

Marginalization of Russian-born nursing staff in nursing homes

A Praxeological study from Northernmost Norway

Jeanne Boge

Russian-born nursing staff experience marginalization at work in nursing homes in Finnmark. The Russian-born nursing staff are from a territory that was stigmatized during the Cold War. Later, after the Cold War, the prostitution services that some Russian women set up in Finnmark confirmed the negative picture that had been drawn of inhabitants in the Soviet during the Cold War. This negative picture seems to legitimate that some of the nursing staff members marginalize Russian-born nursing staff. The marginalization started when the Russian-born got their first job in a nursing home in Finnmark 15-17 years ago, and it still went on in 2017 when the current study was performed. The study is based on data from interviews with 11 Norwegian-born nursing staff members and 15 foreign-born nursing staff members, and on historic studies on the relation between Finnmark and Russia. The analysis are carried out in the light of Bourdieu's theory of the significance of the site.

Keywords: Nursing home, Russian, Bourdieu, Praxeology, marginalization, habitus

This text is an exploration of possible explanations of marginalization of Russian-born nursing staff members in nursing homes in Finnmark, northernmost Norway. The analysis are carried out in the light of Bourdieu's theory on the significance of the site (Bourdieu 1996).

Although an increasing part of the nursing staff in Norwegian nursing homes have an immigrant background, there is little research on how it is to work in such multicultural institutions. Especially in Finnmark, many of the nursing staff members are foreign-born. Finnmark is Norway's most rural region (Munkejord and Olsen 2011). For years, it has been difficult to recruit enough educated professional personnel to the health care sector in that county. In spite of economic incentives to get educated personnel from the south of Norway to move to the North (Kongslie 2013) there is still a lack of nursing staff in Finnmark (Mjøen 2017). 20,8 % of the county's nursing staff have an immigrant background (Claus 2018). The majority of the immigrants are born in Finland, while the second biggest group of immigrants are from Russia (Lystad 2017). In addition, there are personnel from neighboring countries who commute to work in Finnmark.

As a part of the Norwegian Research Council's MultiCare project on multicultural nursing homes (NSD project 50525), I interviewed nursing staff in a nursing home in Finnmark in 2017. About 50 % of the nursing staff in the institution were foreign-born. The majority of the foreign-born were from Finland and Russia (cf. fig. 2 and 3). When interviewed (Prieur, Kristiansen, and Jacobsen 2002), both Norwegian-born and foreign-born nursing staff usually drew a positive picture of the cooperation between nursing staff from different countries, but one of the Asian-borns' lack of proficiency in the Norwegian language was regarded a problem both for the Asian-born herself and other nursing staff. While it is understandable that poor mastering of the Norwegian language can be a challenge, poor language skills cannot explain marginalization of the Russian-born nursing staff, because they spoke Norwegian nearly fluently. Moreover, they were educated and featured skilled nursing staff, they had been living and working in Norway for 15-17 years, and they were married to Norwegian men and well integrated in Norwegian families. It was especially in a neighboring nursing home the Russian-born were marginalized.

A study from Finland argues that Russian-born, the second largest immigrant group in Finland, are the least liked ones, alongside immigrants from Arab countries and Somalia. Russian migrants reported facing more marginalization than any other immigrant group in Finland. This might seem surprising since Russian women are 'white' and generally well educated (Malgorzata 2013). Like the Russians, the Polish also lived behind the Iron Curtain, and Micheline Riemsdijk's study on registered nurses from Poland shows that although they speak Norwegian very well, they are sometimes met with skepticism, and their skills and cultural background can be devaluated. Norwegians who have not been in Poland sometimes treat them as if they are from a poor country in the third world (Riemsdijk 2013).

Russian-born Ludmila Sorokina's studies from northernmost Norway shows that although there are many positive stereotypes about Russians in the region, the negative stereotypes dominate. Russians are often associated with mafia, prostitution, alcohol abuse, a different logic, and with women marrying Norwegian men only to get the chance to stay in Norway (Sorokina 2012). Like Sorokina (2012), Natalia Moan (2009) is born in Russia. She has lived in Norway most of her life, and she confirms Sorokina's (2012) account of Norwegians stereotypes about Russians, especially Russian women. Moan (2009) argues that especially *prostitute* and *wife* are associated with Russian-born women living in Norway. They are often seen as "poor" women who marry "rich" Norwegian men. 70 % of the Russian migrants in Finnmark are women, among whom the majority obtained their residence permit after having married a Norwegian man (Wara and Munkejord 2018). Russian women are much more concerned about how they look like, than Norwegian-born, but they change their ways of appearance and dress down to fit in (ibid). They do not want to be associated with the prostitution business Russian women established in Finnmark after the fall of the Iron Curtain. This business attracted considerable attention in Norwegian television and newspapers (Stenvoll 2002).

For hundreds of years there have been extensive trade between Finnmark and Russia. This trade was especially flourishing in 1740-1917, when Russians brought grain to Norway and got fish in return (Bakstad 2010). This has been termed the Pomor trade. Even at the time of the Pomor trade, inhabitants of Northern Norway considered Russians to be strangers. They had a different religion and a different culture, and suspicion, not trust, dominated the Norwegians' attitude to Russians. Although there was a lot of contact between Finnmark and Russia, there were few intermarriages (Nielsen 2001), whereas there have been a lot of intermarriages between Finnish and Norwegians in Finnmark (Kjeldstadli 2003). The collaboration with Russia was mostly in trade, and in spite of the border that was established in 1826, the trade continued, and the Russians and the Norwegians moved freely between the two countries (Bakstad 2010). During the First World War (1914-1918) the trade came to an end. It became more difficult to cross the border, but there was no armed border control until the Second World War. During the Second World War many Norwegians from Finnmark were fighting alongside the Russians against the Nazis, and in 1944 Finnmark was liberated by the Russian Army. The Second World War was replaced by the Cold War between NATO and the Warsaw Convention. Many in Finnmark were disappointed because they had considered the Russians as friends. During the Cold War there was strict military control at the border between the Soviet Union and Norway and politicians on both sides were demonizing the people on the other side of the border (ibid). Such politics can contribute to the construction of stigmatizing pictures and prejudice (Bourdieu 1996, Wacquant, Slater, and Pereira 2014). In 1989, the Soviet Union collapsed. In order to maintain closer relations between Russia and the north of Norway, many Norwegians started trade in Murmansk, and Russians were welcome to establish business in Norway. Prostitution was one of the trades that Russian women started in Finnmark (Kramvig and Stien 2002).

Territorial marginalization

Earlier studies and the history of the relation between Finnmark and Russia indicates that the marginalization of Russian-born nursing staff is due to their place of birth. The personal background for the assumption is that I have been working together with foreign-born from many different countries bedside in nursing homes and hospitals, and also as a teacher and researcher at colleges and universities. Usually I do not pay the foreign-borns' background any attention as long as they have the necessary skills and language related proficiency. We are united through our work. Yet, although I have many positive experiences from working with foreign-born, I experienced prejudice against Romanian people when I was invited to speak at a nursing conference in Romania in 2016. As Russians, Romanians were hidden behind the Iron Curtain. Although I had travelled a lot, I thought it could be dangerous for a woman to go alone to Romania and was glad to be accompanied by a colleague. My prejudice was based on the negative picture that was made in the Norwegian media of Romania in connection with the collapse of the Iron Curtain.

That negative picture is confirmed every day by marginalized Romani people begging and offering prostitution services in my hometown (Knudsøen, Bakke, and Kumano-Ensby 2017).

To be marginalized is to be regarded less important than other people. The marginalized are considered outsiders. They usually lack the social, economic, cultural and symbolic capital that is required to live in the same areas as the insiders. In Chicago marginalized can be living in black slum quarters and in France they may live in deindustrialized parts of towns (Wacquant 2014, Wacquant, Slater, and Pereira 2014). In Oslo, the capital of Norway, most of the marginalized live in eastern parts of the town (Sandvik and Kvien 2015).

Politicians and the sensation press have contributed to stigmatization of inhabitants living in ‘suburbs with problems’ (Bourdieu 1996). The descriptions call forth ghostly fantasy pictures nourished by the emotional experience that more or less uncritical words and pictures have evoked. Such pictures can dominate our thinking and lead us to assign identical stigmatizing characteristics to any person who live in certain territories (ibid).

In the same way as persons living in certain suburbs can be associated with negative symbols, it is possible that people from certain countries, in this case Russia, also can be associated with stigmatizing pictures, and thus can be considered less important than other people when they operate outside the stigmatized site.

The Russian-born nursing staff’s experiences with marginalization

In this study on multicultural nursing homes in Finnmark, three of the nursing staff members were born in Russia. They are called Julia, Olga and Svetlana. According to Svetlana, there were several Russian nursing staff members in the neighboring nursing home where she, Olga and Julia had their first job 15-17 years ago. All of them had experienced marginalization when they were at work together with one of the auxiliary nurses. Svetlana argued that the marginalization was not due to lack of competence in the Norwegian language, because Russians who spoke Norwegian fluently were also subject to marginalization. Svetlana thought that the marginalization either was due to lack of competence in nursing, because she got positive feedback both from residents and next of kin. In interviews with other nursing staff members, I also often heard positive remarks on how skilled and hard working the Russian-born nursing staff was.

When Svetlana took extra shifts in the nursing home where the interviews in this study was carried out, she felt included, so after six years in the neighboring nursing home she got a job in the nursing home where the interviews were carried out: “The people here are incredible, we can talk about nearly everything. I feel safe here.”

Julia takes extra shifts in the nursing home where the interviews were carried out. She has a 100 % position in the neighboring nursing home where she got her first job. The first years, Julia was bullied all the time by a Norwegian-born auxiliary nurse:

When I started to work here, there was a colleague who did not like Russians. I was bullied all the time. For example at reports when all of us was sitting together she could say in an angry tone of voice: “Now you must listen so that you don’t ask afterwards”. She did not want to work together with me in the care of the residents.

The above mentioned bullying auxiliary nurse is retired, but now there is a Norwegian-born registered nurse who is marginalizing Russian-born staff:

When I come into the call room, she immediately goes out. For example yesterday when I had an evening shift, one of the nursing staff members told me that on the day shift there had been a Russian that had been troubled by the registered nurse the whole day. For example when the Russian had helped a resident with his meal, the angry registered nurse went in and gave the resident another meal. When the Russian said that the resident had had his meal, the angry Norwegian registered nurse told her to go out and said that it was none of her business. (Julia)

The angry Norwegian registered nurse could also be rude towards others in the nursing staff, but according to Julia, it was especially toward the Russian-born nursing staff she had a negative attitude. Olga, who takes a lot of extra shifts in the nursing home were the actual registered nurse works, confirms Julia’s negative experiences and says there is one who hates Russians in that nursing home:

There is a lady who hates Russians, not only me. Several Russians have the same experience. There are nursing staff from the Philippines, Africa and Finland working in the nursing home, but she don’t bully them. For example she tells the Russians not to speak Russian together, but speak Sámi because the cognitive impaired prefer Sámi, and that I understand, but she does not mind that Finnish staff speak Finnish together.

Norwegian-born nursing assistant Elise who has been working many years in the neighboring nursing home and still takes extra shifts there, confirms the marginalizing of Russian-born nursing staff in the neighboring nursing home: “Some of the nursing staff are enormously negative to Russian people. They cannot stand Russians, and the Russians are constantly told off, and that is very sad.”

Although it is difficult to be exposed to marginalization by colleagues in the neighboring nursing home, Olga finds it more difficult to work in the nursing home where the interviews in this study were carried out, because a few years ago the head of the nursing home told her that someone had complained about her Norwegian. Olga was very surprised, because she spoke nearly fluent Norwegian. In order to avoid new complaints, she tries to be kind to everybody, do her work perfect and to work more than other nursing staff. She feels it is better to work in the

neighboring nursing home, the institution where she, Julia and Svetlana were discriminated, because there she knows who complains. In the present nursing home, she does not know who has complained, but she feels there are several persons who have a negative bodily attitude towards her.

Comparison of Russian-born to other foreign-born nursing staff members

Although interviews with nursing staff, earlier studies on perceptions of women from behind the former Iron Curtain and studies on the historic relations between Russia and Finnmark, indicate that the marginalization the Russian-born have experienced is due to their place of birth, it is possible that the negativity do not have anything with their place of birth to do, but is due to their positions (registered nurses, auxiliary nurses and nursing assistances) and/or due to their cultural- social- and economic capitals (an individual's place of birth is only one of its many dispositions. In order to explore such possibilities, the Russian-borns' positions and dispositions (cf. fig. 2) were compared to the positions and dispositions of foreign-born nursing staff that did not report marginalization (cf. fig. 3). The comparisons are based on Bourdieu's theory on habitus (Callewaert 1997, Waquant 2016). Habitus is developed when individuals and groups of people incorporate the society they grow up in and when the incorporated attitudes are positioned in certain ways by inhabitants with different positions and dispositions. According to the habitus theory, individuals are characterized by the structures within which they live, but agents with different positions and disposition can experience and act differently within the same structures. This means that humans are not solely a product of the objective structures, but neither are they totally free to create their own way of living. Habitus is both individual, collective and societal (Bourdieu 1998, Petersen and Callewaert 2013, cf. fig. 1).

Fig. 1: The construction of the nursing staff's habitus

Position	Economic capital	Cultural capital	Social capitals	Positioning	The Social room	The medical field
Registered nurses	Family income	Place of birth/origin	Gender Age Partners	The Russian-borns' experiences from marginalization	Contemporary Finnmark (cf. Introduction)	A part of the medical field with low status (cf. comparisons of relations between positions, education and marginalization)
Auxiliary nurses		The nursing staff's highest education			Studies on perceptions of Russian-born in Finnmark	
Nursing assistance		Earlier nursing experience Nursing skills Proficiency in Norwegian language Proficiency in Sámi language Leisure activities			Historic relations between Finnmark and Russia Sámi language Administrative Districts (cf. No relation between lack of proficiency in the Sámi language and marginalization)	

Fig. 2 Russian-born nursing staff 's positions and dispositions

Name and position	Place of Birth	Education level from country of birth	Age	Nursing experience from Norway	Nursing experience from other countries	Mother's highest education	Father's highest education	Partner's highest education	Approx. family income
Julia Aux. nurse 100 % + extra	Russia	High school education in fishing industry	45-50	17 years	Some months	Elementary school	Elementary school	High school	800 000 – 1 000 000
Olga Aux. nurse 45 % + extra	Russia	Bachelor - engineer	60-65	15 years	Some months	Elementary school	Elementary school	Bachelor	800 000 – 1 000 000
Svetlana Aux.nurse 100 %	Russia	Elementary school	45-50	15 years	Some months	Bachelor	Bachelor	Bachelor	1 000 000 – 1 200 000

Fig. 3 The position and dispositions of foreign-born nursing staff that did not report marginalization*

Name and position	Place of birth	Education level from country of birth	Age	Nursing experience from Norway	Nursing experience from other countries	Mother's highest education	Father's highest education	Partner's highest education	Approx. family income
Ida Reg. nurse 50 %	Finland	Bachelor in nursing	36-40	12 years	1 year	Elementary school	Elementary school	10 years university studies	700 000
Ane Reg. nurse 100 %	Finland	Bachelor in nursing	26-30	2,5 years	Some months	Bachelor	Elementary school	Single	400 000
Liv Reg. nurse 100 %	Finland	Bachelor in nursing	51-55	4 months	30 years	Bachelor	High school +++	Single	500 000
Pia Nurse assist. + ex.	Finland	High school - theoretic	26-30	2 years	0	High school	High school	Single	300 000
Siv Reg. nurse 80 % + extra	Finland	Bachelor in nursing	51-55	16 years	16 years	Elementary School	Elementary school	Single	550 000
Oda Aux. nurse 70 % + extra	Finland	High school education in nursing	26-30	4 years	Some months	Bachelor	Elementary school	High school	850 000
Mia Nurse assist. 50 %	Finland	Bachelor in another health profession	31-35	2 years	2 years	High school	Bachelor	Single	250 000
Asa Reg. nurse 100 %	Finland	Bachelor in nursing	46-50	16 years	5 years	Elementary school	Elementary school	High school	900 000
Adli Nurse Assist 19 % + extra	Asia	High school-theoretical	26-30	3 years	0	Bachelor	Elementary school	High school	600 000
Lea Reg. nurse 80 %	Switzerland	Bachelor in nursing	31-35	2 years	5 years	Bachelor	Bachelor	Single	400 000
Mary Aux. nurse 100 %	Canada	High school education in nursing	51-55	15 years	17 years	Elementary school	High school	Elementary school	800 000

*One of the Asian-born is not included in the analysis because of her poor mastering of the Norwegian language.

No relation between proficiency in the Norwegian language and marginalization

I have not found any relation between degree of fluency in Norwegian and marginalization. Studies from Ireland show that migrant care workers have experienced language based racism from both elderly users, colleagues and employers (Timmonen and Doyle 2010). In Norway, the requirements for qualifications in the Norwegian language are relatively low in the care sector due to the lack of personnel (Dahle and Seeberg 2005), and lack of proficiency in Norwegian has been used to humiliate nursing staff with immigrant background (Dahle and Seeberg 2013).

When the Russian-born in this study were interviewed in 2017, they spoke Norwegian nearly fluently, albeit with a characteristic accent. They had worked hard to learn Norwegian when they arrived in Finnmark about 15-17 years previously. In addition to speaking Norwegian with their husbands at home and attending Norwegian courses, they learned Norwegian by watching the TV and reading at the subtitles and by reading books:

I had a child who was five years old and he could not Norwegian either, so I borrowed children's books from the library where there was one picture and one word, and we learned five new words every day. The first year I stopped talking Russian, I did not watch Russian TV and did not read Russian magazines or books. Some of the Russian ladies were angry with me because I did not speak Russian with them. (Svetlana)

In this study the marginalization the Russian-born nursing staff had experienced do not seem to have anything to do with their language skills. They had a much better Norwegian language than for example nursing assistance Pia from Finland (cf. fig. 3). Pia had not experienced marginalization.

No relation between lack of proficiency in the Sámi language and marginalization

I have not found any relation between lack of proficiency in the Sámi language and marginalization. About 50 % of the residents in the nursing home where the interviews took place, were registered Sámi by the head of the nursing home. Both the actual nursing home and the neighboring nursing home were placed in a Sámi language administrative district municipality where the Sámi and the Norwegian languages have equal status (Government 2014). This means that inhabitants who prefer to speak Sámi should be offered the opportunity to do so in public areas, as nursing homes are. Today Sámi in Norway usually understand and speak Norwegian, but when people get a dementia illness, as 80 % of the residents in Norwegian nursing homes have (Government 2017), they often return to their first language, and are unable to understand or speak languages learned later in life (Dankertsen 2007). This means that residents with Sámi as their first language might only be able to speak Sámi. Due to the strong Norwegianization processes that started in the second part of the 19th century and lasted until the end of the second World War, there is a lack of proficiency in Sámi languages in Norway today. To become

Norwegian meant getting rid of all signs of Sáminess. As a consequence of the Norwegianization process the Sámi population developed a miserable image of themselves. Many families made the drastic decision to prevent their children from learning the Sámi language (Eidheim 1969).

Since the second half of the 20th century Norwegian policies have focused on the preservation, revitalization and promotion of the Sámi language and culture, and the Sámi population has got status as an indigenous people (Gaski 1997). The Norwegian government has written several White papers on health service regarding old Sámi (Blix and Hamran 2013) and expect health care services to be in accordance with cultural facilitation (Larsen, Normann, and Hamran 2015). Therefore, it is required that those who work in public nursing homes in bilingual municipalities master both Sámi and Norwegian.

Yet none of the 11 interviewed Norwegian-born nursing staff members in this study spoke Sámi. Either nursing staff from Switzerland and Asia could speak Sámi, but they did not report any kind of marginalization. There are in other words no indications of a relation between lack of proficiency in the Sámi language and the Russian-born nursing staff's experiences of marginalization. The only nursing staff members who spoke Sámi were from Sámi-speaking parts of Finland (cf. Ida, Ane, Siv, Oda, fig. 4). In addition, auxiliary nurse Mary from Canada who had married a Sámi from Finnmark about 30 years ago, also had command of the Sámi language (cf. Mary fig. 4).

No relation between positions, education and marginalization

I have not found any relation between education, position and marginalization. Russian-born Svetlana had no education above compulsory school when she immigrated to Finnmark, Russian-born Julia had high school education related to the fishing industry, and Russian-born Olga held a bachelor's degree and had long experience as an engineer before she immigrated to Finnmark, but all of them immigrated to Norway without any nursing education and worked as nursing assistances several years before they got their exams as auxiliary nurses. By contrast, all the foreign-born registered nurses had a bachelor's degree in nursing before they started to work in nursing homes in Finnmark (high cultural capital). But if low nursing education and low positions in the nursing hierarchy trigger marginalization of foreign-born, it is likely that the auxiliary nurses Oda and Mary and the nursing assistances Pia, Mia and Adli (cf. fig. 3) also should have experienced marginalization, but none of them had. In other words, a field with low status, low education and low positions do not explain the Russian-borns' experiences of marginalization.

It has neither been possible to find any relation between marginalization and the partners' and parents' education and positions. One of the Russian-born had parents with education at bachelor level with the corresponding social positions, while two of the Russian-born had parents with no education above compulsory school, and corresponding unskilled positions (cf. fig. 2). Two of the Russian-born had Norwegian-born partners with a bachelor degree and corresponding positions in Finnmark,

while one of them had a partner with education at high school level and corresponding positions (cf. fig. 2).

No relation between earlier experience from nursing work and marginalization

I have not found any relation between marginalization and earlier experience from nursing work. None of the Russians had worked in nursing homes before they immigrated to Norway. But Julia had a little experience from a psychiatric ward where her mother worked as unskilled nursing assistance, and Svetlana had a little experience from a medical ward. If there were a relation between limited nursing skills and marginalization, one would expect that Asian-born Alida, Finnish-born Pia and Canadian-born Mary (cf. fig. 3) were marginalized as well. None of them had experiences from nursing work before they started as nursing assistances in a nursing home in Finnmark, but none of the three last mentioned reported marginalization. It has in other words not been possible to find any relations between experience from earlier experiences from nursing work and marginalization.

No relation between income, age, reasons for immigrating to Finnmark and marginalization

I have not found any relations between marginalization and income, age or reasons for immigrating to Finnmark. Russian-born Julia had approximately the same family income as other foreign-born with partners, Svetlana's family income was a bit higher than other married nursing staff's family income, and so was Olga's income, but it has not been possible to reveal any relation between income (economic capital) and marginalization (cf. fig. 2 and 3). The analysis neither revealed any relation between marginalization and the foreign-borns' age or their reasons for being in Finnmark. The Russian-born nursing staff immigrated to Norway to marry Norwegian men about 20 years ago, and so did Canadian-born Mary (cf. fig. 3) more than 30 years ago, but she did not report marginalization.

No relation between leisure activities and marginalization

I have not found any relation between leisure activities and marginalization. The nursing home was situated in an area with few leisure activities available for those who did not enjoy outdoor activities like skiing, fishing or picking berries. Russian-born Olga is not the outdoor type, she says, and so she finds Finnmark boring: "I don't like to hike in the mountains or go fishing. This place is perfect for those who like such things. I prefer theater, cinema, and to sit in a cafe and talk over a cup of coffee. I am a city women".

Olga, who holds a bachelor's degree from Russia and who used to live in a big city there, had in other words relatively different leisure interests from what the other nursing staff members had and might have been reckoned as different, but there does not seem to be any relation between the marginalization the Russian-born had experienced and a lack of interest in outdoor activities, because Julia and Svetlana had also experienced marginalization although they enjoyed skiing, going

for walks and spending holidays in the countryside, like most of the nursing staff in the nursing home did.

Relation between place of birth and marginalization

The only significant difference between the Russian-born and the foreign-born nursing staff with merely positive experiences, seems to be their place of birth (cf. fig. 2 and 3) and the negative associations with prostitution the Russian-born seem to bring forth: “There has been prostitution in this area. They came from Russia at the date when the old men got paid their old-age social security. They exploited the old men, so there is still certain racism because of that.” (Norwegian-born nursing assistance Elisa)

Both the nursing home in question and the neighboring nursing home where the Russian-born had experienced marginalization, were situated in areas where Russian women had been working as prostitutes (Stenvoll 2002). When Svetlana moved to Finnmark, she did not know about the Russian prostitute’s business in the county: “I did not know about the prostitution when I moved to Norway, but after I had been living here several years I got to know what Russian women did here and that was very provoking. I wanted to go back to Russia because I did not want to be stigmatized.” Svetlana felt stigmatized both in Norway and in Russia:

I had been living in Norway for about 10 years when I went to visit a friend of mine in Russia to celebrate her birthday. She had invited friends from her job and she told me not to tell them that I was living in Norway, because she was afraid her colleagues would think that I was one of the prostitutes who had moved to Norway. Oh, my God. I had just had negative experiences in Norway because of that, and then also in Russia. (Svetlana)

As above mentioned, colleagues had complained about Olga’s language skills (cf. fig. 2), although she spoke Norwegian almost fluently and much better than some of the foreign-born that did not report marginalization. These complaints may be explained by the relations between Olga’s accent and the negative associations connected to Russian-born women in Finnmark, because there are strict norms on how one should speak and write a language properly, and persons from different territories usually have accents different from the norm, and therefore a different right to speak (Bourdieu and Passeron 1977, Bourdieu 1978). We trust in people with a foreign accent less than we trust people who speak in a native accent. Language tells us where people come from, and we have a tendency to trust those who belong to our own group more than we trust others. A strong accent is a symbol that can contribute to define people as outsiders (Jiang, Sandford, and Pell 2018). Studies from the United Kingdom show that marginalization of foreign-born workers seems to be a combination of the foreign-borns’ origin and accent. For example workers who have grown up in English-speaking parts of Africa and Asia, and thus speak English as their main language, can experience language related marginalization,

because their accent is different from the UK accents (MCDowell 2016). Studies from Finland show that Finnish employers can perceive foreign-born workers as suspect if they do not master the native accent (Näre 2013).

Conclusion

The Russian-born nursing staff in this study were from a territory associated with negative symbols in the North of Norway. The Russian women's prostitution that took place in Finnmark after the Cold War, contributed to confirmation of the negative picture of Russians which seems to legitimate marginalization (Stenvoll 2002, Sorokina 2012, Moan 2009). Russian-born nursing staff still experienced marginalization when the interviews in this study were carried out in 2017. The head of the nursing home did not directly marginalize Russian-born, but she did so indirectly by not doing anything to stop it. "I told the head of the nursing home about the harassment I was subject to, but the bullying auxiliary nurse was a very respected person and nobody did anything to solve the problem." (Russian-born, Julia)

Russian-born Svetlana thinks the reason why the head of the nursing home had done nothing to stop the two bullying nursing staff members, is that the nursing home is located in a small community where everyone knows each other. "They are born here, have grown up here, they are neighbors and related to each other. You soon discover that they keep together. They have been working in the nursing home for years and most of them have no other work experiences than this nursing home." The head of the nursing home has grown up in the same area and shares the same social and historic experiences as the rest of the nursing staff. Her incorporated attitudes can explain why she does not do anything to stop the marginalization of Russian-born nursing staff (Callewaert 1997). Instead she may in fact be said to legitimate the practices by her refraining from interference.

Acknowledgements

Thanks to the interviewed nursing staff and other participants in the MultiCare project. Especially thanks to Mai Camilla Munkejord, professor in social science and Gro Marit Grimsrud, senior researcher in geography. Also thanks to Kjersti Lea for her valuable language comments.

Jeanne Boge, professor, Institute of nursing, Faculty of Health and Social Sciences, Western Norway University College, P.O.Box 7030, Norway; jhb@hvl.no, +4796206791

References

- Bakstad, Knut. 2010. "Landegrensen mellom Norge og Russland (The National border between Norway and Russia)." Det samfunnsvitenskaplige fakultetet, Konflikt, Samarbeid og Fleirkulturell Forståelse Universitetet i Tromsø
<http://docplayer.me/8283757-Landegrensen-mellom-norge-og-russland.html>

- Blix, Bodil Hansen, and Torunn Hamran. 2013. "The old Sami" - who is he and how should he be cared for?" *Acta Borealia* 30 (1):75-100. doi: 10.1080/08003831.2013.769323.
- Bourdieu, P, and J-C Passeron. 1977. "Sproglig autoritet og pædagogisk autoritet (Linguistic authority and educational authority)." In *Skole ideologi og samfunn*, edited by B Berner, S Callewaert and H Silberbrandr. København: Munksgaard.
- Bourdieu, Pierre. 1978. "Hvad vil det si å tale (What speaking is)." In *Hvem skapte skaberne? Interviews og forelæsnings*, edited by P Bourdieu. København: Akademisk forlag.
- Bourdieu, Pierre. 1996. "Stedets betydning (The significance of the site)." In *Symbolisk makt (Symbolic power)*, red. Pierre Bourdieu. Oslo: Pax Forlag A/S.
- Bourdieu, Pierre. 1998. "Tre former for teoretisk viden ("Three Forms of Theoretic Knowledge")." In *Pierre Bourdieu. Centrale tekster inden for sociologi og kulturteori (Central Texts in Sociology and Cultural Theory)* edited by KA Petersen and S Callewaert, 72-108. København: Akademisk forlag.
- Callewaert, Staf. 1997. "Habitus som internalisering af objektive forhold ("Habitus as internalization of objective conditions")." In *Bourdieu-studies* edited by S Callewaert, 133 - 138. København: Institut for Filosofi, Pædagogik og Retorik, Københavns Universitet Amager.
- Claus, Gunnar. 2018. "Innvandrere stod for 1 av 6 årsverk innen omsorg (Immigrants did 1 of 6 annual works in careing)". Oslo: Statistisk Sentralbyrå <https://www.ssb.no/helse/artikler-og-publikasjoner/innvandrene-sto-for-1-av-6-arsverk-innen-omsorg>.
- Dahle, Rannveig, and Marie Louise Seeberg. 2005. "Det er kunnskapene mine dere trenger, ikke språket mitt" (It is my knowledge you need, not my language)" In *NOVA Rapport 24/05*. Oslo: Norsk institutt for forskning om oppvekst, velferd og aldring <http://www.hioa.no/Om-OsloMet/Senter-for-velferds-og-arbeidslivsforskning/NOVA/Publikasjoner/Rapporter/2005/Det-er-kunnskapene-mine-dere-trenger-ikke-spraaket-mitt>.
- Dahle, Rannveig, and Marie Louise Seeberg. 2013. "Does she speak Norwegian? Ethnic dimentoris of hierarchy in Norwegian health care workplaces." *Nordic Journal of Migration Research* 3 (2):82-90. doi: <https://doi.org/10.2478/v10202-012-0018-4>
- Dankertsen, Astrid. 2007. "Samen sitter i kroppen (The Sami is incorporated in the body)" *Tidsskrift for psykisk helsearbeid* 4 (1): 123-127 https://www.idunn.no/tph/2007/01/samen_sitter_i_kroppen.
- Eidheim, Harald. 1969. "When Ethnic Identity is a Social Stigma." In *Groups and Boundaries*, ed Fredrik Barth. Oslo: Universitetsforlaget. <http://www.urbanlab.org/articles/Barth,%20Fredrik%201969.%20Ethnic%20groups%20and%20boundaries.pdf>.
- Gaski, Harald. 1997. *Sami culture in a new era*. Karasjok: Davvi Girji.
- Government. 2014. "Samelovens språkregler og forvaltningsområdet for samisk språk (The Sámi Act, the rules and administrative district for the Sámi language)." In. Oslo: Norwegian Municipal and Modernization Department <https://www.regjeringen.no/no/tema/urfolk-og-minoriteter/samepolitikk/samiske-sprak/samelovens-sprakregler-og-forvaltningsom/id633281/>
- Government. 2017. *Demensplan 2020 ("Dementia plan")*. Oslo: Ministry of Health and Social Affairs

- https://www.regjeringen.no/contentassets/3bbec72c19a04af88fa78ffb02a203da/demensplan_2020.pdf.
- Jiang, Xiaoming, Ryan Sandford, and March D Pell. 2018. "Neural architecture underlying person perception from in-group and out-group voices." *NeuroImage* 181:582-597. doi: <https://doi.org/10.1016/j.neuroimage.2018.07.042>.
- Kjeldstadli, Knut. 2003. "*Å avgrense og omdanne: Kvener og samer (To refine and transform: Kven people and the Sami)*". Oslo: Pax.
- Knudsøen, Kjersti, Synnøve Bakke, and Anne Linn Kumano-Ensby. 2017. ""Sex, dop og tiggerkopp (Sex, drugs and beggercup)"". 18.4. https://www.nrk.no/dokumentar/xl/sex_-dop-og-tiggerkopp-1.13463802.
- Kongslie, Dag Erik. 2013. "*Trang økonomi? Dra nordover (Little money? Go North)*". Hus og Bolig <https://www.huseierne.no/hus-bolig/tema/okonomi/flytt-nordover/>
- Kramvig, Britt, and Kristin Stien. 2002. "*Gresneløs verdighet? (Boundless dignity?)*". In, ed Ministry of Children and Family and Ministry of Justice and the Police. http://norut.no/sites/default/files/static_files/content/download/3797126/7733592/NorutFinnmarkRapport2002_7_Gresnel%C3%B8sVerdighet.pdf
- Larsen, Lill Sverresdatter, Hans Ketil Normann Normann, and Torunn Hamran. 2015. "Collaboration between Sami and non-Sami formal and family caregivers in rural municipalities." *Ethnic and Racial Studies* 39 (5):821-839. doi: <https://doi.org/10.1080/01419870.2015.1080382>
- Lystad, Jan-Erik. 2017. "KommuneProfilen (The Municipality Profile)." RegioAS https://www.kommuneprofilen.no/Profil/Sysselsetting/DinRegion/yrk_innv_region.aspx.
- Malgorzata, Lahti. 2013. "Cultural Identity in Everyday Interactions at Work: Highly Skilled Female Russian Professionals in Finland." *Nordic Journal of Working Life Studies* 3 (4):21-43 <https://search.proquest.com/openview/53175d058d50da5ac41e8c410b0aae71/1?pq-origsite=gscholar&cbl=2037335>.
- MCDowell, Linda. 2016. *Migrant Women's Voices. Talking about life and work in the UK since 1945*. London & New York: Bloomsbury Academic.
- Mjøen, Jarle. 2017. "Mot dramatisk sykepleiemangel (Dramatic lack of Registered Nurses)." Altaposten. <https://www.google.no/search?q=Mj%C3%B8en,+I.+2017.+%22Mot+dramatisk+sykepleiemangel.%22+Altaposten,+26.4.&spell=1&sa=X&ved=0ahUKEwi9qvIponYAhWIIJoKHehnApUQBQglKAA&biw=1920&bih=1031>, .
- Moan, Natalia. 2009. "Hjemme blant fremmede og fremmede hjemme (At home among strangers and stranger at home)." Master, Institute for sociology and human geography, Oslo University <http://www.idunn.no/ts/nof/2011/04/art13>.
- Munkejord, Mai Camilla, and Kjell Olsen. 2011. "*Vi invisterere i opplevelsen*. En analyse av innflytteres fortellinger om mobilitet, flerstedstilknytning og hverdagstrivsel på steder i Finnmark (*We invest in the experience* . An analysis of the immigrants stories about mobility, be rooted in several places and everyday well-being in two places in Finnmark)". *Antropologisk tidsskrift* 1 (22): 4-17 <https://www.idunn.no/nat/2011/01/art08>.
- Nielsen, Jens Petter. 2001. "Russian-Norwegian relations in Artic Europe: The History of the *Barents Euro-Artic Region*", *East European Quarterly* 35 (2):163-181

- <http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=1&sid=3926e5cf-6da3-41b1-b940-2403cd294fa2%40pdc-v-sessmgr01>.
- Petersen, Karin Anna, and Staf Callewaert. 2013. *Praxeologisk sygeplejevidenskab - hvad er det?* København: Hexis <http://www.hexis.dk/praxeologisk-sygeplejevidenskab.pdf>
- Prieur, Annick, Søren Kristiansen, and Michael Hviid Jacobsen. 2002. "Liv, fortælling, tekst : strejftog i kvalitativ sociologi (Life, stories, text: a Journey in Qualitative Sociology)". Aalborg: Aalborg Universitetsforlag.
- Riemsdijk, Micheline van. 2013. "Everyday Geopolitics: the valuation of labour and Socio-Political Hierarchies og Skill: Polish nurses in Norway." *Journal of Ethnic and Migration studies* 39 (3):373-390. doi: <https://doi.org/10.1080/1369183X.2013.733859>
- Sandvik, Siv, and Vidar Kvien. 2015. "Ti grafer som viser Forskjells-Oslo (Ten graphs showing Differences-Oslo)". Oslo: NRK <https://www.nrk.no/norge/ti-grafer-som-viser-forskjells-oslo-1.12521009>.
- Sorokina, Liudmila. 2012. "Managing Stereotypes about Russians in Northern Norway through the Barents Youth Program." Master, Faculty of Humanities, Social Science and Education, Peace and Conflict Transformation, University of Tromsø <https://munin.uit.no/bitstream/handle/10037/4348/thesis.pdf?sequence=2>.
- Stenvoll, Dag. 2002. "From Russia with love? Newspaper coverage of cross-border prostitution in Northern Norway, 1990-2001." *European Journal of Women's Studies* 9 (2):143-162. doi: <https://doi.org/10.1177/1350682002009002807>
- Timmonen, Virpi, and Martha Doyle. 2010. "Migrant Care Workers' Relationships with Care Recipients, Colleagues and Employers" *European Journal of Women's studies* 1 (1):25-41 doi: <https://doi.org/10.1177/1350506809350859>
- Wacquant, Loic, Tom Slater, and Virgílio Borges Pereira. 2014. "Territorial stigmatization in action." *Environment and Planning* 46:1270-1280. doi: [doi:10.1068/a4606ge](https://doi.org/10.1068/a4606ge).
- Wacquant, Loui. 2014. "Marginality, ethnicity and penalty in the neo-liberal city: an analytic cartography." *Ethnic and Racial Studies* 37 (10):1687-1711. doi: <https://doi.org/10.1080/01419870.2014.931991>.
- Wacquant, Loui. 2016. "Habitus: en koncis genealogi og anatomi." *Praktiske Grunde* 1-2: 5-14. [http://praktiskegrunde.dk/2014/praktiskegrunde\(2014-1+2e\)wacquant-habitus.pdf](http://praktiskegrunde.dk/2014/praktiskegrunde(2014-1+2e)wacquant-habitus.pdf).
- Wara, Tatiana, and Mai Camilla Munkejord. 2018. "Dressing down to fit in: Analyzing (re)orientation processes through stories about Norwegianization." *Women's Studies International Forum* 67:30-37. doi: <https://doi.org/10.1016/j.wsif.2018.01.001>.

