The organization and culture of the nursing sector are regulated and traditional. Restructuring of work organization and practices, and changes to gender relations, have occurred, but only slowly. The scale of regulation, tradition and change in nursing today varies between countries. These differences affect nurses’ professional status, role and autonomy. They may influence migrants’ integration experiences abroad.

This chapter is divided into three sections. The first section charts the development paths of training systems and forms of work organization and practices in Britain, Germany and Spain. This is valuable for contextualizing migrants’ experiences and for interpreting the findings. Section two examines the integration experiences of migrants in the work environment. Reference is made to the systems of care; professional status, role and work relations; and regulations and daily practices. In the final section, I discuss the results within the context of professional cultures, work organization, labour market situations, women’s roles and migrants’ work backgrounds.

Work organization and practices

The status and role of occupations are influenced, among other factors, by the historical development of training systems and by forms of work organization and practices. Such developments differ between countries and thus may result in different outcomes. These differences may affect the skills, level of competence and responsibilities assigned to nurses, either formally or informally.

For example, British nursing has undergone three main developments since the mid-nineteenth century. The first nursing model was based on the ideas of Florence Nightingale who defined nurses as
womanly, decent and obedient handmaidens of doctors. During this period, a task-based organization of nurses’ work, headed by the matron, developed within hospital wards. The emphasis was on basic care, hygiene and housekeeping (Carpenter 1993; Walby et al. 1994).

A change in the role of nurses emerged with the Bedford Fenwick movement around the time of the First World War. Hygiene and housekeeping remained important tasks, but technical and medical knowledge and tasks were added to the definition of nursing skills. The movement promoted state registration in order to create an exclusive occupation, with autonomy from both hospitals and nursing management. However, the movement did not attempt to change nurses’ subordinate role to doctors. The task-based organization of work was kept. This ensured doctors’ control over the diagnostic and treatment process and at the same time, allowed doctors to hand down some tasks to nurses. A grading system emerged in the 1960s which created divisions between untrained nursing assistants, enrolled nurses with two years training and registered nurses with three years training. The grade system resulted in a new distribution of work within nursing. Registered nurses were assigned predominantly to curing responsibilities and untrained and enrolled nurses to caring responsibilities (Carpenter 1993).

A third change in the role of nurses began in the early 1970s, with the aim finally to achieve professionalization, to develop more scientific and philosophical concepts of care and to implement a new practice of professionalism through changes in training and in the organization of work. In 1989, with ‘Project 2000’, nurse education has been incorporated into the higher education system. Training has become more theoretical, and student nurses have been given full student status. New care systems have been developed which aim to make nursing more independent of the medical and other health care professions. Increasingly, basic care, so far provided by untrained, student or enrolled nurses, is carried out by NVQ-trained health care assistants. Moreover, the UKCC code of practice of 1992 abandons ‘certificates for tasks’ in favour of ‘principles for practice’ which allows for more independent judgement in nursing practices. Thus, new processes and care systems all aim for an autonomous professional status and role for nurses (Carpenter 1993; Walby et al. 1994).

There are major debates as to whether British nursing can claim ‘full’ professional status. Nursing fulfils a major requirement within the British system – it has its self-regulated professional association. But it does not fulfil other requirements, such as professional autonomy from