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'I Want to Do Anything which Is Decent and Relates to My Profession': Refugee Doctors' and Teachers' Strategies of Re-Entering Their Professions in the UK

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This article will report on research that considers refugees in the UK who were teachers or doctors by profession in their country of origin, have lost this status after arrival in the UK and are seeking to regain their professions. This article draws on 39 in-depth interviews with refugee doctors and teachers to explore their strategies of re-entering their professions following migration to the UK. It explores the role of refugee agencies in shaping the process of integration into the profession. By so doing, it provides insights into how refugees themselves approach the process of integration into their professions, and finds that refugees' professional aspirations and attitudes along with personal factors including their age, parenthood, gender and time of arrival in the UK had further impact on how they had responded to encountered barriers.

Keywords: Refugee integration, refugee agency, refugee doctor, refugee teacher

Introduction

The process of refugee integration has been an enduring concern for migration research (Castles *et al*. 2002; ECRE 2002; Bosswick and Heckmann 2003; Korac 2003; ECRE 2005; Threadgold and Court 2005; Atfield *et al*. 2007; Ager and Strang 2008; Mulvey 2013). While the integration process remains a highly researched issue, successful outcomes of the refugee integration process are being challenged by refugees' experiences of poverty (Allsopp *et al*. 2014), unemployment and underemployment (Bloch 2004; Stewart 2007; Smyth and Kum 2010), homelessness (Gillespie 2012) and mental health problems (Phillimore 2011a). Further to examples of multiple forms of exclusion experienced by refugees in the UK, the recent cuts to public spending and the termination of refugee integration programmes as a result of the economic recession in the UK have the potential to further hinder the

integration process (Refugee Council 2010; Phillimore 2011b). Given the significance of refugee integration, evidence of widespread marginalization of refugees and existing challenges to refugee integration, it seems appropriate to explore further the dynamics of the refugee integration process in the UK.

The aim of this article is to investigate the process of refugee integration into professions, from the perspective of refugees. The process of refugee integration will be considered as a complex, two-way process that starts from the day of their arrival in the destination country (Ager and Strang 2008; Da Lomba 2010; Mulvey 2013). While research within the field of refugee studies predominantly elaborates on structures that control and restrict refugee agency (Bloch and Schuster 2002; Malloch and Stanley 2005; Schain 2008), there is little research that would explore the ways in which refugees live and deal with numerous obstacles they encounter in their daily lives. This study views refugees as creative agents, whose individual choices and motives influence the ongoing events constructing the process of their integration into professions. Two professional groups, doctors and teachers, have been selected for this study, as they have been recognized as the most common professional occupations among refugees prior to migration to the UK (Bloch 2002: 49; Stewart 2003). These two professional groups have also been selected to emphasize differences in the social status and attitudes assigned to members of the medical[1] and teaching professions and the status of refugees.

This article begins with a description of Archer's (1996, 2000, 2003, 2007) analytical dualism and reflexivity that serves as the analytical framework for this study. Following a brief review of barriers to the employment of refugee teachers and doctors in the UK, this article describes the role of refugee agency in the integration process. After outlining the methodologies applied in this study, this article identifies and discusses four strategies applied by refugees to challenge encountered barriers to re-entering their professions in the UK. The article concludes by arguing that refugee attitudes, motives and professional aspirations in conjunction with their personal circumstances and conditions have an impact on the ways in which refugees had approached the process of integration into their profession. Finally, it outlines the usefulness of Archer's concepts of analytical dualism and reflexivity in exploring the diversity of strategies applied by refugees to challenge encountered barriers following migration to the UK.

Critical Realism

This study looks at the particular example of the process of refugee integration into the medical and teaching professions, from the refugees' perspective. The conceptualization of refugee integration as a two-way process suggests that, in order to analyse the operationalization of this process, equal attention must be given to the personal capacities of newcomers and to underlying structures of receiving communities. Thus, the analytical framework to

investigate the process of refugee integration into professions should allow capturing the interrelations between social structures, alongside refugee agency, without imposing any causal interrelations between them. The intertwined nature of structure and agency has already been stressed in migration studies (Bakewell 2010). Bakewell (*ibid.*) indicates that a critical realism and in particular Archer's concept of analytical dualism can provide a useful theoretical basis to understand and analyse the processes of migration and social change. To avoid the structure–agency dilemma, Archer (1996, 2000) argues for the methodological differentiation of social structures and agency, and proposes the concept of analytical dualism that was based on the premise that, although social structures and agency are interrelated, a clear distinction between them is required in order to investigate their interrelations. Archer (1996) argues that, despite social structures being rooted in and interrelated with an agency's actions, they are also relatively autonomous from one another and therefore influence each other in their own right. As agency and structures operate in different ways, Archer (*ibid.*) indicates that agency and social structures possess different properties and powers, and thus are not reducible to one another. Archer (*ibid.*) therefore proposes the analytical dualism, which aims to examine how social structures and agency relate and interplay in a given time as separate objects of analysis.

The concept of analytical dualism provides the basis for development of the study of reflexivity. For Archer (2003, 2007), reflexivity is defined as an internal dialogue that allows individuals to project their actions based on the articulation between personal concerns and the conditions that make it possible to accomplish them. As such, reflexivity can be defined as a dialogue that people engage in and through which they define their beliefs, attitudes and goals, evaluate social circumstances and define their action based on their main concerns. For Archer, therefore, reflexivity is a form of mediation as well as people's response to particular social situations. This conceptualization can be usefully applied in exploring the ways in which refugees themselves approach the process of integration and how they response to encountered conditions after arrival in the UK. The study of this focus, however, requires bringing together literature describing the particular circumstances and experiences that stem from the nature of refugee migration as they have implications on refugees' choices, resources and attempts to re-enter their professions (Castles *et al.* 2002). On these grounds, the following section will describe the structural barriers to refugee employment in the UK and refugees' responses to encountered barriers.

Structural Barriers to Refugee Employment and the Role of Refugee Agency

Studies into refugee experiences in the labour market show that refugees are one of the most disadvantage groups when compared to other ethnic minority groups or to the indigenous local population (Bloch 2004; Connor 2010). These experiences are often explained by the restriction on rights (including

right to work) attached to the status of asylum seeker in the UK (Bloch and Schuster 2002; Stewart 2005b). The length of time for which asylum seekers in the UK wait for decisions on their asylum claims varies from a couple of months to several years (Healey 2006). During this period of time, asylum seekers are excluded from the labour market, which has a further implication for their career prospects. For example, gaps in the curriculum vitae that appear due to disturbances in refugees' work histories can diminish their likelihood of finding jobs in their chosen professions in the future (Colic-Peisker and Tilbury 2006). This is because refugees may experience difficulties in explaining how they maintained their professional development if out of practice for several years (Stewart 2007). However, being granted leave to remain in the UK does not mean an end to barriers to accessing employment. Stewart and Mulvey (2014) also indicate that the move away from indefinite leave to remain to a five-year term following the review hinders the development of refugees' long-term employment goals and plans.

As well as restrictions attached to the legal status of asylum seekers, mental health problems due to experience of forced exile and violence alongside negative representations of asylum seekers and refugees in the media and public discourse may have further negative impacts on their job prospects (Zetter 2007). The Refugee Assessment and Guidance Unit's (2007) study indicates that a lack of knowledge about refugees' qualifications, coupled with a lack of knowledge about documents proving refugees' identities and rights to work, often raise employers' concerns about employing illegal workers. Similarly, Kum *et al.* (2010) provide evidence of experiences of racism and prejudice among refugee teachers in Scotland. Finally, refugee themselves view discrimination as a main barrier to employment (Bloch 2004).

Another group of factors with the potential to create barriers to employment for refugee doctors and teachers relates to the professional structures of the medical and teaching professions. Assessment and accreditation of refugee doctors' and teachers' overseas qualifications represent an example of institutional barriers, as refugees' professional qualifications and work experience are not recognized as equivalent to the UK standards (Bloch 2002; Smyth and Kum 2010). In order for refugee teachers and doctors to re-enter their professions, they are required to fulfil the entry criteria ascribed by the professional standards in the UK (DfE 2012; GTCS 2012a, 2012b; GMC 2013). In the case of refugee doctors in the UK, the process of re-qualification, especially of passing the International English Language Testing System (IELTS) exam or passing the Professional and Linguistic Assessment Board (PLAB) exams, has been indicated to be problematic for specialist doctors, despite their work experience prior to migration to the UK (Stewart 2007). Similarly, Smyth and Kum (2010) report that the requirements to obtain Qualified Teacher Status (QTS) and the entry requirements for registration with the General Teaching Council for Scotland (GTCS) present challenges for refugee teachers that are often hard to overcome.

Experiences of forced exile, restrictions attached to the legal status of asylum seeker, labels attached to refugee status and lack of accreditations of pre-migration qualifications and work experience have an impact on resources and choices available to refugees to re-enter their professions. While host communities have a direct impact on the refugee integration process, refugees' individual choices, motives and priorities influence the ways in which they engage with their host communities (Bosswick and Heckmann 2003; Valtonen 2004). This article investigates refugee doctors' and teachers' responses to encountered barriers to re-entering their professions after arrival in the UK. According to Archer (2003), the ways in which individuals respond to encountered social conditions depend on 'internal conversation', defined as a reflective process about the possible direction of future actions. Archer (*ibid.*) indicates that reflexive modes are not universal, which means that each individual, in the face of their own descriptions, interests or goals, confronts encountered social conditions and makes decisions about their future actions. In this context, refugee agency plays an important role in the way refugees reflect upon their own personal objectives, aspirations and goals in light of encountered structural constraints and available opportunities.

The concept of refugee agency can form a contrast to the widespread perception of the refugee as a 'passive victim' of violence or as a recipient of support. This image may come from a weight of research looking at a number of structural constrains experienced by refugees, which tends to stress the limited choices available to them to improve their circumstances (Harrell-Bond and Voutira 2007). Indeed, refugees are subject to elaborate structures that 'control' their agency, but this should not imply a lack of their agency. For example, Hunt (2008) provides evidences of how asylum seekers and refugee women actively seek opportunities to improve their living conditions by attending support groups, local events or volunteering in local organizations. Similarly, Healey (2006) and Mulvey (2013) indicate that refugees and asylum seekers are often actively engaging with diverse forms of education courses or are seeking help through social networks ranging from family and friends to community and refugee organizations to improve their situations and regain stability in their lives. This article therefore will further explore different methods that refugee doctors and teachers apply to re-entering their profession after arrival in the UK.

Methodology

The data presented in this article are derived from a doctoral thesis funded by the University of Strathclyde. The findings presented in this article are based on 39 in-depth semi-structured interviews with refugee doctors and teachers conducted in London and Glasgow. Participants included in this study were selected in response to an online survey.

The survey questionnaire was distributed through diverse channels including community groups (the Black and Ethnic Minority Infrastructure for Scotland (BEMIS)), English language providers (Anniesland College in Glasgow) and NGOs[2] providing face-to-face support and specialist career advice to refugee teachers and/or doctors in London and/or Glasgow. The interview sample was selected from the list of volunteers (34 participants) who expressed their interest in taking part in the follow-up interviews and referral from the Refugee Council in London (five respondents). Respondents varied in terms of gender, country of origin, age groups, professional background and year of coming to the UK (Table 1).

The aim of the interviews was to understand and capture refugee teachers' and doctors' experiences on their professional lives, actions and practices in negotiating access to the teaching and medical profession in a new country. The in-depth interviews were conducted in the English language and explored basic subjects including: experiences and memories from the country of origin, arrival in the UK, experience/opinions about becoming a teacher in the UK and professional experience as a refugee in the UK. The interview questions were designed in a flexible and open way to allow participants to drive the interview focus. This dialogical approach (Sidorkin 2002) to conducting the interviews gave interviewees as much space as possible to describe their experiences in their own time.

The analytical framework for investigating refugee integration into professions discussed in this article stems from endorsement of the concept of integration as a complex two-way process and Archer's (1996, 2000, 2003, 2007) theoretical concepts of analytical dualism and reflexivity. This article therefore aims to explore how refugees themselves approach the process of integration into their professions. By so doing, this article will analyse diverse refugees' responses to encountered barriers.

The purpose of data analysis was therefore to understand how refugees make their decisions on their future professional career in the UK and how they justify it. For that reason, the data analysis focused on identifying refugees' aspirations, motives, justifications in their process of decision-making, and also the plans and methods they used to re-enter their professions in the UK. The purpose of this exercise was to explore how refugees talk about and address discrepancies between their professional aspirations or their own perceptions of being teachers or doctors and employment status in host communities following the migration to the UK. In addition, a background profile with a short description of refugees' professional backgrounds, history of accessing their professions and their socio-demographic characteristics including age, gender, time of arrival in the UK and country of origin was created for each participant. These materials were useful to place refugees' narratives in a wider context and were thus helpful in establishing links between their personal circumstances (age, gender, time of arrival in the UK), professional background, motives, attitudes and attempts to overcome encountered barriers. As a result of contrasting and comparing refugees'

Table 1

Participants' Profiles

Pseudonym	Age groups	Specialization in home country (as described by respondent)	Country of origin	Place of living
Heather	41–50	General Practitioner	Zimbabwe	London
Tahur	41–50	Surgeon	Turkey	London
Abraham	41–50	Paediatrician	Pakistan	London
Madoc	31–40	General Practitioner	Zimbabwe	London
Flavia	31–40	General Practitioner	Afghanistan	London
Nicola	31–40	Medical doctor	Iraq	London
Malise	31–40	Medical doctor	Iraq	London
Fabian	31–40	General medicine	Afghanistan	London
Sara	41–50	Gynaecologist	Sudan	London
Samuel	31–40	Surgeon	Nigeria	London
Okan	31–40	Medical doctor	Turkey	London
Alymar	31–40	Medical doctor	Iraq	Glasgow
Gaspar	31–40	General Practitioner	Iraq	Glasgow
Jabez	41–50	Medical doctor	Iraq	Glasgow
Josef	31–40	Medical doctor	Palestine	Glasgow
Mardi	41–50	Medical doctor	Burundi	Glasgow
Kwango	41–50	Medical doctor	Iran	Glasgow
Jeshua	41–50	Dermatologist	Iraq	Glasgow
Aura	51–60	Primary teacher	Zimbabwe	London
Dominique	31–40	Secondary teacher	Eritrea	London
Juan	31–40	Secondary teacher	Somalia	London
Chantal	31–40	Secondary teacher	Eritrea	London
Sade	51–60	Secondary teacher	Zimbabwe	London
Hassan	41–50	Secondary teacher	Iraq	London
Trish	31–40	Secondary teacher	Zimbabwe	London
Lucasta	41–50	Secondary teacher	Iraq	London
Laban	41–50	Secondary teacher	Nigeria	London
Ray	31–40	Secondary teacher	Congo	Glasgow
Olaf	31–40	Secondary teacher	Burundi	Glasgow
Isaac	51–60	Secondary teacher	Senegal	Glasgow
Osbert	41–50	Secondary teacher	Eritrea	Glasgow
Cicely	41–50	University teacher	Iran	Glasgow
Habtom	31–40	Primary teacher	Iraq	Glasgow
Nio	31–40	Secondary teacher	Burundi	Glasgow
Vasco	41–50	Secondary teacher	Burundi	Glasgow
Kanes	51–60	Secondary teacher	Afghanistan	Glasgow
Elma	31–40	Secondary teacher	Iran	Glasgow
Hazel	31–40	Secondary teacher	Iran	Glasgow
Ali	61–70	University teacher	Iraq	Glasgow

Table 2

Refugee Strategies to Challenge Encountered Barriers

Refugees' strategies	Attitude to re-entering profession	Training	Time in the UK	Personal circumstances	Refugee doctors and teachers
Acceptance	Aspire to return to profession Have attitude of conformity to institutional requirements of professional structures	Have completed or have participated in re-qualification and re-education courses	Have lived in the UK for several years	Have migrated from home country at early stage in professional career	Healther, Madoc, Nicola, Fabian, Okan, Alymar, Josef, Jeshua, Mardi, Chantal, Trish, Ray, Olaf, Nio, Vasco, Hazel
Compromise	Aspire to return to profession	Have experiences of personal dilemmas and struggles limiting access to re-education and re-qualification courses	Have lived in the UK for several years	Were at the age of 40 or above when they left their home countries Have dependent children	Abraham, Flavia, Sara, Samuel, Kwango, Aura, Juan, Hassan, Laban, Isaac, Ali, Cicely, Kanes
Ambivalence	Have attitudes indicating inability to make decisions about future career paths after arrival in UK	Have participated in vocational and/or English language training	Are newly arrived refugees who have lived in the UK for less than four years		Tahur, Gaspar, Jabez, Dominique, Lucasta, Elma
Withdrawal	Have explored opportunities to return to profession with no success and thus have stopped pursuing professional aspirations Seek alternative employment outside the professional environment	Have participated in vocational and/or English-language training	Have lived in the UK for several years	Have dependent children	Sade, Habton, Osbert

personal circumstances and professional backgrounds with their professional aspirations, attitudes, motives, plans and methods to fulfil them, four main strategies were created that are described and discussed in following sections. As one of the main focuses of this article is on refugee agency and the ways in which refugees who lost their professional status after arrival in the UK are seeking to regain their professions, it was useful to discuss the two professions together. The following discussion therefore refers to both refugee doctors and refugee teachers.

Refugee Strategies to Challenge the Encountered Barriers

Based on interviews with refugee teachers and doctors, four main strategies have been identified: acceptance, compromise, ambivalence and withdrawal (Table 2).

Acceptance: 'When in Rome, Do as the Romans Do'

The acceptance response described behavioural patterns and the attitudes signalling conformity with institutional requirements of the medical and teaching professions in the UK. Nine out of the 18 refugee doctors and seven out of the 21 refugee teachers recognized inadequate demonstration of their professional knowledge and practices to the requirements of professional standards in the UK (see DfE 2012; GTCS 2012a, 2012b; GMC 2013) and therefore accept the need as well as necessity for undertaking re-education and re-qualification courses. Recognizing and then accepting the need for the alteration of refugees' professional qualifications and competences was perceived by participants such as Ray as one of the first steps in re-entering their profession: 'When in Rome, do as the Romans do. Don't get yourself frustrated, if they say that you need to do this course, do it, just do it' (Ray, refugee teacher, Glasgow).

Ray metaphorically expressed his attitude of acceptance and the necessity for adapting to the regulations and norms of his new professional setting in Scotland. Ray seems to demonstrate an assimilation approach to his integration into the profession by indicating his own responsibility to acquire professional competences and attributes designated by the teaching profession. Those refugees who decided to pursue their professions after arrival in the UK accepted the compulsory nature of re-qualification and re-education, in expectation of improving their chances of securing jobs in professional settings. This attitude suggests the one-sided nature of the process of integration into professions, where access to professions is offered as a reward in exchange for acceptance of the need to adapt to professional attributes designated by professional structures in the UK. Gaining professional skills and competences through education-based courses was therefore one of the main tactics used by refugee doctors and teachers to increase their chances of re-entering their professions. However, such an attitude of conformity among participants did not appear instantly and involved high personal costs of overcoming feelings of injustice, disappointment and frustration related to the lack of recognition of professional qualifications and the inability to progress with professional careers following migration to the UK. Lack of recognition of professional skills and competences leads to feelings of frustration, shared amongst both professional groups:

> The message that the professional bodies are sending is clear: we don't care what you have in your mind, how intelligent you are, how many years of work experience you have. Despite all of that, you need to pass professional exams to be able to practise medicine in the UK (Kwango, refugee doctor, Glasgow).

> From my perspective, coming back to university is wrong. It should not be like this. But they treat me according to a standard system here and I need to meet the arrangements which are here. It is a different system, so in order to fit in, I need to do what the system requires me to do (Vasco, refugee teacher, Glasgow).

Whereas Kwango and Vasco recognized the necessity for re-qualifying, they also felt that the burden of adapting to their professions was placed only on them and therefore they considered that the necessity for repeating their professional education was unjust. A change in attitudes and acceptance of the necessity for re-qualification, however, require time. This was explained by Chantal:

> In the first instance, I was frustrated. Despite being a teacher, I couldn't teach in this country. I asked myself, why? Why can't I teach in this country? But this frustration damaged me very much, and then after a while I realised that I needed time to adjust and accept what was required from me. I planned small steps and started to see things more clearly (Chantal, refugee teacher, London).

Chantal explained that tension arising from discrepancies between her perception of herself as a teacher and the lack of recognition of her as such, combined with the imposed need to complete teacher training in England, resulted in initial feelings of frustration and confusion. However, as Chantal indicated, denying the necessity for undertaking teacher training did not improve her situation, but instead extended the length of time taken to re-enter her profession after arrival in the UK. In addition, membership in the teaching profession prior to migration to the UK had an impact on the ways in which Chantal perceived herself. In that sense, discrepancies between Chantal's professional identity defined as the constellation of attributes, beliefs and values that she used to define herself in specialized and education-based occupations (Ibarra 1999) and her current occupation result in her desire to return to the teaching profession. Similarly to Chantal, Josef indicated that, as a doctor, he wanted to work in his profession, but also needed time to make himself familiar with the organization of the medical profession in the UK:

> I am a medial doctor. When I came here I wanted to get back on my feat and work as a doctor. At that point I was very confused and angry that I can't do it. I didn't know that the medical system in the UK is so different. I didn't know internal procedures, requirements or structure of it. I needed to get myself familiar with it. I wasn't competent a year ago, like I'm now. I'm more experience now, but I needed time (Josef, refugee doctor, Glasgow).

According to Chantal and Josef, a change in their personal attitudes required time to accumulate the necessary knowledge about the entry requirements and organization of their professions in the UK. Understanding the organization of professional structures in the UK was important for refugees to be able to assess their own personal concerns and conditions and project their actions in relation to encountered barriers. Time in the UK was therefore an important factor in the process of refugees' adaptation to the professional environment. An acceptance strategy was therefore adopted by those participants who had been living in the UK for several years and accept the

necessity for undertaking re-qualification and re-education training in accordance with the entry requirements of their professions.

Accepting the necessity for re-qualification was a difficult process, but participants who applied acceptance strategies also recognized different personal benefits from participating in re-qualification courses. Those participants who had completed their re-education and re-qualification training acknowledged the value of and necessity for these courses in terms of improving their professional competence and qualifications, but also boosting their self-esteem and confidence. Participation in the professional courses provided refugees with opportunities not only to acquire medical skills, but also to create social networks with other member of staff, as indicated by Heather:

> I was doing as much I was able to do. I was participating in different courses for refugee doctors. I had the opportunity to meet other refugee doctors, study with them, exchange medical knowledge and experiences. Sometimes, it felt I had my medical life back. It was not exactly the same, but it was something (Heather, refugee doctor, London).

Being present in the medical environment made Heather feel that she had regained her professional life, so, for her, working in the medical profession was also associated with emotional wellbeing and stability.

Compromise: 'When I Came Here I Wanted to Teach, but It Is Difficult'

The compromise strategy involves attitudes and behaviours focusing on maintaining balance between refugees' professional aspirations and their perceptions of the realism of re-entering their professions after arrival in the UK. Those refugees who applied a compromise strategy (six of the 18 interviewed refugee doctors and the eight of the 21 interviewed refugee teachers) contemplated how realistic it was for them to re-enter their professions given the barriers related to their ages, family needs or financial constraints.

The compromise strategy was dominant among those refugee doctors and teachers who had migrated from their home country in their forties or fifties. Those refugee doctors (seven out of the 18) who had left their home countries in their forties or fifties already had strong and well-established habits, attitudes and approaches towards professional codes of conduct and thus considered adapting to their new professional settings to be more difficult, as described by Sara, aged 45:

> Age is my main problem. This is because my brain is used to certain reactions or ways of approaching patients. These are your habits and it is hard for you to learn and adjust to different things. Even if you learn new things, you can make a mistake because some things you do automatically … I don't think that I would ever return to my position, I'm too old. I used to work in a senior post, but now I'm working at junior level. Additional training would take me too much time, which I don't have. I used to be a gynaecologist, but due to my age,

> I will not be able to gain enough UK-based work experience and training to work in this same position in this country. At this stage, I want to do anything, which is decent, and relates to my profession, anything to give back my dignity. Next week I'm starting working as a phlebotomist (Sara, refugee doctor, London).

Recognizing the barriers and limitations of the transferability of her professional knowledge and experience, Sara decided to compromise by lowering her aspirations and searched for a job in lower-grade occupations in the medical profession. Taking into consideration the time required to complete medical training, Sara considered returning to the equivalent position that she used to have prior to migration to the UK to be unrealistic. As such, lowering the professional aspirations and accepting employment at the entry level of the medical profession were two of the identified tactics among refugee doctors who applied the compromise strategy.

Participants who applied the compromise strategy also talked about the different personal dilemmas and struggles limiting their chances of re-entering their profession. The re-qualification process itself required many preparations and much planning and seeking of solutions to overcome the numerous barriers related to institutional structures of the professions. For example, Hassan talked about numerous obstacles related to difficulties in adapting to the new socio-cultural environment and financial difficulties that pushed him to find employment in a low-skill occupation:

> When I came here I wanted to teach but it was difficult. The first year in this country, and when my wife arrived, was very difficult. I was trying to organise my life in a different environment, it was difficult. I have a family and I need to provide for them and look after them, that is why I need a job. At the moment I'm working at Tesco, it is a part-time job, but it is not the job I should be doing with my qualifications, but I'm working to be a part of society. It is not a good job, but I don't want to be on benefits all the time … I'm still thinking about being a teacher. I did a MA in mathematics here and I did some volunteering in schools, next year I'm thinking about applying for the Postgraduate Certificate in Education (PGCE) (Hassan, refugee teacher, London).

Family needs and financial constrains made it difficult for Hassan to pursue his teaching career after arrival in the UK and pressured him to postpone his professional aspirations. Participation in professional courses and work-based training was not feasible for Hassan due to financial difficulties and existing employment commitments. For Hassan, family needs were his priorities that also limited the time available for him to re-engage with his professions upon arrival in the UK. This, however, indicates that the process of decision-making that refugees undertake regarding their future professional career involves a wider range of actors and tends to include the needs of refugees' whole households. Despite Hassan's work not being commensurate with his pre-migration skills and qualification level, he stressed the importance of having a paid job in general. Although Hassan, at the point of interview,

was working below his qualifications, he still expressed a strong desire to return to his profession. Postponing professional career development was therefore another tactic that was used by participants who applied the compromise strategy. This tactic was also express by female participants. For example, for Cicely, the compromise response involved re-evaluation of conflicting priorities between family and personal needs:

> Me, and my husband, we were trying to study together, but we were in shock, because they said that maximum support we could receive was £200. It is not enough for my whole family, for this reason we decided that he would go first and I will look after our children (Cicely, refugee teacher, Glasgow).

Cicely decided to postpone development of her professional career to look after her family while her husband was completing his studies. This suggests gender differences in the process of integration into professions, as female refugees may receive less support from their family members when trying to pursue their professional aspirations. Thus, the ability to pursue professional careers may be also limited due to traditional gender roles and hierarchies. Hassan's and Cicely's gender roles formulate a set of certain expectations towards answering their families' needs that limited their capabilities to re-engage with their professions. While Hassan talked about his need to provide for his family, Cicely's child-care responsibilities had an impact on her decision, compromising her professional aspiration and postponing her professional development in the UK. However, postponing the development of their professional career extended the period of time during which refugees remain outside their professions. The study by Stewart (2003) indicates that the longer refugees remain outside the professional environment, the lower were their chances for re-entering their professions.

The third tactic among those participants who had adopted the compromise strategy was finding alternative methods to use their professional competences and stay in contact with their professions. For example, Ali explained that, due to his age, he would not be able to learn the English language to work in his profession. Despite this, Ali still wished to stay in touch with his profession:

> I cannot teach because of my language. My English is not good enough to teach. I am 66. I'm too old to learn a language. However, I try to stay in touch with my profession .... Sometimes, I go to libraries to read, or I go to lectures related to my profession. From time to time, I give private lessons (Ali, refugee teacher, Glasgow).

Ali considered working in the teaching profession in Scotland not to be realistic and thus actively sought alternative ways to stay in contact with his profession through participation in open lectures, giving private lessons or reading books related to his profession. Similarly to Ali, Kanes decided to place his focus on writing an exam book dedicated to high-school pupils after

several unsuccessful attempts to have his professional qualifications recognized:

> After two years of approaching different universities asking for available vacancies, trying to apply for the PGDE [Professional Graduate Diploma in Education] course, I was fed up, and I decided to stop .... Now, my focus is my book. I wrote a book for high school pupils. It provides more detailed explanation of how to answer exam questions. I collect past exam papers and I provide answers to students but in detail. So students can understand it (Kanes, refugee teacher, Glasgow).

Lack of recognition of Kanes's teaching qualifications made him feel disappointed and frustrated. As he maintained a strong perception of himself as a teacher, he expressed strong rejection in the necessity for re-qualification and re-education. As Kanes could not accept the fact that his pre-migration professional experiences and qualifications were not equivalent to the standard requirements of the teaching profession in Scotland, he decided to seek alternative ways to use his professional skills outside the formal structures of the teaching profession. While Kanes decided to focus on creating his own teaching materials, Juan decided to dedicate his knowledge and skills to community work:

> Because I was unsuccessful in getting into the teaching training, I decided to establish an organisation which would support ethnic minority parents and children in accessing education services. At the moment we provide classes, three hours of language courses each Saturday, to Somalian parents and children (Juan, refugee teacher, London).

After unsuccessful attempts to access the teaching training in the UK, Juna decided to focus on community work. Establishing an organization supporting the Somali community in London was the alternative solution for Juan to make use of his teaching skills and competences in England. Ali, Kanes and Juan were extremely resourceful in making the best of their capabilities to seek other forms of staying in touch with their profession in the UK. Finding alternative methods of using their professional competences outside of the professional structures was also their mechanism of mediation of the encountered barriers. This, however, shows the complexity of refugees' considerations upon their own motives, intentions and goals in light of encountered personal concerns and social conditions. It also illustrates Archer's argument that individuals' reflexive modes are not universal, as Ali, Juan and Kanes, in the face of their own descriptions and goals, have confronted encountered barriers and make decisions about their future actions.

Ambivalence: 'There Are Different Options, I'm not Sure Which One I Will Choose'

The ambivalence strategy involves attitudes indicating an inability to make decisions about future career paths following migration to the UK.

This strategy was dominant among newly arrived refugee doctors and teachers (incorporating two refugee doctors and three refugee teachers) who were living in the UK for less than four years. For example, Tahur indicated that he did not intend to stay in the UK and therefore was not interested in re-entering his profession in the UK:

> My initial aim was not to work as a surgeon, but to come back as soon as possible. However, the situation in my country still hasn't improved so I need to think about my future here, in the UK …. At this moment I'm learning the English language. In September I'm starting a postgraduate course at university (Tahur, refugee doctors, London).

At the point of interview, Tahur's future life was not settled and his decision had therefore been postponed until he was clear about the political situation in his country of origin. This sense of temporality of life in the UK had an impact on Tahur's approach to his profession, as, at the point of interview, he was unable to make any plans regarding his profession. As Tahur did not plan to stay in the UK, he was not interested in re-entering his profession in the UK. However, as it was still not safe for Tahur to return to his home country and, until the situation improved, he decided to focus on improving his abilities in the English language. While Tahur's strategy of ambivalence relates to the conditions of living parallel lives between two countries, this strategy may also be related to refugees' lack of information about the professional structures and requirements for re-entering their professions. For example, Gaspar, at the point of interview, had been living in Glasgow for one year and was at the beginning of his journey towards re-entering the medical profession:

> I think I'm well prepared. If I pass the IELTS and then the PLAB, I will be able to register with the GMC. I would like to work in dermatology. However I could work as a GP, I don't think it will be a problem, because it is a rather easy job. There are different options and I'm not sure which one I will choose (Gaspar, refugee doctor, Glasgow).

Gaspar spoke about his inability to make a decision about his future career path due to his lack of experience and information about the professional structures of the medical profession in the UK. Gaspar did not have particular plans in terms of choosing his future career path. At this point in his journey, he did not expect re-entering the medical profession to be difficult. This indicates that refugee experiences and attitudes towards their professions change over time and depend on the stage of the refugees' professional career progression after arrival in the UK.

The ambivalence strategy was also related to a desire to keep different employment options open. While all participants articulated a strong affiliation towards their profession, they also tended to indicate the importance of

having a job in general. For example, Lucasta indicated his strong desire to find employment and avoid dependence on state support:

> Starting from IT courses, interpreting courses, health and safety, first aid, anything which would improve my chances of getting a job, employment, course, anything, I even did a course to work as a security worker, and I'm in the process of getting a driving licence. I never lost my hopes, even though I'm struggling (Lucasta, refugee teacher, London).

Lucasta listed diverse vocational courses he had completed to improve his chances of finding paid employment. Despite Lucasta being ambiguous about his future career, he remained very active in searching for different forms of employment in the UK.

Withdrawal: 'I Decided to Do Something Else'

The final strategy of withdrawal appeared most frequently among those refugees who had stopped pursuing their professional aspirations following migration to the UK. This strategy was contemplated when other strategies were exhausted or found to be lacking. For example, the length of the requalification process to become a teacher in England discouraged Sade from undertaking teacher training in favour of other vocational training:

> I wanted to work as a teaching assistant instead of a teacher. If there were courses in a college I would go, but they said that I was not qualified, and I decided to do something else. I decided to do something else and work in the health sector ... in September I am starting a public health course at postgraduate level (Sade, refugee teacher, London).

Sade had lowered her professional aspirations and was trying to find employment in a lower-grade post in the teaching profession. Despite this, she was unsuccessful in securing a teaching job in the UK. While Sade was unsuccessful in re-entering the teaching profession, she remained active in seeking alternative forms of employment. As well as the time required to obtain the necessary qualifications to register with professional regulatory bodies, the time spent waiting for decisions on their asylum claims had a negative impact on interviewed refugees' future career plans. After seven years of waiting for leave to remain in the UK to be granted, Osbert decided to search for alternative employment outside the teaching profession to secure his family's financial needs:

> The life of an asylum seeker is not a normal life. I would like to be a teacher, but after waiting seven years for my status, I need money to live. I may have some desires but at the end of the day, I need money for me and my family. I cannot earn money by working as a teacher, so I took driving lessons and I can be a bus driver in the future. It took me 7 years to receive my status .... Life is not easy when you are an asylum seeker, you are always stressed, you need to

> survive sometimes without food, place to stay (Osbert, refugee teacher, Glasgow).

Osbert's narrative indicates that negative experiences of the asylum process have knock-on effects on refugee integration into professions. As Osbert was unable to find a job in the teaching profession, he needed to find alternative employment. Inability to secure employment in teaching combined with lack of financial resources pushed Osbert to find a quick source of income in low-skilled employment. Osbert also spoke about his multi- dimensional experiences of deprivation involving loss of professional, economic and social status. This may suggest that the withdrawal strategy created risks of refugee teachers entering the margins of their receiving societies. Despite Osbert's and Sade's pre-migration skills and competences, they were highly vulnerable to economic and social exclusion and thus marginalization was a real outcome of their process of integration into professions.

Summary

In this article, four main strategies—acceptance, compromise, ambivalence and withdrawal—were identified to describe how refugees challenge encountered barriers. The acceptance strategy was evident among refugees who had been living in the UK for several years and relates to refugee doctors' and teachers' high aspirations to re-enter their professions and attitudes of conformity as well as acceptance of the necessity for re-qualification and re-education as the sole route to re-entering their professions in the UK. The compromise strategy related to refugees' behaviours and attempts to maintain a balance between their professional aspirations to return to their professions and their perceptions of how realistic it was for them to return to their professions given the barriers related to their ages, family needs, personal struggles or professional structures. The third strategy of ambivalence was dominant among newly arrived refugees, who had been living in the UK for less than four years and were ambivalent about their future career paths in the UK. The final strategy described in this chapter was resignation. This strategy was only considered when other strategies had been exhausted or were found to be lacking in success. These strategies, however, illustrate diverse refugees' responses to encountered barriers and show how refugees, in the face of their own attitudes and professional aspirations, confront encountered conditions and make decisions about their future actions.

Research into refugees' experiences of accessing health (Stewart 2003, 2005a; RAGU 2007; Stewart 2007) and teaching professions (Kum *et al.* 2010; Smyth and Kum 2010) has already outlined the different forms of institutional and cultural barriers that refugees have experienced when re-entering their professions after arrival in the UK. By placing refugees' perspectives at the centre of its focus, this article illustrates how refugees exercise their agency by responding to different constraints and opportunities faced.

The cited narratives of refugee doctors and teachers in this article show that their professional career paths were not only the results of individual choices, but instead reflect different responses to encountered barriers and personal dilemmas. The findings from this article suggest that refugees' aspirations, attitudes and motives work in conjunction with their personal circumstances including gender, parenthood, age and time of arrival in the UK that serve as additional factors with an impact on the ways in which refugees respond to encountered barriers.

This article contributes to the understanding of the process of integration into professions by exploring the ways in which refugees approach the process of integration into professions and therefore brings the voices of refugees and their own experiences and understandings into the debate on the integration process. This article also demonstrates the usefulness of Archer's (1996, 2000, 2003, 2007) concepts of structural dualism and reflexivity in understanding refugees' diverse responses to encountered barriers. The analytical framework applied in this article based on Archer's analytical dualism and reflexivity allows exploring how refugees' attitudes, desires and aspirations work in conjunction with their personal circumstances and conditions and have an impact on the diverse outcome of their process of decision-making. Such conceptualization therefore provides a useful tool to explain what the agent does in practice and how structural conditions are mediated by agency.

For this article, it was crucial to place refugees' experiences at the centre, as refugees themselves are the agents of their experiences. Findings, however, show that refugee career paths were not necessary the result of their individual choices, but instead reflect different responses to encountered barriers, opportunities and personal dilemmas. The sampled refugees were at the beginning of their professional careers in the UK and their strategies to re-enter their professions were more about compromising and making the best of their opportunities within the professional structures. Thus, further, longer-term research is required to investigate whether refugees' strategies change once access to their professions is granted, such as whether refugees are more likely to reproduce or transform the professional structures to make them more inclusive of other minority groups.

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1. The term 'the medical profession' refers only to doctors within the medical profession and excludes other occupations such as nurses, laboratory technicians, dentists and other medical careers in the analysis.
2. These include the Refugee Council in London, the Refugee Guidance and Assessment Unit in London, Transition in London, the Refugee Health Network

in London, the PLAB Trainer in London, the Migrants and Refugees Communities Forum in London, the Employability Forum in London, the British Medicine Association Refugee Doctor Initiative, the Bridges Programme in Glasgow, Glasgow Overseas Professionals into Practice run by Caledonian University in Glasgow, Refugee into Teaching in Scotland run by University of Strathclyde and the Refugee's Doctor's Programme in Scotland run by NHS Education for Scotland.

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