

Smack in the Middle – Crises of the Working World and their Co-optation by the Right #1

CONNECT

Unhealthy Debate – Overload and Divided Workforces in the Health Sector

In autumn 2025, as part of the project “Connect – Diversity through Participation”, the DGB-Bildungswerk Thüringen e.V. hosted an online lecture series. The talks were transcribed and published in several languages. This text summarises the lecture by [Thomas Stieber \(SOFI – Sociological Research Institute Göttingen at the Georg-August University\)](#). For a detailed discussion, see his book “Muster migrantischer Arbeit“ („Patterns of Migrant Labour“).

Many sectors in Germany suffer from labour and skilled-worker shortages – the health sector in particular. An increasing share of work in this field is performed by migrant staff. The over-burdening of personnel in clinics and hospitals became obvious during the COVID-19 pandemic and, at least temporarily, entered the public spotlight. The challenges are clear: too few qualified staff, exhaustion, poor working conditions and declining quality of care. At first glance these problems affect employees with and without migration experience alike. However, migrant colleagues face additional strains: starting a new job often comes with conflicts and exclusion.

The following text looks at the situation of foreign-trained nursing staff working in German hospitals and at the so-called “patient-remote areas” where many migrants also perform important yet de-valued tasks. We focus on organisational and political structures that are frequently hidden by right-wing narratives and the outsourcing of conflicts.

“No Alternative”? Political Restructuring of the Health System Since 2000

Many of today’s problems in nursing stem from a deliberate economisation of the health system. This reform was presented as “without alternative” and placed hospitals under massive financial pressure. To make a profit, more patients had to be treated in less time. This created intense cost-cutting and performance pressure, especially in nursing and service areas – fields where many migrants are employed.

One consequence was the division of hospital work into a supposed “core of work” and allegedly “patient-remote” activities, such as patient transport, cleaning or kitchen work. These areas were removed from the previous employment system, transferred to separate subsidiaries, and excluded from collective bargaining agreements, which caused wages for employees in these areas to fall by up to 50 percent.

Since the early 2000s hospitals were organised increasingly according to business-management criteria such as efficiency and cost reduction; person-centred principles fell into the background. The introduction of the so-called DRG (Diagnosis-Related Groups) meant that hospitals were no longer paid for actual effort but received a fixed amount per case.

At the same time many nursing positions were cut, dramatically increasing the workload of the remaining staff. Numerous nurses felt they could no longer fulfil their core task – giving time and care to

patients. Stress, overtime and mental strain created health-damaging working conditions. Many qualified workers left the profession or reduced their hours.

These are the structural reasons behind today's nursing crisis. Politically, the response in recent years has been to recruit additional staff from abroad. However, this does not address the precarious working conditions in the nursing sector; it merely shifts the problem elsewhere.

Situation of Foreign-Trained Nursing Professionals in Germany

Care workers are recruited from various countries, such as the Philippines, Tunisia, and Indonesia, partly through government programs and partly through initiatives by individual companies in cooperation with placement agencies. The recruited professionals have already been trained as nurses in their home countries – sometimes already with the intention of working abroad. Economic interests of hospitals often dominate over the personal and professional prospects of the recruits. Because the training systems differ from Germany's, many foreign nurses are over-qualified for the tasks expected of them here. At the same time, already over-burdened hospital staff rarely have time for proper induction – only partly do employers provide a coherent concept and

the necessary resources. In the source countries, recruitment can lead to a brain drain (or care drain), i.e., the loss of (medical) skilled personnel. In some countries, high-quality nursing education aimed at overseas employment even conflicts with an under-resourced domestic health system that does not benefit the local population.

The nurses and their families often pay high fees for the training; additional recruitment-agency charges may apply. Because recognition of foreign qualifications in Germany can take time, the nurses are sometimes employed initially as assistants with lower pay. Migrants frequently remit part of their salary to families back home, creating strong expectations to succeed in Germany. The recruited nurses often find themselves in a precarious social situation: lacking social contacts, working alongside highly stressed colleagues, and facing language barriers. Intensive German language courses at B2 level are part of the training programme, but they are usually too short and do not cover the specialised terminology used on the wards. Changing jobs is not an option, because their residence permit is tied to the current employer, effectively preventing a job switch in Germany. In their home countries they would usually face disappointed families and a closed labour market. Consequently, newly arrived nurses are forced into a situation where they can only accept poor working conditions. This benefits the hospitals as employers and also the international recruitment agencies.

The public discourse, which talks about integration only in terms of success- or problem-stories, obscures the supposedly unavoidable political and economic context. In an increasingly anti-migration climate, the recruitment debate makes clear who is allowed to immigrate to Germany: "good" migrants are only those who are economically useful. Individual experiences and needs play hardly any role; individuals are perceived less as active subjects and more as a homogeneous group. This is a basic driver of discrimination and fuels racist attitudes towards migrants.

The Myth of “Unskilled” Work

Migrant workers today also make up a large share of the so-called patient-remote areas of hospitals, which have often been outsourced to subsidiaries. Neoliberal restructuring not only reduced pay but also symbolically de-valued jobs such as cleaning. In society and among hospital management, these tasks are frequently described as “simple” and “unskilled” work that supposedly anyone could do. Those who have to do them are often migrants who frequently cannot find anything else and are dependent on this type of employment due to precarious residence permits, limited qualification opportunities, lengthy recognition processes and, in some cases, a lack of language skills. Their dependency prevents them from defending themselves against poor working conditions. The system thus exploits the vulnerable life situation of its employees. It also becomes clear that in debates about desirable and undesirable migration linked to labour, pay, working conditions and appreciation are ignored. The crucial point is that migrants work, no matter how precarious the job. In politics, the term “integration” often only means integration into the labour market, not full societal participation.

Yet this supposedly “simple” work is essential for the functioning of the health system and everyday hospital life. Furthermore, contrary to popular belief, it is often physically and mentally demanding. For example, cleaning requires long hours of scrubbing, vacuuming and mopping – a physically strenuous task. High hygiene standards demand different cloths, cleaning agents and techniques for various areas, all under time pressure. Moreover, within the subsidiary companies, migrant staff are demonstrably assigned the most unpleasant, monotonous and/or physically demanding tasks more often.

Hospital management and society do not recognise these alleged “simple” jobs. Employees in these areas are not valued; instead, their occupation is portrayed as a result of personal failure or merely a

stepping-stone to a “real” job. This narrative changes when it concerns migrants and refugees: the “simple” job is presented as a springboard to a supposedly higher-qualified position and is proudly claimed to enable social integration in Germany. In reality, the subsidiaries offer virtually no real career advancement.

Where is this frustration directed?

The neoliberal fragmentation of hospital work has generated widespread frustration. On the one hand, workers performing the now-labelled “unskilled” tasks suffer loss of status and wage cuts. The label of (missing) qualification hides the fact that the work does require skills and is highly important. The de-valuation is intentional, aimed at justifying low pay.

On the other hand, working conditions in nursing have deteriorated sharply: high workload, which often has an impact outside of work, makes it difficult to take action against these working conditions and the strong dependence of foreign-trained staff on their jobs even discourages protest. Conflicts in everyday work are almost inevitable: because not all tasks can be completed, some areas are neglected, leaving unfinished work for other colleagues.

While structural factors such as the economisation of the health system and the resulting lack of resources from hospital management are the root cause of the strain, the resulting everyday conflicts are often perceived as interpersonal disputes. When colleagues with migration experience are involved, marginal incidents are frequently exaggerated, generalised, or interpreted ethnically and blamed on the colleagues' origins.

Thus, the already precarious working conditions for migrants in hospitals are further intensified: Pushed into areas where language acquisition or integration into the workforce is hardly possible, employment tends to hinder rather than promote social participation. This creates the false impression that people with migration experience are themselves responsible for their poor integration into the labour market and society – a view that reinforces racist thinking. Social exclusion processes are constantly reproduced under these conditions. The employees are pitted against each other, fostering competition and strengthening racist stereotypes, which in turn hampers a united struggle against the real causes and for better working conditions. Standing together in solidarity for decent work for all can undermine selective group formation and right-wing patterns of interpretation.

Do you want to learn more about how debates in the workplace and society are shaped by right-wing interpretations?

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