

Long-Term Care Workforce in Croatia: A Qualitative Study on the Potential Role of Immigration

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The deficit of workers, especially skilled nurses, is a growing concern in the long-term care (LTC) sector. In developed economies, the share of migrant workers in LTC has been steadily increasing. The goal of this paper is to explore the potential role of immigration in tackling the LTC workforce shortage in Croatia, a country marked by a “care drain”, through semi-structured interviews (N=13) with stakeholders from the government, the City of Zagreb, non-governmental organizations, professional associations, nursing homes and the academic community. There is a high consensus among interviewees that immigration is one of the possible solutions to the LTC labour shortage in Croatia. However, in order to keep the native workers and attract foreign ones, working conditions should be improved and wages raised. It is also crucial to develop integration policies and provide foreign workers with good professional training and quality language education.

Key words: long-term care, care workers, nurses, migration, population ageing, Croatia.

INTRODUCTION

The deficit of workers, particularly skilled nurses, is a growing concern in the long-term care (LTC) sector (Eurofound, 2020; Hussein and Manthorpe, 2005; OECD 2023a; Scales, 2021). According to estimations from the European Commission (2022a), the European Union (EU) will need more than 1.6 million extra workers by 2050 in order to maintain the same number of employees per one hundred LTC beneficiaries. Working in LTC is very physically and mentally demanding, and workers

(nurses and personal carers) are frequently not satisfied with their working conditions, pay, and career prospects (Llena-Nozal, Rocard and Sillitti, 2022; Rapp, Ronchetti and Sicsic, 2021). In turn, this results in poor hiring and retention rates, a high turnover, and a general scarcity of caregivers for older people (OECD, 2020). During the coronavirus pandemic, a large number of workers globally quit the LTC sector, placing increased strain on those who remained. As a result of the pandemic, LTC has become a higher priority for international

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organizations. In September 2022, the European Commission (2022a) published the European Care Strategy. The Strategy aims to improve the conditions of caregivers and care recipients in both formal and informal care settings by securing more accessible, affordable, and high-quality care services in EU Member States. The Strategy identifies migration as one of the main potential remedies for the labour shortage problem.

Along with Bulgaria, Romania, Hungary, and Slovenia, Croatia is one of the EU nations going through a “care drain” (European Commission, 2021). The main reasons why workers from these countries emigrate to wealthier countries are better pay and working conditions. This makes the labour shortage problem in lower-income countries worse, as they also have to deal with the ageing population. According to the 2021 Population Census in Croatia, 22% out of 3.87 million inhabitants in total are older than 65 years (CBS, 2022). By 2050, the share of the older population in Croatia’s total population will reach 30% (European Commission, 2024). One in ten citizens will be 80 and over years old. As people age, they can face a gradual decrease in functional capacity, physical or cognitive, and thus become dependent on the assistance of other persons over a prolonged period of time. In 2019, approximately one in five citizens of Croatia older than 65 reported having at least one care need (Rupasinghe et al., 2022). The share of the older population with LTC needs is greatly above the EU average (OECD, 2023b).

The LTC system in Croatia relies heavily on informal care provided by family members. The number of formally employed workers in LTC is thus very low, with only 0.2 per 100 people aged over 65, compared to 5.7 for the OECD average in 2021 (OECD, 2024a). Due to decreasing family size, higher geographic mobility and increasing involvement in the labour market

of women, who represent the majority of LTC carers, the demand for formal LTC in Croatia will likely increase. According to a survey carried out by the OECD (2023b), future generations of women in Croatia will not be able or ready to put someone else’s needs first to such an extent, which will drive the need for formal LTC. Most nursing homes already lack enough nurses, caregivers, and social workers, and they sometimes employ undocumented medical workers from nearby countries (Ombudswoman, 2021). Approximately 2,400 skilled nurses left Croatia between 2013 and 2023, according to data from the Croatian Chamber of Nurses (Bađun, 2022). There are presently 4,000 more nurses needed in the healthcare system, and it is not precisely known how many of them are needed in LTC, but according to some estimates, over 1,000 (Eurofound, 2020: 18).

The Government of the Republic of Croatia (2021: 970) appears to be aware of the LTC sector’s potential for employment creation, based on the National Recovery and Resilience Plan 2021–2026. The Plan suggests “measures for improving work conditions, professional training, higher salaries, employing immigrants and improving the system for recognising international qualifications” in order to provide the necessary workforce. Additionally, initiatives and programmes to retrain the workforce to work on all facets of care for older people are promoted, in collaboration with the Croatian Employment Service. However, specific steps have not been explained in the Plan. The Croatian government has stated in the 2030 National Development Strategy (Official Gazette, 13/21) that special attention will be given to the professional and material position of medical personnel to stop their outflow from Croatia.

The goal of this paper is to investigate the prospective role of immigration in dealing with LTC workforce shortage in Croatia

through semi-structured interviews with stakeholders involved in LTC from various positions. Unlike most previous research, in which migrant nurses and carers have been interviewed, in this paper the focus is on obtaining views from different perspectives: relevant ministry, the City of Zagreb, non-governmental organizations, professional associations, nursing homes and the academic community. The paper concentrates on three themes: 1) weaknesses of the Croatian LTC system, 2) attracting and retaining care workers, and 3) the prospective role of immigrants. Improving working conditions for all workers and improving LTC services, in general, is related to immigration possibilities. Studies that examine immigration in LTC in countries that used to be solely sending countries are rare (Gábel, 2022; Hrženjak, 2019; Hrženjak and Breznik, 2023). To the author's knowledge, this is the first paper in which the prospective role of care immigration is analysed in Croatia.

MIGRATION IN THE LONG-TERM CARE SECTOR: A BRIEF OVERVIEW

Migration and long-term care: General outline

Reliance on labour mobility is becoming one of the key governments' strategies to overcome labour shortages in LTC systems, both globally and across the EU (Yeates, 2009; Shutes and Chiatti, 2012; Van Hooren, 2014). In fact, developed economies are becoming dependent on migrant work for the functioning of their LTC system (Leiblfinger et al., 2020), which has led to the development of a competitive transnational care market and commodification of care (Melegh and Katona, 2020). In the beginning, research on care migration concentrated on global South to global North care movements while the enlargement of the EU facilitated migration from East to

West, driven mostly by geographical closeness and significant earnings gaps across borders, explained in the circular care migration concept (Triandafyllidou and Marchetti, 2013).

The main issue is that shortages can occur in countries of origin of migrant LTC workers as well, which raises ethical concerns. Richer countries extract care work from poorer countries, which creates new inequalities in the international division of reproductive labour (Parreñas, 2015). Shortages in the countries of origin are replaced by the work of women who are even poorer or more marginalized, which is part of the global care chain concept (Hochschild, 2020). The usual justification is that migrant children can help support older parents through remittances, but the loss of human capital is large and it hinders economic growth. Studies predominantly focus on benefits for the receiving countries, while neglecting the sending countries. The European Care Strategy pointed out that coordinated effort among countries is needed with the possibility of developing an EU-level scheme to attract workers, while also accounting for potential drawbacks like "care drain" from non-EU nations where the workers would be recruited.

In this section, a general outline of migration and LTC will be given, followed by a separate description of the situation in Croatia. Even though European studies of care migration have set an imaginary border in the global division of care labour between the post-socialist and European core countries, "the collapse of socialist welfare states, a higher share of full-time employed women, and the feminisation of migration have caused a care deficit and established structural conditions leading to an increasing appeal to care migration in Eastern European countries, too", which can be considered as countries of the global semi-periphery (Hrženjak and Breznik,

2023: 83). Croatia is one of them. New theoretical approaches transcend the usual global centre versus periphery models and take a transnational perspective on care markets while using the concept of the migration industry (Aulenbacher et al., 2024).

LTC workers take the typical migration routes between lower- and higher-income countries. When making decisions on migration, they consider the geographical closeness, language, historical links, culture, wealth of the host country, employment conditions, qualification recognition, welfare regime, education possibilities etc. (Christensen, Hussein and Ismail, 2017). Many foreign care workers globally are recruited after already settling down in the host country and usually working in the informal sector (King-Dejardin, 2019).

In developed economies, the share of migrants in the LTC workforce has been increasing, and the trend is likely to continue in the long run due to population ageing. In the OECD countries, migrant workers have a higher share in LTC than in all sectors on average (OECD, 2023a). Approximately 26% of LTC workers in 2021 were foreign-born, with large variations among countries ranging from 70% in Israel, around 40% in Luxembourg, Switzerland and Sweden, to less than 3% in the Czech Republic. According to the EU Labour Force Survey data for 2019, the share of foreign-born LTC workers (from within and outside the EU) was close to 20% (European Commission, 2022b).

Eurofound (2020) data for the EU countries differ from the OECD and European Commission data because the former includes not only nurses and personal carers but also other workers employed in the LTC sector such as cleaners, cooks, administrators, physiotherapists, speech therapists etc. According to Eurofound, 8% of the LTC workforce in the EU in 2019 consisted of foreign workers, which is similar to

the share in the total workforce. A larger share of them were non-EU workers. Countries that had the highest contribution of foreign-born workers in LTC were Malta, Luxembourg and Ireland, followed by Austria, the UK, Cyprus, Germany, Italy and Sweden. On the opposite end were Bulgaria, Croatia, Hungary, Lithuania, Poland, Portugal, Romania and Slovakia (share 1% or below).

While the bulk of foreign workers in Northern and Western Europe are engaged by LTC organizations, in Central, Eastern, and Southern Europe they are typically hired by individuals in need of care or their families (OECD, 2023a). Approximately 75% of the carers employed by private households in Italy are foreign nationals, of whom almost three-quarters are from Eastern Europe (Eurofound, 2020). In Spain, the situation is comparable. Research indicates that migrant caregiver use varies by economic class, with wealthy families frequently being the only ones who can afford to employ one (Sowa-Kofta et al., 2019). There is a grey market for live-in home care workers, who share the household with the person receiving care, with a high incidence of foreign-born workers. The majority of foreign-born LTC workers are middle-aged women who usually work at a lower level in the host country than the one for which they are qualified (Fujisawa and Colombo, 2009). Immigrant workers tend to work more hours and are more inclined than native workers to put up with challenging working circumstances (Colombo et al., 2011). According to the same authors, who have summarized previous literature, migrants in LTC often work with shorter contracts, irregular hours, for a smaller wage, at lower job positions than non-migrant workers, and may need to work with the most demanding care recipients. They also have higher retention rates and lower wage sensitivity because of concerns regarding

immigration rules and their rights. Migrant workers have fewer opportunities for upward mobility and training and are not protected by trade unions.

Unfortunately, verbal abuse or complete refusal by the client to accept care can happen to migrant care workers, particularly at the beginning of care provision. Live-in carers are especially exposed to personal and financial exploitation (Cangiano et al., 2009). A significant part of live-in carers is completely excluded from employment legislation and their basic labour rights, such as rest periods, are denied (Eurofound, 2020). Live-in caregivers may receive extremely low pay – in many cases, not even the host country's minimum wage (OECD, 2023a). There are fewer labour regulations and inspections for home care compared to other employment settings. Due to its high demand and informality, domestic caregiving might serve as a migrant worker's entrance point, allowing them to eventually find better employment in the host nation.

The country of origin is an important factor in understanding variations in working conditions among migrants. In Austria and Sweden, non-European migrant workers experience particularly difficult working conditions in LTC compared to their native or European migrant counterparts (Simmons, Rodrigues and Szebehely, 2022). In terms of attitudes towards caregiving immigrants, a study has shown that people in Japan and the United States prefer immigrants who are better educated, have more training and have better language proficiency (Peters et al., 2019).

Migrant workers supplement existing care services or fill in when LTC services are absent or insufficient, which relieves pressure on informal caregivers (Sowa-Kofta et al., 2019). However, while relieving many families from difficult care work, extensive employment of privately paid migrant care workers can crowd out formal

care services (Di Rosa et al., 2011). A study in Italy has found that higher immigration allows women, especially those with living older parents, to retire later in life (Peri et al., 2015). Restructuring of the Dutch LTC system – particularly the emphasis on informal care and decreasing accessibility of institutional care – has been pushing a live-in migrant care market (Da Roit and van Bochove, 2017). By employing migrants in families, the state is moving away from responsibility for public financing (Zacharenko, 2023).

Butcher, Moran and Watson (2022) have shown that having a larger share of less-educated migrants in the local community in the United States reduces the probability of institutionalisation among the older population. Greater levels of immigration result in lower wages for the less-educated workforce and greater employment of nursing and health assistants. As a result, the cost of ageing in the community is decreased due to the number of inexpensive caregivers. This promotes “ageing in place”. The impact of increased immigrant employment on native workers' labour market results in the German LTC sector was studied by Haan and Wnuk (2024). They discovered that hiring more foreign workers lessens labour shortages. It also causes a transition of those currently employed in LTC to jobs with better working conditions, higher wages, and non-manual tasks, but it simultaneously reduces the chances of re-employment for the unemployed natives with LTC experience.

Furtado and Ortega (2022) and Grabowski, Gruber and McGarry (2023) have concluded that increased immigration raises the staffing levels of nursing homes in the US and this has a very positive effect on patient outcomes. Yet, sometimes there are concerns that the quality of care services provided by foreign LTC workers might not be up to acceptable standards (Fujisawa and Colombo, 2009). More research is needed

on the effects of immigration on the health outcomes of older individuals, the labour market effects, and the availability, quality, and price of formal care services.

Migration and long-term care in Croatia

Due to the general shortage of workers, especially in construction and tourism, and the gradual increase in the price of labour, the number of foreign workers in Croatia has strongly increased in recent years. Since Croatia joined the EU in 2013, the year 2022 was the first one with a positive net migration due to a significant increase in the number of immigrants from Ukraine and Asia (CBS, 2023). In 2023, 172,500 stay and work permits were issued in Croatia with the largest shares from Bosnia and Herzegovina (22%), Serbia (14%) and Nepal (14%) (Ministry of Interior, 2024). Since 2019, there has been a decreasing trend in the number of immigrants from former Yugoslav countries. It seems that the traditional pool of immigrant workforce is starting to be replaced with workers from poor Asian and African countries (Komušanec, 2023). The number of foreign workers in health-care is smaller than 1% (Butković et al., 2022), just like in LTC (Eurofound, 2020).

The Aliens Act provides Croatia with a legal basis for hiring nationals of other countries. Since 2021, a new model for hiring foreign workers has been in place. This model is based on a labour market test conducted at the relevant employment bureau, with the exception of certain occupations that are specifically identified. Before requesting a foreign worker's residence and work permit, a company that wants to hire a foreign worker must determine whether any Croatian workers are already accessible on the market. The previous immigration policy was based on a quota system. The government decision determined the annual quotas for the extension of issued permits

and the new employment of citizens from third states. The labour market test currently does not exempt nurses or caregivers. When the previous Aliens Act was applied, the quota for nurses/medical technicians in 2020 (for the social welfare system) was 55, with 31 positions remaining unfulfilled (Bađun, 2022). The quota for caregivers was 90, with 12 positions remaining vacant.

Croatia still does not have a consistent long-term migration policy, especially regarding the integration of migrant workers (Butković et al, 2022). The last migration strategy for Croatia ended in 2015. The problem of migrant work has not yet received the attention it merits in national social dialogue. This is partly because, in comparison to Western European nations, there are comparatively fewer migrant workers. There are no particular provisions in collective agreements for migrant workers, and neither employers nor trade unions have effective strategies for dealing with this category of workers. In 2020, the Croatian Employers' Association (CEA) launched an initiative for simplifying and speeding up the process of recognising professional qualifications of medical personnel gained in third countries, but the initiative is yet to deliver results (Bađun, 2022).

There is not much research on migrant workers in Croatia, though it in general shows that migrants are taking jobs that demand minimal (low) education and that most migrant workers come from the countries of the region (Botrić, 2015). More research with the latest data is needed. Circular migration exists in all sectors, which means that migrant workers stay in Croatia for a year or two, after which they go to third countries. This can be seen through a relatively small number of the prolonged work permits issued (Butković et al., 2022). No scientific research has been done on immigration in LTC in Croatia, nor the effects of emigration. Eurofound's (2020) report

briefly mentions that there is a small number of live-in carers from Bosnia and Herzegovina in Croatia, alongside the fact that there is a certain share of such Croatian caregivers in Austria, Italy and Slovenia. While working in Austria or Italy, they can make twice as much in two weeks as they would in three to four months for comparable work in Croatia. Nursing homes in Slovenia are trying to employ workers from Croatia who live near the border, but “Croatian workers are becoming less interested in Slovenia and increasingly seek jobs in Austria and Italy” (Hrženjak and Breznik, 2023: 92).

METHODOLOGY

The main goal of this qualitative research is to investigate the prospective role of immigration in dealing with the LTC workforce shortage in Croatia. Semi-structured interviews were conducted with stakeholders involved in LTC from various positions to benefit from data source triangulation (Carter et al., 2014): 1) two representatives of professional associations (Croatian Employers' Association and Croatian Chamber of Nurses), 2) three representatives of non-governmental organizations (one specialized in Alzheimer's disease, one in palliative care and one in home care), 3) one representative of a county-owned nursing home, 4) one representative of the City of Zagreb (Social Care Sector), 5) two representatives of the Ministry of Labour, Pension System, Family and Social Policy, and 6) four representatives of the academic community specialized in ageing, social policy, social gerontology or migration (two worked at a university and two in a scientific institute). Purposive sampling was used to get expert opinions (Döringer, 2021). The interviewees were initially approached by e-mail with an attached invitation letter describing the research and ensuring confidentiality.

A total of 13 (10 women and 3 men) telephone interviews were conducted from

26 September to 6 October 2022 (all in Croatian and recorded upon the interviewees' oral consent). Except for one interviewee who works in an NGO in Istria, all others were from the City of Zagreb. Telephone interviews were chosen due to the ongoing COVID-19 pandemic in that period. The Government of the Republic of Croatia declared the end of the pandemic in March 2023. The interviews lasted between 30 and 60 minutes. A similar type of research was carried out by Hrženjak and Breznik (2023) who interviewed 11 experts in Slovenia in order to obtain views on care migration in care homes for older people between Slovenia and former Yugoslav countries.

In this study, the interviewees were all asked the same six open-ended questions, with further related questions depending on the interviewees' organization. The purpose of the first question was to identify the main problems of the Croatian LTC system for ageing adults. In the second question, the interviewees were asked what should be changed to attract and retain LTC workers (nurses and carers). In the third question, they were asked to explain whether immigration can be one of the solutions for the LTC labour shortage in Croatia. In the fourth question, their opinion was invited on possible measures which would attract immigrant workers to LTC. This was followed by asking them to state potential source countries. Finally, the interviewees were invited to give their opinions on the benefits and shortcomings of an increased share of foreign workers in LTC in Croatia.

The interviews were analysed thematically. Interview transcripts were reviewed segment by segment to identify the key themes and concepts within the predetermined open-ended interview questions. In order to establish categories and examine links within each, data were continually compared (Bryman, 2012). Even though the interviewees were from different groups of

stakeholders, there was a high degree of homogeneity in their answers. The saturation of themes was quickly reached. An evident limitation of this study is that it does not encompass the user perspective.

RESULTS

The results are organised in three themes following the research questions: 1) weaknesses of the Croatian LTC system, 2) attracting and retaining care workers and 3) the prospective role of immigrants.

Weaknesses of the Croatian long-term care system

Respondents feel that ageing and LTC in Croatia have been neglected for a long time. They believe that the LTC system is marginalized, underdeveloped and has many problems. One respondent has characterized LTC in Croatia as *'ugly, shameful and below all criteria'*. The system is often described as unjust and uncoordinated.

One of the most important problems, according to respondents, is that LTC is split between social care and healthcare. These two systems work individually while users need integrated care. There is a lack of coordination between different institutions (e.g. social welfare centres, nursing homes, primary care offices etc.) and beneficiaries find it difficult to get timely and accurate information about their entitlements, partly because regulations change too often. One respondent has mentioned that in Croatia it is not clearly defined *'what represents LTC, who can get it, under which conditions, who supervises, who pays, who provides financing...'* This creates a problem with many resources spent inefficiently. Several respondents have pointed out that there are large regional differences in the availability of care services, especially between urban and rural areas. Consequently, the LTC system generates inequalities.

The interviewees see inequalities in financing as well. The government subsidizes accommodation in government- or county-owned nursing homes, which causes long waiting lists due to limited capacities, while on the other hand beneficiaries in private nursing homes have to pay a price that is two or three times higher. Subsidies are given under non-transparent criteria and they are not means tested. The number of private nursing homes is increasing, but respondents feel that this is still not enough to fulfil the rising demand. In addition, people in Croatia cannot afford accommodation in private nursing homes. One interviewee suggested the introduction of LTC insurance and vouchers which would enable persons in need of LTC to choose between private and state-owned nursing homes. Several respondents think that formal home care in Croatia is particularly underdeveloped. Many of them have praised the project *'Zaželi'* (Make a Wish), financed by the European Social Fund, which enabled older, unemployed women to become home carers (*'gerontodomačice'*). However, the project duration is limited, and respondents believe that such successful programmes should become permanent. One respondent said that non-governmental organizations, which are financed from various sources, fill in the gap in services that should be ensured by the government.

A few respondents think that the Croatian LTC system relies too much on informal care by family members. At the same time, they state that informal carers are not getting almost any support. Women who simultaneously take care of their children and parents who are dependent on their help are in a particularly difficult situation. *'They are not sandwich generation, they are Big Mac generation! Women are bursting at the seams.'* One interviewee asked the following question: *'Why can the government subsidize accommodation in a nursing home and at the same time not*

co-finance a family who takes care of their older member at home? There is awareness among respondents that there will be fewer and fewer family members available to provide LTC.

Another issue raised by respondents is the lack of quality control. The COVID-19 pandemic has brought to the surface poor living conditions for many LTC beneficiaries. Two respondents mentioned inadequate and uneducated management of nursing homes. One respondent mentioned that nursing homes should be restructured, categorized by the intensity of care and accordingly priced. Another said that Croatia does not have adequate facilities for people suffering from dementia. The same holds for people in need of palliative care. One respondent thinks that the LTC system relies on traditional services *'which should not be abandoned but rather supplemented by using digital technology for people who are receiving care in their homes'*.

Finally, all interviewees think that the lack of LTC workers, especially nurses, is one of the most important problems of the Croatian LTC sector. It has been an ongoing issue for several years already and respondents are certain that it will become even more pronounced in the future. The shortage is present not only in LTC but in hospitals as well. One respondent pointed out that there is a general shortage of workers in Croatia. It is difficult to even find workers who would cook or clean in nursing homes or deliver food to older people. In regions where tourism is the most important economic sector, hiring workers is particularly challenging.

Attracting and retaining care workers in Croatia

All interviewees agree that nurses and carers have very difficult jobs and work in arduous conditions in Croatia. Due to labour shortage, *'nurses and carers are*

overburdened and under high risk of professional burnout.' One interviewee said: *'Can one nurse alone work the night shift with one hundred LTC users, of which forty have dementia? Additionally, nurses are underpaid. They are leaving Croatia because their salary abroad is several times higher. Who would accept such a demanding job for approximately 800 euros per month? A person who works as a cleaner in an Istrian tourist villa earns more. Nurses are tired of being patients' and doctors' doormats.'* Another respondent said that working in LTC is like working in a coal mine.

In order to attract and retain care workers, all respondents agree that primarily their wages have to be increased. Several of them pointed out that nurses who work in social care in Croatia are paid less than nurses who work in healthcare due to different terms laid out in the collective agreements and rulebooks. *'The fact that nurses who work in social care are paid less is unjust because their jobs are extremely demanding. Nursing homes do not employ doctors which means that, unlike in hospitals, nurses have to be more competent and independent.'* One respondent mentioned that night shifts and weekends are the worst because at that time primary care physicians are not working and nurses have to decide when to call the emergency hospital unit. All this makes working in a hospital more attractive than working in a nursing home.

Wages in private nursing homes have started to increase, as noted by two respondents, but they are afraid that the increase is not enough when compared to wages in Germany or Austria. There is a large turnover of the LTC workforce in Croatia because they are trying to get better wages and working conditions. Another respondent said that *'in Croatia, everybody is ready to invest in buildings but they are saving on people'*. Several respondents mentioned

that increasing wages and hiring more people would raise the costs of care and many people in Croatia cannot afford it even now. They believe that the government wants to keep the expenditures on social care low. However, if the government would stop subsidizing nursing home residents who could afford to pay the full economic price on their own, there would be funds available to hire more workers. One respondent noticed that each reorganization of a state- or county-owned nursing home leads to less staff, and the ones who remain have to provide LTC to a large number of beneficiaries, which makes them even more dissatisfied and decreases the quality of care.

Since it is difficult to find a nurse to work in a nursing home (sometimes it takes up to one year), employment criteria have started to weaken. Two respondents said that there are still unemployed nurses who are registered at the Croatian Employment Service, but unfortunately, they either have significant health problems or are simply not 'fit for the job'. One interviewee mentioned that sometimes nurses and carers who work with older people are not well trained or educated to understand their psychosocial needs. This is why LTC workers should go through additional training. An important issue is that the standardization of the nurse/patient ratios is outdated: *'Nursing home residents are not potatoes. It takes time to bathe them, feed them, and change their catheters... Sometimes nurses are on sick leave, vacation or maternity leave and then the workload for the remaining nurses increases.'* Since nursing homes provide palliative care as well, additional staff is needed.

One possible path to attract and retain care workers is to improve their reputation in society, as mentioned by two respondents. Several of them believe that Croatia should enrol more students in secondary medical schools. Another way to attract young people into this profession is through

scholarships. A potential solution is also to enable more affordable housing for LTC workers. Finally, one respondent thinks that LTC workers are excessively modest and that they should stand up for themselves. There is an opinion that even the Croatian Chamber of Nurses is not doing enough for them. The focus is on nurses who work in healthcare. Finally, one respondent said that *'we are all talking about the older people and not about people who take care of them'*.

Prospective role of immigrants in Croatian long-term care

All respondents except one see immigration as an inevitable solution for the LTC workforce shortage in Croatia. They realize that Croatia's population is old and that even with changing financial incentives within the LTC system, the domestic workforce will not be enough. Three respondents mentioned that countries such as Italy, Germany and Austria are relying on migrants to provide LTC and they believe that Croatia should try to attract them as well. However, several respondents point out that Croatia does not have any migration policy let alone for workers in LTC: *'Croatia is breaking down all barriers for immigrant workers. For now, the focus is on tourism, the hospitality industry, construction, manufacturing and even trade, but it is a matter of time before other sectors will have their turn.'*

Almost all interviewees are afraid that migrant workers who might come to Croatia would stay shortly and then go to more developed economies – *'Croatia would be just a transit country.'* One respondent mentioned that *'Foreigners come to Croatia to study German for ten months and then go further.'* Another interviewee said: *'Foreigners are not a stable workforce on which we can rely long-term, but part of them will stay and start a family in Croatia. Even if they stay for only three or four years, it will be good for our labour*

market.’ Several interviewees would prefer that Croatia firstly deals with the fact that many Croats are leaving to work abroad. They do not see that the government is doing anything to keep them in Croatia. *‘We need to exhaust all possibilities in creating conditions for the stay of our workers. After we use up the domestic human resources, we will have to turn to migrants.’*

All interviewees agree that Croatia is primarily attractive to LTC workers from Bosnia and Herzegovina and other countries from former Yugoslavia because of the proximity and similar languages. However, one respondent raised doubt about the availability of LTC workers in these countries. Several of them have mentioned Ukraine and Albania as well. Almost all interviewees think that we will have to turn to Asian countries too (Nepal, the Philippines, India, Pakistan) and possibly African economies. One interviewee said: *‘Workers from Asia are motivated to work in Croatia because of better working conditions and wages, however, I think that we should focus on nurses from our neighbouring countries, with the same/similar language, I mean those from Bosnia and Herzegovina. The Croatian Chamber of Nurses should define the conditions under which they can obtain licenses at the smallest cost and in the shortest time.’* Three respondents emphasized that medical high school in Croatia lasts five years, while in Bosnia and Herzegovina it lasts four years, and this is why experienced and highly skilled nurses from the latter country have to, under Croatian regulations, take additional exams. Another barrier for foreigners is that all exams have to be passed in Croatian. All interviewees agree that language is very important when providing LTC because it includes *‘a humane component’*. They also think that cultural similarities matter. One interviewee said that *‘providing LTC to someone without knowing the language and technology can be considered as abuse’*.

Approximately half of the respondents think that the process of obtaining a licence for foreign nurses lasts too long – *‘three to four years, with the cost of 2,400 EUR’*. One respondent ironically remarked that *‘if nurses from Bosnia had so much money, they would stay in Bosnia’*. Respondents think that it is easier/quicker to obtain a licence in Germany than in Croatia. Two interviewees suggested giving a temporary licence to nurses from Bosnia while they are in the process of obtaining the ‘real’ licence or letting them work under mentorship. Another problem is that *‘public institutions cannot employ people who do not possess a work permit, and at the same time a work permit cannot be received if a person has not signed a work contract’*. Additionally, the fact that there are unemployed nurses at the Croatian Employment Services disables their import under special regulations.

Potential measures to attract foreign workers, as seen by the respondents, are primarily higher wages: *‘Croatia is heaven on earth, but wages should be higher’*. Additional measures are free housing (or at a reduced price), education in English, easier recognition of diplomas, tax benefits, and agreements between universities. In terms of free housing, *‘Croatian citizens sometimes wonder how employers can give free food and accommodation to foreign workers, and cannot increase wages for domestic workers.’* One respondent thinks that Croatia should have a strategic document for LTC.

As a potential benefit of immigrant workers in LTC, interviewees see the fact that there would be more workers. This means that more services could be provided and at least the minimum standards of quality fulfilled. The main shortcoming, emphasized by all respondents, is the language barrier, which can cause difficulties in communicating with colleagues and LTC beneficiaries. One interviewee expressed

fear that immigrant workers might work in the shadow economy. Several respondents mentioned that older people might find it hard to accept foreigners. Three respondents think that Croatian society is not prepared for immigrant workers (*'people are afraid of diversity and need time to adapt'*), and two mentioned that Croatia needs a migration policy that would integrate them into the society and connect them with their families.

DISCUSSION

Problems of long-term care in Croatia

The respondents believe that LTC in Croatia is neglected, underdeveloped, unjust and split between health and social care. It relies too much on informal care provided by family members, yet it does not provide them with adequate support. Women bear the highest burden in providing care. There are not enough available places in nursing homes and there is a lack of quality control. All these beliefs have been confirmed in previous research (Dobrotić, 2016; OECD, 2023a; Stubbs and Zrinščak, 2018). Interviewees agree that the lack of LTC workers, particularly nurses, is one of the most important problems in the LTC sector. They feel that they are overburdened and at risk of burnout, which was also shown by Rusac et al. (2017). The workers are underpaid as well. Hence, the interviewees believe that their wages must be increased and working conditions improved in order to stop their outflow from Croatia and attract new employees. This is also the main recommendation by the OECD (2024b).

However, there is scepticism about the government's readiness to increase expenditures on social care. Furthermore, higher wages mean higher costs for the LTC beneficiaries and limitations to access. The interviewees point to significant turnover in the LTC workforce and the weakening of employment criteria. In order to attract

and retain care workers, their social status should be improved, more students should be enrolled in medical schools (and given scholarships), housing should become more affordable and collective bargaining strengthened. OECD (2024b) has recently brought attention to a worrying trend: the interest of 15-year-old students in becoming nurses has decreased in at least half of OECD countries between 2018 and 2022. Furthermore, over 90% of students expecting to work as nurses are girls, which means that one of the continuing challenges is to attract male students.

The fact that several respondents mentioned the problems of underfunding, affordability and unequal access to LTC, leads to a conclusion that the social policy in Croatia does not give LTC the attention it deserves. The share of LTC spending in GDP in Croatia in 2022 stood at 0.5%, while the EU average was 1.7% (European Commission, 2024). Just like in neighbouring Slovenia (Hrženjak and Breznik, 2023), the government's underinvestment is one of the causes of the care deficit. In addition, containing public funding leads to the deterioration of working conditions for the care workers. Furthermore, since governments are playing a less active role in dealing with care needs, LTC has become increasingly marketized, which was already described by Dobrotić (2016) for Croatia and Melegh and Katona (2020) for other Central and Eastern European countries.

Immigration as a solution

All respondents except one think that immigration is an inevitable solution for the LTC workforce shortage. However, there are several difficulties. Firstly, Croatia is not attractive enough compared to e.g. Austria or Germany, so migrant workers would probably stay for a short period only. Secondly, the administrative barriers to their entrance are too high. It takes too

long to obtain a licence for a foreign nurse, and it is an expensive process. Furthermore, Croatia basically does not have any immigration policy, let alone for workers in LTC. The interviewees think that in the future, Croatia will not be able to rely on workers from neighbouring countries with similar languages but instead on Asian countries. A research by Hrženjak and Breznik (2023) for Slovenia shows that nursing homes in Slovenia are trying to attract workers from countries of the former Yugoslavia, including Croatia, but they also realize that the “Balkan pool” is emptying. Slovenia is not attractive enough compared to Austria or Germany and is often just a stepping stone for migration further to the West.

Several respondents mentioned that older people might find it hard to accept foreigners and there is concern that Croatian society is not prepared for immigrant workers. Previous research carried out before Croatia joined the EU has shown that Croats indeed oppose immigration and see it as a socioeconomic and cultural threat (Čačić-Kumpes et al., 2012). In a survey carried out in 2023, 70% of respondents noticed an increasing number of foreigners in their community (Val Group, 2023). Half of them believe that immigrants are a threat to Croatian culture and way of life, and only 23.6% of citizens support their coming to Croatia. In terms of general attitudes towards immigration in Europe, ethnic prejudice has a crucial role for natives to oppose immigration (Schmidt, 2021). The native population has significantly more averse attitudes when immigrants come from the global South (Africa, Asia, Latin America) compared to when they enter from EU countries. In Croatia, immigration from Asia is likely to become a long-run trend, while Southeast Europe will become less important. Even though older people are more averse to immigration, research by Schotte and Winkler (2018) shows that ageing societies will become less averse to open immigration regimes over time. However,

Schmidt (2021) believes that while cohort replacement has positively influenced attitudes towards immigrants in Europe from 2002-2018, this positive development will stop because younger cohorts no longer have significantly more immigrant-friendly attitudes than their immediate predecessors.

The interviewees have not mentioned the negative effects for the sending countries. However, there is a high awareness that the care market is globally competitive since care is becoming a scarce commodity. The interviewees have also not pointed out the possible effects of immigration on the wages and careers of native workers, even though there was one belief that migrant workers are in a better position because the employers pay for their accommodation. Another issue the respondents have not raised is the inequality of migrant care regarding socioeconomic differences. Migrant workers in home care would be available only to affluent families, especially since the carer's allowance in Croatia can be used solely by carers of people with a high degree of disability. Furthermore, the quality of care provided by migrant workers was rather neglected by the respondents, apart from the language issue. Namely, higher immigration may lead to devaluation of care (Browne & Braun, 2008). Iecovich (2015: 154) reminds us that we are dealing with the rights of two vulnerable groups of people – older care recipients and their carers – “who are both susceptible to abuse, exploitation, mistreatment, and discrimination.” Migration combined with marketization relieves the state and families of the burden of providing care and cuts public costs, but more research is needed on the effect on the quality of care.

Attracting foreign workers

Potential measures to attract foreign workers, as seen by respondents, are primarily higher wages, affordable housing,

education in English, easier recognition of diplomas, tax benefits etc. Foreign workers in LTC would enable more services to be provided but the biggest worry is the language barrier. More effort should be put into language and skill training. Up to now, expenses associated with language learning, diploma recognition, and continued education for migrant workers have been the responsibility of their employers, the workers themselves, or occasionally addressed through periodic programmes provided by civil society organizations (Butković et al., 2022). Moreover, a better integration of foreigners is needed. Prior studies also verify respondents' belief that Croatia lacks a comprehensive strategy to manage increased migration flows or facilitate the integration of migrants into the labour market (Botrić, 2016). Several respondents would prefer that, in the first place, Croatia deals with the fact that Croatian nurses are leaving to work abroad.

Apart from attracting migrant LTC workers, an important issue is their retention. In a qualitative study on migrant nurses in Ireland, over half of the respondents were thinking about migrating onward because the country of destination has not provided them with long-term stability in terms of citizenship and family reunification (Humphries, Brugha and McGee, 2009). Hence, the health system or LTC system cannot act alone to retain the nurses. Instead, a wider policy response from the government is needed. Another issue is that foreign caregivers may seek ways to change careers once they gain permanent residence. LTC jobs are often considered transitional career options. As already concluded by Iecovich (2015), the share of migrant workers in elder care depends on various contextual factors such as welfare regimes, local migration control policies, labour market policies and families' obligations and responsibilities.

The majority of countries do not support the recruitment of LTC workers through policies for channelled migration but some have established controlled migration routes to ease their immigration (e.g. Canada and the United Kingdom). Canada's migration scheme enables permanent residency if the candidates are proficient in English or French, have a minimum of one year of Canada-equivalent post-secondary education and have worked in a social care occupation for two years (OECD, 2023a). Germany has a specialised agency (DeFa) that recruits workers from abroad in health and care. In Japan, foreign workers need to have a nursing diploma or college degree with being certified as caregivers and be hired through a Japanese accepting agency. Because they are on the list of occupations with scarcity in the labour market, care workers are excluded from the labour market test in several countries. Many countries have agreements with a certain country about immigration to make up for shortfalls. International hiring may be difficult and costly both for companies employing foreign labour as well as for foreign workers. An important question that should be analysed in future work on LTC in Croatia is the role of recruitment agencies that transnationally broker home care services and workers, and who have become important players in national economies and welfare systems (Aulenbacher et al., 2024).

CONCLUSIONS

The goal of this paper was to investigate the prospective role of immigration in dealing with LTC workforce shortage in Croatia through semi-structured interviews with stakeholders involved in LTC from various positions – professional associations, NGOs, nursing homes, government (national and local) and academic community. There is a high consensus among respondents that immigration will be an

unavoidable solution for providing LTC in Croatia. However, the preferred option would be to decrease the emigration of Croatian nurses, but this seems rather unlikely due to large wage differences between Western Europe and Croatia.

With the rapid ageing of the population, increasing demand for caregivers from abroad will probably be a long-term phenomenon in the EU. The desire to migrate is influenced by various factors, including language, culture, location, employment opportunities, and economic well-being. Stated otherwise, this implies that Croatia will encounter difficulties in its efforts to “compete” for foreign labour in any sector of the labour market, including LTC. The Croatian LTC is underdeveloped and underfunded, and both nurses and personal carers work in difficult conditions for low pay. Because of population ageing and the steadily declining number of informal caregivers, Croatia may not be able to meet the demand for LTC workers even if it takes all necessary steps to make this position more appealing to domestic workers.

In order to retain foreign workers, it is crucial to develop integration programmes and provide them with proper professional training and quality language education. A comprehensive immigration strategy and policy is needed, which should be based on detailed immigration statistics. CEA is the only organization in Croatia that has taken some initiative to enable easier recruitment of foreign workers in LTC. Now is the time for the government to present specific proposals, not only for potential foreign workers but also for native nurses/technicians and personal carers, who have an incredibly difficult and underappreciated job. The fact that LTC nurses earn lower wages than their peers in the healthcare industry ought to be one of the first things on the policy agenda for discussion. Furthermore, standards and norms for care workers should be looked

into because beneficiaries’ health profiles have worsened. Negative attitudes towards immigration and the reasons behind them should also be addressed. More research is needed on the effects of immigration on the health outcomes of older individuals, the labour market effects (especially wages), and the availability, quality, and price of formal care services. Without significant changes, which also include placing LTC at the centre of social policy, Croatian LTC will continue to have a workforce shortage and care beneficiaries will not be able to receive high-quality service without a sufficient number of caregivers. Finally, international recruitment should be fair and ethical to avoid aggravating shortages in the countries of origin which also have an ageing population.

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Sažetak

RADNA SNAGA U SEKTORU DUGOTRAJNE SKRBI U HRVATSKOJ: KVALITATIVNA STUDIJA O POTENCIJALNOJ ULOZI IMIGRACIJE

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Nedostatak radne snage, osobito kvalificiranih medicinskih sestara, postaje sve veći problem u sektoru dugotrajne skrbi. U razvijenim gospodarstvima udio migranata u navedenom sektoru kontinuirano raste. Cilj je ovoga rada istražiti potencijalnu ulogu imigracije u rješavanju nedostatka radne snage u dugotrajnoj skrbi u Hrvatskoj, zemlji koja ima „odljev skrbi“, putem polustrukturiranih intervjua (N=13) s dionicima iz nadležnog ministarstva, Grada Zagreba, nevladinih organizacija, strukovnih udruga, domova za starije osobe i akademске zajednice. Među ispitanicima postoji visoki konsenzus da je imigracija jedno od mogućih rješenja za nedostatak radne snage u dugotrajnoj skrbi u Hrvatskoj. Međutim, kako bi se zadržali domaći radnici i privukli strani, trebalo bi poboljšati radne uvjete i povećati plaće. Također je ključno razviti politike integracije i osigurati stranim radnicima dobru profesionalnu obuku i kvalitetno jezično obrazovanje.

Ključne riječi: dugotrajna skrb, njegovatelji, medicinske sestre, migracije, starenje stanovništva, Hrvatska.