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**Project Acronym:** NEW VIEW

**Project Title:** Changing Methods in Teaching Migrants

## **English Summary**

## **Hungary**

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## 1. Introduction: the project and the programme

Adult Education centres experience increasing diversity and heterogeneity of their course participants. Participants differ in social, ethnical, and educational background, and they bring diverse cultural socialisation and language knowledge with them (Pfabigan 2007:37). This causes several challenges for adult education centres and teachers. To cope with the growing requirements implies both potential and challenges: to thrive on the potential necessitates processes of opening and of changing views on structural as well as on individual level (Bruening 2004).

The project "NEW VIEW. Changing methods in teaching migrants" aims at developing new views and approaches how to handle the challenges whereby vocational trainings for professions within the field of health and social care are in focus. The European Commission supports NEW VIEW within the Lifelong Learning Programme, Grundtvig. Researchers and experts from Austria<sup>12</sup>, Denmark<sup>3</sup>, Germany<sup>4</sup>, Greece<sup>5</sup> and Hungary<sup>6</sup> are collaborating in the project that is coordinated by the Research Institute of the Red Cross, Austria.

Teachers are the main target group of NEW VIEW: They are facing different needs and specific demands in their classes like diverse educational background, language competences, learning styles and more subtle group dynamics on several levels. Thus, their teaching methods do not fit in the same way as before. Other pathways are not known or due to several reasons not taken; however, they are required though.

Developing new pathways is also abetting course participants, especially migrants, who are confronted with several stresses attending a vocational training: environment, teaching style and materials might be new; studying in a different language than mother tongue may cause high efforts. Moreover, migrants often experience contempt of their competences and their accomplishments. This is especially happening in the context of language. Mistakes in speaking and writing are often interpreted as impression of less competence (Pfabigan 2007:44).

Special offers are very important though, but there are alternatives and NEW VIEW figures one: to adapt teaching methods to the needs of migrants. Sensitive teaching and considering the demands of course participants bring out the whole potential, improves cultural understanding and has even to this point an integrative aspect.

Concretely, the project aims to:

- explore the specific challenges faced by teachers who teach mixed groups (migrants and non-migrants) and

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<sup>4</sup> Diakonisches Werk Berlin-Brandenburg-schlesische Oberlausitz e.V., Germany (research, development and dissemination Germany)

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- explore the challenges faced by course-participants attending these courses;
  - adapt existing and develop new teaching methods to integrate the demand of intercultural education;
  - define methodical-didactical competences and skills which describe the required profile of teachers in multicultural adult education;
  - sensitise the vocational teaching community about the impact related to the issue of language.

As a result, a “Tool-Kit” with useful methods for teaching heterogeneous groups will be developed and be available in Danish, German, Hungarian, and additionally in English. Intense dissemination will support awareness rising and acknowledge enhancing activities. Via website and exploitation activities, all collected inputs are spread especially to the vocational teaching community.

This report summarises the results of the exploration phase conducted in Hungary. It brings out the findings of interviews with managers, teachers and course participants and concretises the main challenges in vocational trainings for each particular interviewee group from their point of view.

The extended version of this English report is available in Hungarian under the heading “Változó módszerek a migránsok tanításában - Összefoglaló részjelentés (2008.12.01-2009.06.30)” and is available under [www.new-views.eu](http://www.new-views.eu).

## 2. The context of the exploration

Hungarian legislative framework for vocational education and training is defined by three laws:

- The operation, administration, and financing of institutions providing VET within public and higher education are regulated by Act LXXIX of 1993 on Public Education and Act CXXXIX of 2005 on Higher Education.
- The provision of VET – except for higher education degree programmes and so-called ‘trainings regulated by public authorities’ – is regulated by Act LXXVI of 1993 on Vocational Education and Training. Its provisions apply to both IVET and CVET, and irrespective of whether the training is provided within or outside the formal school system (i.e., in public/higher education or in adult training).

This law defines:

- The training providers of VET;

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- The content requirements of the National Qualifications Register (Országos Képzési Jegyzék, OKJ) which – published in ministerial decrees – lists all state-recognised vocational qualifications at each available level;
  - The administrative structure of VET with the tasks of each of the concerned ministries, public authorities, agencies, and consultative bodies;
  - The content requirements of the professional and examination requirements of OKJ qualifications and the general rules concerning the vocational examination;
  - The special regulations concerning the provision of school-based VET (vocational theoretical and practical training, apprenticeships, study breaks and student allowances); and
  - The financing of VET
- The provision of adult training programmes outside the formal school system (which may be either IVET or CVET) is regulated by Act CI of 2001 on Adult Training which provides a definition of the concept of adult training and defines its administrative and institutional system, content requirements (accreditation of institutions and programmes, content of adult training contracts, etc.), and state-support schemes.

The sectoral direction of the vocational education was and is still carried out by the Institute for Basic and Continuing Education of Health Workers as a background institute.

Two significantly different fields of activities were formed which support each other.

- Adult education: For more than 45 years the Institute has carried out the education and examination of specialized nurses and assistants as a basic task in its deed of foundation.
- Professional-pedagogical service: The Institute as a pedagogical, professional institute in the field of health care takes part in:
  - Preparation of laws concerning vocational education
  - Publishing professional brochures and methodological materials
  - Preparation of measuring tools for professional exams
  - Coordination of professional exams
  - Professional documentation and library
  - Research
  - Publication of an informative journal

From 2003 the Institute has been carrying out the updating of qualifications in health care and developing professional examination requirements and educational programmes.

The education of nurses takes places on different levels in Hungary.

Basic qualifications are the following:

- Auxiliary nurses (2 years, 2000 hours, vocational schools)
- Diploma nurse (3 years, 4600 hours, EU conform, vocational schools)
- BSc nurse (4 years, 4600 hours, universities)
- MSc nurse (five-year-programme, or a supplementary basic 1,5-year-programme based on the college-degree,)

- Doctoral degree (Ph.D.) – at least 3-year-education in the field of nursing and healthcare education.
- Others: health visitors, midwives, emergency ambulance officers, dieticians, physiotherapists, sanitary inspectors and optometrists (BSc. level, universities)

Post-basic clinical specializations are: oncology, diabetology, hospice, epidemiology, geriatric, anesthesiology, emergency, psychiatry and nephrology.

These programmes last for 800 - 1200 hours, part time courses; clinical experiences are required.

In vocational trainings all programmes are competence based and modular.

### 3. The interviewees and the process

The interviewer was Szabolcs Fekete. He is a graduated nurse who was the leader of the Nurse Education Section in Educational Department of Institute for Basic and Continuing Education of Health Workers when New View project was started. His studies at the University of Pécs consisted of the following main subjects: anatomy, physiology, nursing and clinical studies, psychology, sociology, pedagogy, marketing, management, methodology of research and andragogy. During his work his duties were organising trainings, continuing educational trainings and exams, preparation and development e-learning educational materials. He participated in a high number of projects, research and international cooperations. He was tutor in the nursing module.

His English is excellent; also he has a basic knowledge in German. His competences in informatics are also on a high level.

The process of interviews started by choosing the interviewees, which caused difficulties in the beginning due to the followings aspects:

The migrants in Hungary can be divided into different groups:

1. Migrants from Romania and Ukraine. They are members of the Hungarian minority living in Romania and the Ukraine, their mother tongue is Hungarian and their culture is similar to the culture in Hungary. The majority of them are nurses. Those migrants coming from EU counties (Romania) are accepted automatically. In general they are employed immediately. That is why it is difficult to find nurses.

Those migrants who are from Non-European countries (e.g. the Ukraine) need to naturalize their qualification. It means that in certain subjects and modules exams have to be passed. The type and content of exams are determined individually. Training for them is not organised.

2. Migrants from other countries do not speak Hungarian. Some of them did not finish the elementary school and in general do not have any healthcare studies. They can not be employed in healthcare.

As it is visible the question of migrants appears in a different way than in other countries involved in the project. That is why we were worried; perhaps the research does not ensure the results wished. Also another difficulty we found is that non-Hungarian speakers are employed in other sectors, not in the healthcare. It was a challenge to find Hungarian speaking migrants who have Hungarian identity.

Before choosing the interviewees we had an intense consultation via e-mail with the project leader Barbara Kuss. In addition on the 29th May 2009 an extra meeting was organised in Budapest between the Hungarian and Austrian project partners.

In the project leader opinion, the fact that the question of migrants is different in Hungary does not limit the project. Following her advice, we observed five professional training and the candidates if we can find migrants. We found 14 migrants, 13 with Hungarian identity. 2 people from Ukraine, 9 people from Romania, a person from Serbia and also a person from Slovakia. The student group interview realised choosing the training of 'Adult anaesthesiology and intensive professional nurse'.

Concerning the interview with teachers we involved the teachers teaching in our institute.

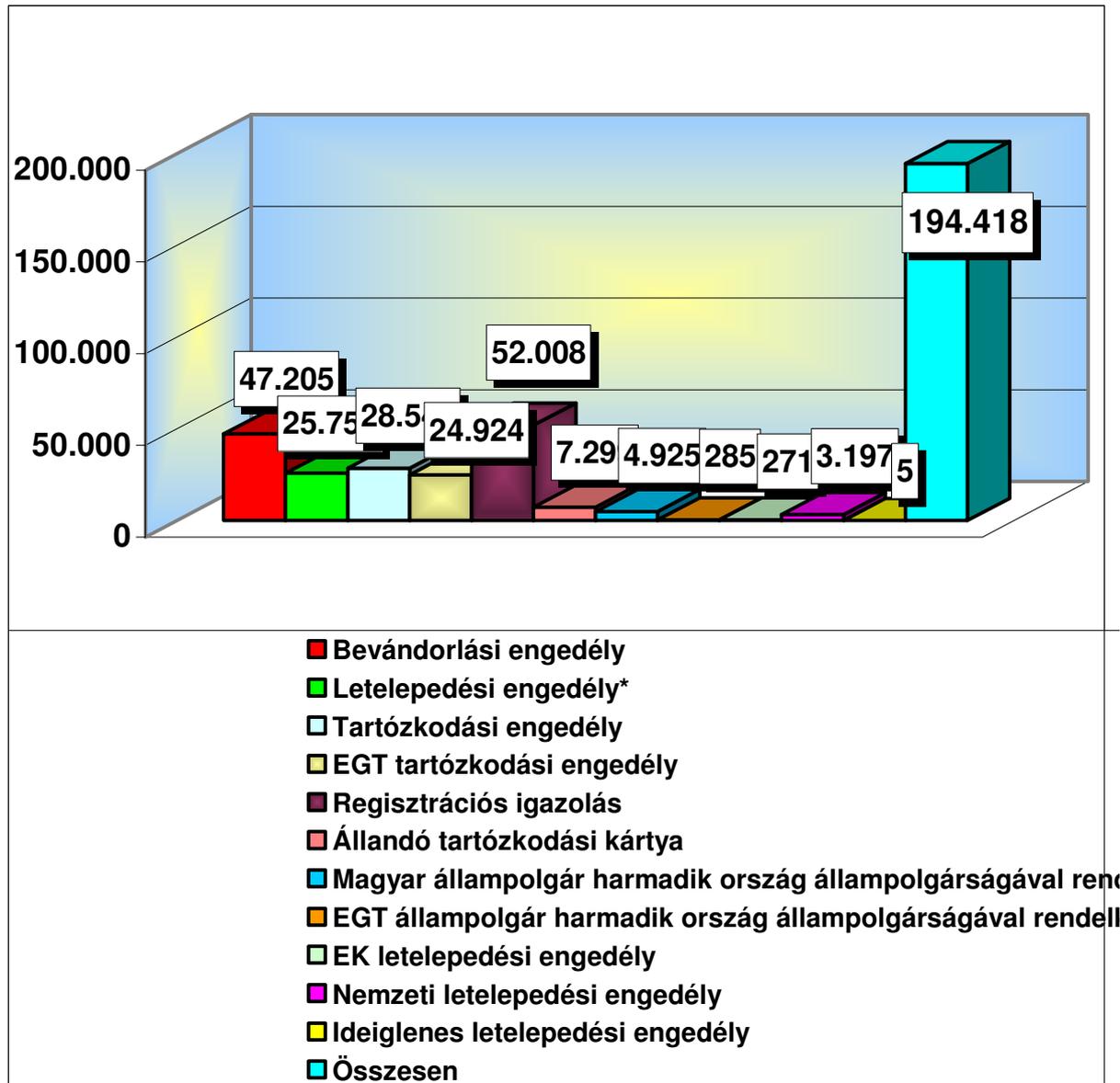
The school managers had been chosen after the teachers' interviews. The teacher interviews gave information about the schools/institutes where - from the point of view - migrants are in the classroom. We chose those schools where group of migrants attended the trainings.

As these institutes are located in different parts of Hungary this survey was carried out at a national level.

And there are some data from immigrants in Hungary:

**The number of migrants by the data of Immigration Office: 194 418**

The under mentioned graphic shows the migrants' status.



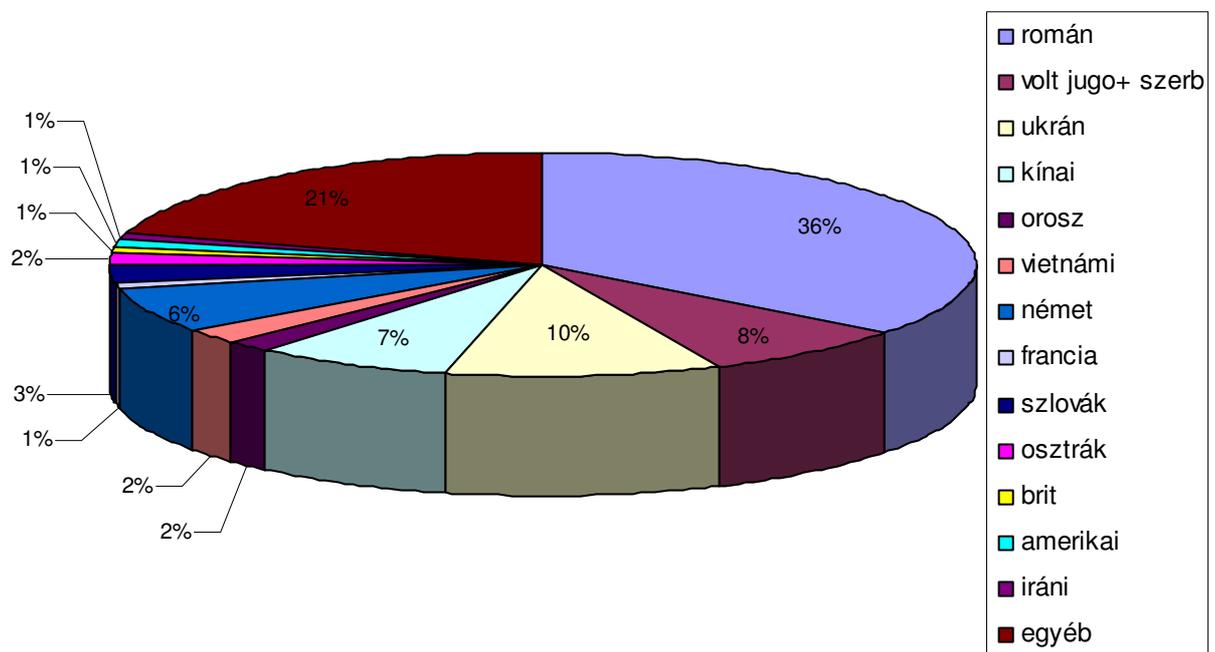
legend:

- with immigrations right
- with right of settlement
- right of abode
- EGT right of abode
- With registrations certificate
- Permanent card of abode
- Member of a family of Hungarian citizen, with citizen of third country
- Member of a family of EGT citizen, with citizen of third country
- EK right of settlement
- National right of settlement
- Interim right of settlement
- All together

**Population of Hungary: 10.018.542**

That means a percentage of migrants is 1, 94 % in Hungary.

**Compound of Migranten by their citizenship**



While we were choosing the interviewees the Danish partner prepared the interview guide and after consulting with the partners, they finalized it.

After these activities we made the necessary preparation for the interviews. It means we defined the interviews' time and place. We invited the interviewees and gave them information about the project, its aims and the way of conducting the interviews. After explaining the need of recording, the interviewees agreed upon the recording.

Both the group and individual interviews took approximately one hour. During the interviews the interviewees felt comfortable and could express freely their thoughts and experiences.

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During the interviews the interviewer had a moderator role as it was suggested in the interview guide.

The interviews were conducted based on the topics suggested in the interview guide. The interviewer encouraged the interviewees to answer in their own rhythm and style.

## 4. The outcomes of the surveys

### 4.1 New View – Group Interviews with Participants

#### 1. Hard Data:

**Location:** Institute for Basic and Continuing Education of Health Workers, H-1085 Budapest, Horánszky u. 24. Hungary

**Number of participants:** 12 (11 female, 1 male)

**Age:** 28-45

**Countries of origin of the migrants of the class:** Romania

**Educational background:** certificate of final examination and a 5.4 OKJ level profession in the field of healthcare (diploma)

**Current class and education of the participants:** adult anaesthesiology and intensive care nurse

**Percentage of migrants in the class:** 5-15% (actually 33%)

#### 2. Topics and Optional Questions:

*The 1. topic was "Different Values and Norms in the Mixed Classroom"*

The participating students arrived from Romania's Hungarian populated area; that is why their values were completely equal to the typical values in Hungary. Due to this circumstance, in community life and during the interviews concerning cultural or ethic norms only very view differences were found.

The differences - different habit manners - appeared in the field of professional values and competences. The judgement of the nurse profession and its prestige stands on a different basis in the two countries. In Romania the competence of nurses is narrower and focuses on the professional contents, while in Hungary there is a wider range of duties and less professional contents concerning the daily tasks. It means that in Hungary in the practice the basic nursing tasks like change of bed linen, activities linked to cleaning connected to the nurses as well, are strange for the migrant nurses. In Romania the cleaning ladies and

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nursing assistants carry out these tasks and not the academically educated, specialised nurses.

These „incidents“ come from the differences between the two healthcare systems, from different habits;

*The 2. topic of the Interview was “Unequal Language Skills among the Participants”*

The different lingual skills do not come to surface in the everyday Hungarian language. Presence of Hungarian mother tongue students is not automatically and easily recognized by teachers during the lessons. Regarding the usage of professional language we found noticeable slight differences. The professional language (medical terminology) is special and became really Hungarian over the decades. The “professional Hungarian language” took its own way of writing and pronunciation based on Latin and continually rather English professional nomenclature. The Romanian language is nearer to the Latin language, while usage of the English language in the daily practices is not so widespread. It means new expressions and abbreviations for the students.

Due to the opinion of the participants usually the teachers do a lot to improve understanding. The teachers are well known experts in their field of health care with great practical and educational experience. Generally they know the “neuralgic parts” well and - according to the students' feedbacks - they work more with those parts of curriculum which cause difficulties in understanding. These differences give tasks to be solved instead of unbridgeable obstacles in the process of studying.

In practise this problems do not have an impact on the learning process, on the classroom atmosphere, on the relation between the participants, and on the relation between teacher and participant.

Naturally the healthcares' typical medical language does not make the communication and the learning-teaching process easier. This is coming from the incredible fast development of the medical English language and does not make difference between Hungarian and Romanian students.

The way to meet this challenge is the immediate questioning from students and the teacher's explanations. Learning materials and dictionaries can help to solve this problem.

*In connection with the 3. topic –“Teaching Approach of the Teacher”*

the participants said that in the Institute for Basic and Continuing Education of Health Workers there are wide repository of the educational methods, and the school is well equipped. The main way of teaching is the face-to-face work (classroom teaching) but team work or interactive demonstrations are often used as methods. On the adult anaesthesiology and intensive care nurse course a new and innovative educational method is used: the simulation with the usage of a human patient's simulator (METI ECS).

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In point of part of the learning process and of participant's responsibility and of teacher's responsibility the answers are typical from the feedbacks: the participants' learning responsibility first of all is to take part in the course carefully and constructively, to learn, and to pay attention. The teacher has to have clear, well demonstrated lecture and in case of the lack of books or other materials, the lecture has to be presented in a way that students are able to make notes.

The participants didn't feel in conflict with the values and norms passed on in the teaching.

*The 4. topic was the "Teacher Attitudes towards Migrants (Special Attention to Categorisation, Culturalisation and Deficit Approach)"*

As it is mentioned above, differences did not appear between the students regarding human, cultural, or other norms. Migrants' and the non-migrants' educational and/ or social background and their problems are similar. The migrant students do not differ practically from the non- migrants.

## **4.2 New View – Group Interviews with Teachers**

### **1. Hard Data**

**Location:** Institute for Basic and Continuing Education of Health Workers, H-1085 Budapest, Horánszky u. 24. HUNGARY

**Number of participants:** 12 (10 female, 2 male)

**Age:** 29-58

**Countries of origin of the teachers:** Hungary

**Educational background:** college/university

**The participating teachers' years and content of teaching experiences:** 5-30 years, vocational and higher education in healthcare

**Percentage of migrants in the classes:** 5-15%

**Countries of origin of the migrants in the classes:** Romania, Ukraine, Slovakia

### **2. Topics and Optional Questions**

*The 1. topic was the "Different Values and Norms in the Mixed Classes"*

As a matter of fact we cannot find any differences between the migrants and Hungarian students concerning human, cultural, or social norms. We found some "professional" differences, which give some tasks and problems for the students and teachers as well. The most frequented are the followings:

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When someone comes from another educational and healthcare system, he or she obviously does not completely know the Hungarian health care system and its specialities. It was a common experience of our teachers that from this point of view there are great differences between the Hungarian and other neighbouring countries. For example it can be a problem for the students to apply certain protocols in the every day patient care. In Hungary the daily activities of nursing are well planned and a documented process, based on a nursing plan (for a short, an extended and a long period). This method of working was new for the migrants and in their countries, while in Hungary this is the essential part of the every day's patient care.

Interviews with participants showed that the specialities and "anonymity" of the Hungarian professional medical language can be problematic for migrants (sometimes with English idioms, abridgements which are indispensable at the patient's bed, especially in the intensive care). Where we found a difference is the field of writing tasks: orthography. In general migrants' oral skill is perfect because Hungarian is their native language but concerning writing skills we found some deficiencies.

Next to the professional differences there are differences in laws between sender and recipient countries, especially the Law of patients (1997. nr. CLIV). In Hungary this is the most important law for staff in health care and it is indispensable to know for everybody who work with patients.

As for teachers, paying more attention is the method which can help to solve these kinds of problems coming from differences of educational systems between countries. Those Hungarian students (migrants) coming from Ex-Hungarian territories are hard working and have strong desire to prove. This motivation comes from the impression that neither Hungary nor the country where they were born is really their home. Teachers have to pay attention on these circumstances when they want to make attendance to solve these situations; using the right wording and talking and discussing the situations is efficient.

When somebody would like to use its certificate, diploma or degree from abroad there is an exam to be taken. Without this exam he/she is not allowed to take up a job in the healthcare system. This process is a usual method in Hungary provided by a committee of experts. There are some good methods from individual learning to group learning to support the examinee. The most efficient programmes are usually organised by hospitals (to manage the lack of employees in health care system locally). These are well organised for "recruiting" and after that theoretical and practical preparation of the candidates is carried out. On the other side Hungary as a member of the European Union gives a good opportunity for those how come from abroad. When they have a profession and a certificate from a European Union country, they can easily become employees in another country of the Union.

The 2. topic was, if *"Participants have Cultural and/or Religious Reservations to the Tasks of the Profession that are Taught"*

The teachers involved in the interviews have never had situations where students expressed religious or cultural motivated reservations.

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The 3. topic was "*Teachers Attitudes towards Migrants (Special Attention to Categorisation, Culturalisation and the Deficit Approach)*"

As mentioned before we haven't found differences between Hungarian students and migrants concerning cultural or other norms. The problems of Hungarian and migrant students are very similar and their cultural, social and educational background are almost the same. Despite these facts sometimes the understanding is not so easy for the migrants.

The most repeated problems and fails (did by the teachers) are the followings:

- Too fast speech without explaining and
- New medical words and idioms without explaining.

Hungary was a more or less isolated country in the past. That is why there were not so many migrant students in the Hungarian educational system, so the teachers cannot have many experiences (in some cases the teachers may have prejudices, but it comes only from the lack of information).

More empathy is necessary during exams especially in written exams.

For students the mentioned methods can provide a successful preparation to reach the same level of knowledge, but the teachers have a lack of tools to solve the problems efficiently. As for teachers they have not got enough experience and they have not got a "guide" or a continuing educational course. (In the past in Hungary there weren't so many migrant students, thus it was not an important issue for the education developers.)

*The 4. topic was "Unequal Language Skills among the Participants"*

There is no difference between the Hungarian and migrant students in the every day communication but in the field of professional medical language.

*The 5. topic was "The Approach of the Teacher", that means, how does he/she teach, what teaching methods does he/she use.*

The interviewed teachers use all of the mentioned methods (for example classroom teaching in front of the board, team work, project based learning). Most important in the health care education is practice but interactive courses as well due to the possibility of giving and receiving feedback.

Teachers mentioned quite classical roles regarding responsibilities in the complex teaching-learning process. Our instructors estimate it as very important that the student's responsibility is to ask for help, and the teacher's responsibility is to give help as much as necessary. The instructors' responsibility is to promote the acceptance of the otherness concerning the migrants.

In point of values and norms pass on in teaching, there is no need to inform migrants about the instructor's norms and values connecting to the profession, because the participants in the healthcare education started their studies in the same learning environment and they

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were socialised among similar norms. The emphasis is on the openness, the acceptance, the willing of help and the affection to this profession. These things give motivation to our instructors.

Upon the challenges of the mixed classroom the teachers said that our instructors are already using these methods as mentioned above and that they have consultations with other teachers. It is necessary to remark that the Institute for Basic and Continuing Education of Health Workers organises trainings apart from a school system. Therefore teachers have different possibilities than in the case of the school system trainings. In the field of adult training and teaching apart from a school system are part time teacher employed who are usually doctors and other experts from the health care.

### ***4.3 New View – Individual Interviews with School Managers***

Number of students in schools: 300-1100

Gender: 70-98% female

Age: 14-58

Countries of origin of the migrants in the classes: Hungary, Romania

Educational background of the participants of the school: basic education – certificate of final examination

Number of migrants in the classes: 1-15

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## 2. Topics and Optional Questions:

*The 1. topic was "The Institutional Framework"*

The schools involved come from the field of health care education. They continue daytime courses, correspondence courses, vocational education trainings, and they work in the field of adult education. Their main fields of study are the followings: nurse, different specialisation of nurse trainings and different specialisation of assistant trainings.

The institutes' pedagogical principles are based on the NAT (National Core Curriculum) 17/2004. (V. 20.) and 1/2006. Based on these laws the most important principles, which the schools/institutes have to follow and embody, are the following: human values, representation of the national and universal culture, competence based education, forming the ability of lifelong learning, suiting to the need of labour market, practice oriented education. The schools' and institutes' pedagogical principles are based on the principle of the equal opportunity, the representation of values, the student's centred work, the active contacts and the principle of the continuous renewal.

Majority of schools/institutes have been merged with more other urban schools/institutes. From the point of view of profession majority of the schools/institutes are independent. In the Institute for Basic and Continuing Education of Health Workers the management makes decisions with the general director's leadership in questions affecting the institute; however the institute works as a background institute of the Ministry of Health.

*The 2. topic was "Range of the Participants"*

Last year the number of migrants showed gradual decrease due to the end of the central financial support. Lots of migrants from neighbouring countries (first of all from Romania) took part in the courses provided and supported by the Hungarian Labour Ministry. The aim of this programme was to search, enrol and apply students and employees, and to support a tight cooperation with city and country hospitals. At the end of the programme the number of migrants shows a decrease compared with previous years. Their proportion is between 1-30%.

Generally the schools do not have the intention to increase number of migrant students; there is no motivation for that.

Having migrant participants in the classroom is prosperous due to differences in cultural and practical experiences, which can provide an extra learning possibility. It can also increase the level of tolerance of the students concerning foreigners. Their experiences may be different compared to the local students' because they arrive from a different educational system. It can be seen that the knowledge of foreign languages is much better than the Hungarian students' knowledge in this field. This is due to the higher number of language courses in Romania and in Serbia and it is practical oriented approach.

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The school managers do not take into consideration the difficulties on the cultural and religious fields through the migrant, because there was no example on it during the last years. (This confirms the opinions recognised in the course of the interviews carried out prepared with the students and the teachers.) There were smaller lingual problems but they were differences instead of problems, a slight difference in meaning of words. It was not considerable, instead rather interesting and a kind of mutual knowledge acquisition opportunity.

The cultural and religious diversity is also a benefit: for example when the patient arriving from the migrant's country of origin uses the services of the Hungarian health care system. In this situation the migrant student or the migrant professional employee knows the language and the habits of the different healthcare system. In this case a migrant employee can help not only the patient but his or her non-migrant colleagues, too.

Generally the drop out rate is very low, approximately 1-2%.

There is no significant difference between the migrants and non-migrants concerning the dropping out proportion.

Reasons of the drop out are different almost in every single case. The reason can be personal, financial or it occurs when the student is not able to acquire the curriculum simply, it is beyond his capacities.

In the case of migrants (and practically in the case of non-migrants as well) personal acquaintance and paying attention are supporting the student's career as well as providing help concerning difficulties outside the school/institute/workplace does. In the schools we can found low student numbers, and homely atmosphere, which makes the personal care possible.

### *The 3. topic was "Teachers"*

All teachers are professional instructors and full time teachers. Trainers, doctors working in the healthcare facilities overtake a part in the practical education. In the Institute for Basic and Continuing Education of Health Workers nearly a hundred percentage of the teachers works in part time, they are applied with a commission or a contract. They realise an educational activity based on an invitation.

In the schools only 1-2 teachers have migrant background in general.

Based on our experiences, for students and the teachers who came from Hungarian populated areas from the neighbouring countries, integration and participation in education does not cause any kind of problem or difficulty. In addition, these teachers can help migrant students in integration, also in the presentation of the differences between countries.

The teachers with migrant background can function as role models, if they share their knowledge with students and keep distance also with migrants as they do it with non-migrants. They can also help their colleagues to understand and to accept migrants'

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professional and human background. The role model manifests mostly in that how he or she can behave and realise a successful way of life in a foreign country.

Actually there is no tendency for exerting special efforts to recruit teachers with migrant background.

In the school directors' opinion, supplementary courses in intercultural learning cannot be reached. (They do not know about a course like this.)

At staff meetings, the teachers only rarely discuss intercultural themes.

Professional point of views defines the inclusion of themes like intercultural awareness as one relevant choosing aspect in the process of compiling the teaching team. Age, gender and ethnic background does not play any role in the staff's forming.

*The 4. topic was "Mixed Classrooms"*

As it was mentioned before, there are sometimes mixed groups in the classroom, but the number of migrants is decreasing.

The mixed classes have advantages due to differences in cultural and practical experience, which are providing extra learning- and experience- opportunities for the students.

In schools no problems through mixed class have appeared yet.

The teachers don't use specific methods and materials in teaching mixed classes. In case of mixed classes with a higher number of students (mainly in the past) for the migrant and non-migrant students, the teachers organised regular informal meetings. They were very sufficient in discussing and solving problems.

*The 5. topic was the issue of "The Future"*

Usually the schools don't have a wish and a strategy to improve their intercultural education. When the number of migrants increases in the future, a strategy will be worked out, although there is not an expressed claim in the schools' majority to increase the number of migrants.

Due to managers' opinion, teachers consider to use the New View toolbox, if the above mentioned will become reality.

The schools are interested in the New View promotion tour. For the schools it is very important to building international contacts, getting information from the international experiences and sharing own experiences. The information is always welcome from the project.

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## 4.4 Summary

It is considered that in Hungary the rate of migrants in healthcare trainings is 5-15%. Compared to previous years this rate has decreased.

The differences coming from the migrant's way of living and the cultural background increase the tolerance of other students concerning foreign people; this delivers an 'extra' learning and experiencing environment to other students. This is a shared opinion of training centres. In spite of this the educational institutes do not want to increase the number of migrant students. Actually there is no motivation to do the opposite.

In the Institute for Basic and Continuing Education of Health Workers in the involved class (adult anaesthesiology and intensive care nurse) the percentage of migrants were 33% and they were Hungarian speaking (as a native language) students (this is a special situation in Hungary because of historical and economical causes).

The majority of migrants are Hungarian speakers from Romania. Of course there are students from other Hungarian speaking regions, such as regions in the Ukraine, Slovakia and Serbia. In fact this is a special Hungarian situation having historical and economical roots.

We do not find an appreciable difference concerning lingual skills and the norms between the migrant and non-migrant students. There were differences rather in areas of professional norms, habits and competences. The need for methods accelerating the closing up and helping within the learning process are relevant concerning Hungarian technical language, English expressions and abbreviations, and the usage of devices, protocols and standards.

Because of differences in education and health care systems, migrants need more attention during the educational process. Taking into consideration the migrants' feedback there are problems necessarily to be discussed or topics in the learning material necessarily to be explained more detailed. Paying attention or listening to feedbacks can be methods to exclude problems coming from the fact that educational and professional systems are different. This "method" does not bother the learning process and it does not influence the Atmosphere in the classroom.

The educators find sometimes that migrants work hard to prove in the classroom because they neither feel at home in Hungary nor in the country they were born. This kind of situations needs attentiveness, right wording and conversations from teachers. In Hungary the question of migrants is special because of common language. The rate of migrants in trainings and in the labour-market is low. For the majority of migrants, Hungary is only a transit country. Probably that is why teachers think they are not prepared for managing problems coming from mixed classes. There is a lack of tools and there are no intercultural trainings for them.

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Institutes do not have a strategy to develop intercultural education. However, managers are aware that a complex strategy is needed to meet the challenges and to increase the number of migrants in their classes.

All participants in the interviews think that the New View project is a significant step in this field. The tool-kit developed in the project will be important for educators.

To sum up, both students and teachers interviewed stated that:

- educational and social background of migrants and non-migrants are the same, their problems are similar
- there is no significant difference concerning social and cultural norms
- there is no difference in language
- there are differences in the field of professional norms, competences
- concerning the Hungarian professional language, English expressions, abbreviations, tools used in Hungary, protocols and standards, there is a need to have tools and methods to promote learning and realising remedial exercises

Furthermore, interviews with school managers show that:

- the rate of migrants is decreasing
- they consider as being important to have migrants in the classroom because of exchanging experiences but creating mixed classes is not a goal
- Migrants' presence is not considered to be a problem. There is no difficulty in pedagogy because social- and cultural roots, religion and language are the same.

From teachers' and managers' point of view, following challenges are to be faced:

- Actually, teachers are not prepared to deal with problems emerging in mixed classes and there is no cultural training for them
- There are no methods / tool-kits for teachers how to deal with diversity in the class existing in Hungary.

## **5. Conclusion: Major Challenges in teaching mixed classes**

As already shown above, in Hungary the question of migrants is a special situation. Because of the common language and identity, teachers and students do not identify any problems while teaching / learning in mixed classes. However, based on the results of interviews, the following issues and challenges should be tackled within the New View project:

- The unknown Hungarian professional language and its specialities causes problems for migrants (e.g. it makes it difficult to understand the learning materials)
- Migrants' knowledge concerning written language is incomplete, which can cause problems dealing with written exercises.

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- Professional skills are different between migrants and non- migrants.
  - Migrants do not know about the specialities of the Hungarian educational and healthcare system.
  - Beside differences in professional life, differences appear at the level of laws.

Additionally, the view of nursing is different in countries. Sometimes the same qualification means different competences and migrants' feelings are hurt if they have to do task of nurse assistants or nurse auxiliaries in their former home countries. Some teachers stated that migrant students are more sensitive than non-migrant students.

In general teachers have to pay more attention and should avoid speaking too fast or telling professional facts without explication.

As mentioned above, the main challenge is that teachers do not have any tool-kit or special methods to deal with diversity in mixed classes. The reason for this situation is that the rate of migrants in the labour market and in education was low and was not estimated as being worth working on it up to now.

## 6. Literature

In this report we took attention on those problems which are also mentioned in literature, so we tried to describe the problems, challenges and make conclusions. Hereinafter you can find a list of used literature:

<http://prequalsteps.maiz.at/hu>

<http://www.nbh.hu> (Nemzet Biztonsági Hivatal évkönyve 2006)

<http://www.bmbah.hu/statisztikak.php>: A Bevándorlási Hivatal 2008-2009 évi kiadványfüzete

<http://magyarlakos.extra.hu/>

Bruening, Gerhild (2004): Mit Migranten lernen. Interkulturelle Fortbildung für zivilen Dialog in der Verwaltung. [http://www.diezeitschrift.de/22004/bruening04\\_01.htm](http://www.diezeitschrift.de/22004/bruening04_01.htm) (accessed 2009-05-10)

Country report (Demnet:2007)

Munka az egészségügyi- és ápolási szektorokban (By DemNet, Created 24 júl 2008, <http://www.fwd.at/berufskompass/prognose.php?noteid=35>) A migráns munkavállalókról - Összefoglaló (EPSU Konferencia a Kollektív Tárgyalásokról 2005. december 12-13.)

Kováts András: Migrációs folyamatok Magyarországon

Lanfranchi, Andrea (2002): Interkulturelle Kompetenz als Element pädagogischer Professionalität – Schlussforderungen für die Lehrerbildung. In Auernheimer, G. (Hrsg.) (2002): Interkulturelle Kompetenz und pädagogische Professionalität. Opladen: Leske+Budrich (S. 206-233)

Pfabigan, Doris (2007): Kultursensible Pflege und Betreuung: Methodische Ermutigungen für die Aus- und Weiterbildung (Vol. 2007). Wien: Forschungsinstitut des Wiener Roten Kreuzes. [www.wrk.at/forschungsinstitut](http://www.wrk.at/forschungsinstitut) (accessed: 2009-05-10)