUBMED, 3 in ScIELO and 1 in SCOPUS. Most of them of quantitative type carried out in Brazil and Spain. Discrimination, exploitation, poor quality life, level of education and poor self-perception of health were the main results. **Conclusions:** There is a lack of studies that show the reality in Latin America, for nursing as a discipline and profession a great challenge opens up to study the migrant worker population, since it will allow to highlight this human group, interventions that favor health will be generated of this population and can promote healthy behaviors at work and individual level.

**Keywords:** Working conditions; Health status; Immigrants.

## RESUMO

**Objetivo:** Analisar a produção científica, indexada, associada às condições de trabalho e saúde de migrantes. **Método:** Revisão integrativa de artigos publicados no período de 2009 a 2019, utilizando bases de indexação Medline / PUBMED; ScIELO; SCOPUS usando os descritores MeSH e DeCS: Condições de Trabalho, Nível de Saúde, Imigrantes. **Resultados:** Foram obtidos um total de 21 estudos, distribuídos em 17 no Medline / PUBMED; 3 no ScIELO e 1 no SCOPUS. A maioria, de tipo quantitativo, foi realizada no Brasil e na Espanha. Discriminação, exploração, má qualidade de vida, escolaridade e autopercepção de saúde foram os principais resultados. **Conclusões:** Há carência de estudos que mostrem tal realidade na América Latina, para a enfermagem como disciplina e profissão abre-se um grande desafio para estudar a população trabalhadora migrante, pois permitirá evidenciar esse grupo humano, além disso serão geradas intervenções que favorecerão a saúde dessa população e poderão promover comportamentos saudáveis no trabalho e em nível individual.

**Palavras-chave:** Condições de Trabalho; Nível de Saúde; Imigrantes.

## RESUMEN

**Objetivo:** Analizar la producción científica, indexada, asociada a las condiciones laborales y de salud en migrantes. **Método:** Revisión integrativa de artículos publicados en el período 2009 a 2019, utilizando bases de indexación Medline/PUBMED; ScIELO; SCOPUS utilizando los descriptores MeSH y DeCS: Condiciones de Trabajo, Estado de Salud, Inmigrantes. **Resultados:** Se obtuvo un total de 21 estudios., distribuidos en 17 en Medline/PUBMED; 3 en ScIELO y 1 en SCOPUS. La mayoría de artículos cuantitativo fueron realizados en Brasil y España. La discriminación, explotación, mala calidad de vida, nivel de educación, mala autopercepción de salud, fueron principales resultados. **Conclusiones:** Existe una falta de estudios que evidencien la realidad ocurrida en América Latina, para enfermería como disciplina y profesión se abre un gran desafío para estudiar a la población trabajadora migrante, pues permitirá entregar evidencias de este grupo humano, se lograrán generar intervenciones que favorezcan la salud de esta población y se podrán promover conductas saludables a nivel laboral e individual

**Palabras clave:** Condiciones laborales; Estado de salud; Inmigrantes.

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Submitted on 10/18/2019.

Accepted on 02/26/2020.

DOI: 10.1590/2177-9465-EAN-2019-0299

## INTRODUCTION

Migration processes have existed since the beginning of mankind.<sup>1,2</sup> There are many reasons for migration, such as social, political, economic conflicts in the country of origin, which encourage people to leave. On the other hand, the favorable characteristics of the host country stand out, being a favorite territory for the political territory, the social peace and the economic growth that this country presents.<sup>3,4</sup>

Although the migratory process may occur due to several circumstances the search for better income associated with the labor insertion in the host country and the generation of remittances and subsequent sending to the country of origin, is undoubtedly one of the greatest reasons for migration today.<sup>4,5</sup> It is a phenomenon closely linked to work, but also to health once people are living for better living conditions.<sup>5</sup> Work and health are an inseparable and complex binomial, which generates both positive and negative effects. Adequate working conditions will have a positive effect on health, increasing worker satisfaction and well-being. A worker in optimal health status improves his or her working conditions, maintains good relations with colleagues and therefore improves the quality of working life. Deplorable health conditions affect the quality of life at work and inappropriate work alters the health of workers.<sup>6</sup>

There is a tendency for the immigrant population to work in the service, construction, industry, agriculture and domestic sectors,<sup>5,7</sup> many of them with basic and secondary education and more than a few with university and technical degrees whose work is carried out in the former, reflecting the over-qualification that exists for the jobs.<sup>5,8</sup> In this process, the feminization of migration<sup>9</sup> stands out, as those who work in domestic tasks, poorly paid, with long working hours, no social prestige and no employment contract that supports social and health<sup>10-12</sup> and those who are professionals, they have to carry out undervalued tasks due to the social prejudices generated against them and the lack of legal documentation.<sup>9</sup> On the other hand, the being woman involves a greater need to use health services, especially those related with the reproductive process,<sup>13</sup> therefore the possibilities of formal work, for this group become more complex.

Specifically, immigrant workers must be exposed to worse working conditions, precariousness, discrimination, exploitation, excessive hours and language barriers, which make it difficult to access better jobs, even more so if the condition of illegality exists, since they do not report job insecurities due to fear of being deported.<sup>14,15</sup> The impact of these factors in a different social and cultural context may help explain the increased risk of occupational accidents and work-related diseases,<sup>16,17</sup> both physical and mental health.<sup>16,18-20</sup>

In recent decades, Chile has gone of being a country of emigration to a country of reception of a large migratory flow, mainly from neighboring countries.<sup>8</sup> Since the migrant population is a quality human resource for carrying out work tasks within the country, there is a lack of knowledge about the working conditions in which migrants work and how these influence their health, especially those who are undocumented and are exposed to

greater job insecurity and exploitation. This is why the question is posed: what is the working and health conditions of migrants in Latin America?

Nursing as a science and profession, is not unaware of the migratory changes, from the assistance perspective, it must face new forms of culture, language and health styles that are usually complex. From the discipline, the working and health conditions of the migrant population must be made evident in order to make the problem visible, to provide evidence to generate preventive activities, from the labor perspective and to promote healthy work environments where this human group performs, because as mentioned by Leininger, cultural care considers human life in its fullness and includes social factors, values, language and traditions necessary to plan nursing care.<sup>21</sup> Therefore, it was decided to analyze the scientific production, indexed associated with working conditions, health in migrants, to make visible the state of the art and begin to generate future research in the area.

## METHOD

An integrative review of scientific evidence, published during the period 2009 to October 2019, focused on working and health conditions of migrants, using quality databases such as Medline/PUBMED; ScIELO; SCOPUS using the MeSH and DeCS descriptors: Working Conditions, Health Status, Immigrants.

### Inclusion criteria

Original articles; available in full text; written in English; Spanish and Portuguese; in immigrant working population, no age limit; published during a period of 10 years (2009 to October 2019)

### Exclusion criteria

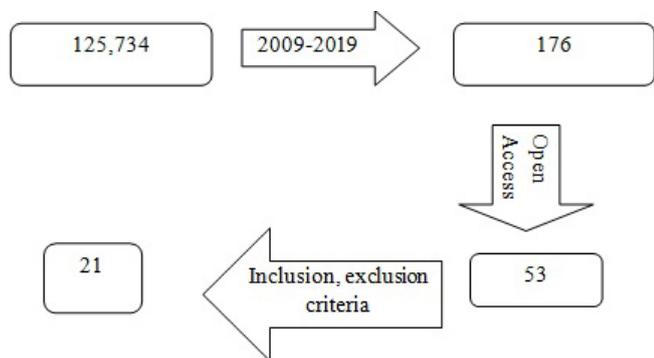
Repeated articles and review studies.

## RESULTS

PRISMA criteria was applied and the AND/OR booleans were used in 3 databases. A total of 125,734 studies related to working conditions. 20,089 articles related to health status. By applying the filter of the last 10 years, 176 articles were finally obtained that contemplated the working conditions, health and migrants. By investigating those that were freely accessible, they decreased to 53 studies and when applying the pre-set inclusion and exclusion criteria, a total of 21 studies remained. When analyzing the articles available from the databases of recognized quality in the health area and applying the previously established exclusion criteria, the following were finally obtained: 17 in Medline/PUBMED; 3 in ScIELO and 1 in SCOPUS, none of the evidence obtained was from Chile, which is shown in Figure 1 and Table 1.

## DISCUSSION

From the review carried out on the previously described databases, a low level of updated evidence from recent years can be seen. Most of the Latin American studies focus on Brazil and Spain,



**Figure 1** - Searching MEDLINE/PUBMED; SCOPUS andSciELO  
Descriptors: (Working Conditions) AND/OR (health status) AND/OR  
(Immigrants): English; SpanishandPortuguese. Years 2009-2019

which are mostly quantitative and some are qualitative, but no other related evidence was found in the migrant population in Chile, a situation that is very necessary in view of the changes generated in the last decades in the country,<sup>41</sup> where the increase of undocumented migrants has been reported<sup>12</sup> and according to the evidence, increasing the vulnerability of their labor rights, exploitation/abuses that translate into poor health conditions.

Despite the fact of migratory processes have occurred during the course of human life, in the author’s opinion, there is little current research that evidences the theme in question, which clearly calls for discussion and research on the content with the aim of making the problem visible and generating preventive actions from the point of view of occupational health. One of the aspects that emerge from this review, is the discrimination

**Table 1** - Reviewed and analyzed articles

Author(s),year, country of the publication	Title of the Publication	Type of study, population and sample	Main Results
Leão et al., <sup>22</sup> 2018, Brazil	The health of Haitian immigrant workers in Mato Grosso, Brazil: vulnerabilities and risks.	Quantitative N = 2,151 n=440 (370 men/70 women)	52.7% of the migrants were workingandthe 26.5% mentionedaweekly hourly loadexceeding 48 hours. This indicatethe fragility of the social insertion of this Haitian populationin productive processes of high socio-environmental risk.
Gebreyesus et al., <sup>23</sup> 2018, Israel	Life on the margins: the experiences of sexual violence and exploitation among Eritrean asylum-seeking women in Israel.	Qualitative 25: key informants 12:individual interviews 8 focal groups (4 men and 4 women)	The restrictive immigration policies of Israel laid the foundation for the political and economic marginalization of asylum-seekers, hindered access to formal employment and its protections, and contributed to women’s vulnerabilityto sexual and domestic violence and exploitation.
Montoro-Gurich, <sup>24</sup> 2018, Spain	The impact of socio-economic factors on the health of the Moroccan immigrants in Navarra (Spain)	Quantitative non-probabilistic sample of 262 immigrants	Women reported a poorer perception of health than men. Informal and formal ties benefit the search for employment, housing, access to resources such as education, health, language assistance, obtaining of documents and affection. Work generates autonomy and a positive perception of health in women.
Di Napoli et al., <sup>25</sup> 2017, Italy	Perceived discrimination at work for being an immigrant: a study on self-perceived mental health status among immigrants in Italy	Quantitative Subsampleof 12,408 immigrants in Italy	15.8% reported discriminationin their workplacefor being an immigrant, which is a risk factorfor self-perceived mental health in immigrants in Italy.
Petrelli et al., <sup>26</sup> 2017, Italy	Self-perceived health status among immigrants in Italy.	Quantitative n=80,661 3.2% immigrants (year 2005) n=72,476 7.15 immigrants (year 2013)	Immigrants seemed to have a better perception of the state of the physical and mental health than Italians. As time goes by, this self-perception diminishes. Increases in unemployment and decreases in incomealso made access to health care more difficult, probably associated with the economic crisis.

Table 1 - Continued...

Author(s), year, country of the publication	Title of the Publication	Type of study, population and sample	Main Results
Premji, <sup>27</sup> 2018, Canada	“It’s Totally Destroyed Our Life”: Exploring the Pathways and Mechanisms Between Precarious Employment and Health and Well-being Among Immigrant Men and Women in Toronto	Qualitative Semi-structured Interview to 15 women 12 Men from 11 different countries	Precarious employment was defined as: impotence, economic insecurity, multiple employers, unpredictable and inadequate hours, undervaluation of employment, dangerous conditions, lack of benefits and protections, which negatively impacts the physical and mental health of workers and their families. Women described heavy burdens of domestic and care work, lack of social support networks, lack of access to childcare, among others.
Vahabi and Wong, <sup>28</sup> 2017, Canada	Caught between a rock and a hard place: mental health of migrant live-in caregivers in Canada.	Mixed Sampling for convenience snowball type n= 30 women	They highlight: precarious jobs where exploitation is encouraged, presence of double life (of public joy and private anguish), with unrecognized mental health needs. There are serious injustices experienced by these women.
Ronda et al., <sup>29</sup> 2016, Spain	A qualitative exploration of the impact of the economic recession in Spain on working, living and health conditions: reflections based on immigrant workers’ experiences.	Qualitative n = 44 immigrant workers 6 discussion groups	Three categories related to the crisis emerge from the discourses: previous labor experiences, labor and individual consequences of migrant workers and the change in employment and labor conditions in the pre-crisis period. The deterioration of their quality of life and health as a consequence of the crisis appears, increasing social vulnerability, which can lead to the failure of their migration project.
Siqueira et al., <sup>30</sup> 2016, USA	Document makes a difference: the case of Brazilian domestic workers in Massachusetts, United States.	Quantitative Non-probabilistic “snowball” type sample n=198	95.5% were women, 62.1% were aged 30-49 and 55.6% were undocumented. There were significant differences between legal and non-legal participants in socio-demographic, working conditions and health variables.
Maxwell et al., <sup>31</sup> 2015, USA	Social determinants of health in the Mixtec and Zapotec community in Ventura County, California.	Quantitative n=989 respondents	Seventy-four % of them report insufficient employment opportunities, 59% report insufficient resources for food and housing (48%), lack of transportation (59%) and discrimination or intimidation (34%). Most reported access to health care for children (90%), but only 57% were able to obtain health care for themselves.
Bover et al., <sup>32</sup> 2015, Spain	Quality of life in Latin American immigrant caregivers in Spain.	Quantitative n=517 women	Participants scored very low on the physical and emotional dimensions of quality of life. The associated factors were working as a caregiver, lack of a work contract, multi-tasking, irregular status and younger age.

Table 1 - Continued...

Author(s), year, country of the publication	Title of the Publication	Type of study, population and sample	Main Results
Dzúrová and Drbohlav et al., <sup>33</sup> 2014, Czech Republic	Gender inequalities in the health of immigrants and workplace discrimination in Czechia	Quantitative n=1498	Ukrainian immigrant women were exposed to all four types of job discrimination measured, modifying and worsening the quality of self-perception of health. Health determinant vary between Ukrainians and Czechs.
Domnich et al., <sup>34</sup> 2013, Italy	Use of different subjective health indicators to assess health inequalities in an urban immigrant population in north-western Italy: a cross-sectional study.	Quantitative Snowballsampling n=512 migrants	The subjects showed moderate levels of Quality of life in health that the physical and mental levels. 15% of them rated their health as fair or poor. The lowest scores in the physical dimension were associated with the presence of morbidity and immigration for work and religious reasons. One third reported a medical condition. The prevalence of multiple morbidity was 10%.
Moreno-López et al., <sup>35</sup> 2013, Spain	Influence of the double workload on the perceived health and use of health services of the immigrant and native populations of the Region of Murcia	Quantitative sampling was stratified, multi-stage and by clusters n=1,303(738 men and 565 women)	The main gender inequalities in health and use of health services in the immigrant population are found in the Hispanic American group, highlighting hospitalizations, visits to the family doctor and the consumption of drugs. Women take care of reproductive tasks and present less positive perception of health, greater chronic morbidity and activity limitation.
Silveira et al., <sup>36</sup> 2013, Brazil	Living conditions and access to health services by Bolivian immigrants in the city of São Paulo, Brazil	Quantitative n=183 adults	Per capita income increases over the years in the country. The employment situation does not change over the years, they work and live in the textile workshops and speak their native languages. Social networks of family and friends predominate. Access to health care occurs via progressive inclusion.
Dunlavy and Rostila, <sup>37</sup> 2013, Sweden	Health inequalities among workers with a foreign background in Sweden: do working conditions matter	Quantitative n= 4.021 persons between 18 and 65 years old	Workers from Eastern Europe, Latin America and other non-Western workers were at greater risk of mental health problems and mental distress compared to native Swedish workers. Exposure to adverse working conditions only minimally influenced the risk of ill health.
Sanchón-Macias et al., <sup>38</sup> 2013, Spain	Relationship between subjective social status and perceived health among Latin American immigrant women	Quantitative N= 371 Latin American migrant women	A higher prevalence of negative health perception was observed among uneducated, low-income, unemployed and undocumented women. Subjective social status is a better predictor of health status than socioeconomic status.
Solé et al., <sup>38</sup> 2013, Spain	Disparities in work, risk and health between immigrants and native-born Spaniards.	Quantitative n=37880 migrants 681078 Spaniards	Exposure to risk increases the likelihood of permanent disability. Temporary employment and low-skilled jobs are risky. Better education levels reduce disability, and women are more able to be disabled.

Table 1 - Continued...

Author(s), year, country of the publication	Title of the Publication	Type of study, population and sample	Main Results
Nalini Junko, <sup>39</sup> 2011, USA	Identifying psychosocial stressors of well-being and factors related to substance use among Latino day laborers	Qualitative Sample of 44 people	The welfare of migrants, defined as financial provision, is related to their precarious living conditions associated with undocumented and irregular working conditions. The presence of factors such as: labor rights abuses, discrimination and social isolation had an impact on well-being and substance use. Fear of deportation or lack of trust by workers did not keep everything confidential.
Sousa et al., <sup>40</sup> 2010, Spain	Immigration, work and health in Spain: the influence of legal status and employment contract on reported health indicators.	Quantitative n=1.849 foreign workers and 509 Spanish workers	Worse health is observed in: undocumented, workers with temporary contracts born in Spain and born abroad with time less than 3 years. Health risks for migrant women are associated with the presence and type of contract. The type of contract is a determinant of health in foreign and Spanish workers.
Agudelo-Suárez et al., <sup>16</sup> 2009, Spain	The migration process, working conditions and health of immigrant workers in Spain (ITSAL project).	Quantitative Stratified sample by country of origin, legal status and gender. N= 2434 workers (57,4% men)	Most had migrated for economic and labor reasons and had completed secondary education. They work in jobs below their educational level and reported problems with the type of contract, wages, and excess hours of work per week. They reported physical and mental health problems, absences from work due to health problems, and work injuries requiring medical care.

reported by many migrants, this has been a variable that has led to the marginalization of this group and has exposed them to deplorable work with greater risk and exploitation<sup>23,25,28</sup> altering the health status of the migrant worker, especially their mental health<sup>26,37</sup> and in some cases encouraging the use and abuse of substances.<sup>31,39</sup> The quality of life associated with working conditions, has also been affected because of her migrant status, especially on the physical and emotional scales.<sup>29,32,34</sup>

Many of the jobs that migrants perform, expose them to multiple risks, making them highly vulnerable to a number of work-related illnesses and disabilities. The lack of effective legalization of rights as a migrant in relation to work activities in the receiving country, is one of the evidences that are revealed in many studies of this review.<sup>22,38</sup> The absence of contracts, the long working hours that do not allow for medical care and treatment is another aspect that is visible from the review,<sup>39,40</sup> which clearly affects the health-work binomial since a sick worker will not achieve a good production and vice-versa. It is essential to improve working conditions, promoting organizational strategies to reduce occupational risks and generating adequate legislation to protect this human resource.

The educational level is another aspect that relates to the migrant worker, in this review it is shown that regardless of the educational level of the immigrant, it only allows them to have access to low-skilled jobs, with greater risk and more abuse,<sup>16,36,38</sup> in the case of those with greater preparation it forces them to work in jobs that are undervalued for their preparation, altering their self-esteem as has been reflected in some studies. It is essential to take advantage of the preparation of these persons in jobs appropriate to their condition, improving the processes of legalization of university and technical degrees for a labor insertion in accordance with the educational formation that they present.

One of the causes of the change in the migration policy in Chile is based on the irregularities associated with the stay of migrants in the country. Many abusive jobs performed by migrants are based on fear of deportation, which allows the cycle of abuse in the workplace to continue.<sup>30,40</sup> This system does not allow them to access better, safe and quality jobs nor does it allow them better health services, because of their illegal status. There is a need to improve better labor programmes and policies associated with migration, as a way of preventing abuse for some employers.

The feminization associated with the migration process is a great reality that is evident in these writings, unfortunately women are more unprotected and clearly show that they have a much lower self-perception of health than men. Perhaps this reality is related to the multiplicity of tasks that they must fulfill at the labor and domestic level, the educational level and the illegality that exposes them to greater abuses, including social violence in the receiving country.<sup>23,24,33,35,42</sup> It is necessary to protect women and include them in the country health programmes, educate them to prevent violence against women, and select those who are professionals to fulfill tasks appropriate to their role.

For nursing as a discipline and profession, it is very important to have access to this human group that requires health care in accordance with their reality while respecting their culture. The working conditions evidenced in this review that result in disabilities for the migrant worker, this imposes a great challenge for nursing professionals in the country, as it entails training to provide transcultural holistic care.<sup>21</sup> The working conditions evidenced in this review that results in disabilities for the migrant worker are a focus of importance for occupational nursing, since healthy behaviors must be promoted from work, generating preventive health activities for migrant workers and care should be taken of female workers who perform dual tasks, both in her "formal" work and in her domestic work, in order to promote a better quality of life for the migrant worker.

## CONCLUSIONS

There is a lack of studies that evidenced the reality that has occurred in Latin America and the working and health conditions of the migrant population. In Chile, it seems that there are no studies that evidence this reality. For nursing as a discipline, a great challenge is opened to study the migrant worker population, because it will allow to give evidence of this human group, will be able to generate interventions that favor the health of this population and will promote health conducts both at an individual level and labor level to safeguard the health of the migrant worker.

## AUTHOR'S CONTRIBUTIONS

Conception of the design of the review study. Acquisition, data analysis and interpretation of results from the scientific literature. Writing and critical review of the manuscript. Approval of the final version of the article. Responsibility for all aspects of the content and integrity of the published article. Varinia Alejandra Rodríguez-Campo.

Acquisition, data analysis and interpretation of results from the scientific literature. Writing and critical review of the manuscript. Approval of the final version of the article. Responsibility for all aspects of the content and integrity of the published article. Sandra Verónica Valenzuela-Suazo.

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