

Introduction

The literature on the migrant care work topic locates the phenomenon at the intersection of different social problems. According to Helma Lutz the adequate analytical focus is the intersection of three different 'regimes': the gender regime, the care regime and the migration regime (Lutz 2008). Parreñas prefers to reflect on the intersection of race, class, gender and foreign status (Parreñas 2001: 30). Dawn Lyon focuses on the intersections between work and non-work, and locates care work at the interface of relations of affection and/or obligation, work, reciprocity and financial exchange (Lyon 2009). Ungerson builds up a theory on two axes: regulation/non-regulation and paid/not paid work (Ungerson 2004). Litwin and Attias-Donfut analyse care work as the issue of the inter-relationship between formal and informal care, they conclude that "complementarity is a common outcome of the co-existence of formal and informal care", and they discuss the phenomena as a mixed provision (Litwin & Attias-Donfut 2009).

The present paper focuses on the interplay between the family employers and the migrant care workers. The employment of migrants as live-in care workers is a recent phenomenon in Central Europe. It is a strategy applied by the population as an answer to

What is a Migrant Care Worker? Being at the Crossroads of Servant, Family Member and Nurse Status

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the shortcomings of the formal eldercare system and the long-term care burdens. The whole process built up around this increasing need lacks regularisation, formalisation, professional control, and remains spontaneous, fitting the actual conditions in a very flexible way. Moreover, in major part this type of care work remains in the black sector, as the migrants perform their activity without a legal contract. The shortage in the care system and the insufficiency of the family institution on the one side and the social and economic constraints of the sending communities on the other side lead to the formation of a very special base for the care market. The two poles of the migrant care work can meet each other thanks to the condition that the needs on the one side are considered to be opportunities on the other side, and vice versa. That

is, the employer families/individuals try to escape from the burden they have to face caused by family duties, a sandwich situation, career and care responsibility towards the elder members of the family. This need seems to be transformed into a work opportunity for women coming from countries with a lower economic position. The employee families/individuals try to escape from the burden they have to face caused by limited income sources, social constraints, individual aspirations for personal or professional satisfaction, higher expectation for themselves and the other family members. This need seems to be transformed into a care source for families living in countries with a higher economic position. Thus the global and local systems enter into interaction and fill in the gaps occurring on the different sides more or less successfully, resulting in both advantages and disadvantages.

The core question of this paper therefore is: how do migrant eldercare workers fit into the formal and informal eldercare system, and how is the care work formed at the interface of the employer and employee? Specifically, what kind of care work is provided by the employees, and what are the background dynamisms of the care work? The paper explores the responses of the migrants at a subject level to the challenges stemming from the macro and mezzo level.

Methods and data

The research has been examining migrant women coming to Hungary from Romania and Ukraine (neighbouring countries; the majority of them are from the Hungarian ethnic minority), carers from Hungary going to work abroad, and the families employing migrants. It is based on two years of work using a qualitative method.¹ A total of 85 open-ended, semi-structured interviews were conducted, all except two of them tape-recorded. In addition ethnographic fieldwork was carried out in both the sending and receiving communities in order to understand the care drain in its complexity. The regions covered by the fieldwork are extensive: 3 regions in Romania (as it is the most important care source for Hungary), 1 region in Ukraine, 4 regions in Hungary, and 1 region in Austria (neighbouring country as well).

The corpus of the interviews is built up of 13 interviews conducted with families employing care workers, 29 interviews with migrant carers working in Hungary, 12 interviews with migrant carers leaving Hungary to work in Austria, Germany, Switzerland, Israel, USA and Finland, and 34 interviews focusing on the context of the care migration conducted with heads of private employment bureaus, bus drivers involved in the transportation of the migrant care workers, the head of an NGO dealing with the training of social workers, the head of a public hospital highly affected by the care

drain, public opinion leaders from the sending communities and other migrant domestic workers. Among the mentioned interviews there are three which fit into two categories (e.g. employer and opinion leader), employer and employee), thus these were mentioned in both categories.

The sample of the migrant care workers consists of women who are mostly unskilled in the care domain (only one is a social worker, one is a nurse and three are nursing assistants), in total just 6 of them have a higher education diploma (in addition, there are three more women who are in training to earn a diploma). The type of work they did in 37 cases was live-in care work, 2 mentioned part-time work (additional work above a full-time job), 1 occasional care work, and 1 worked in care for 8 hours a day as live-out care worker. Regarding the relationship with the labour market, one interviewee reported fully legal work (Finland), 2 women mentioned that during their careers as carer they were employed at least once legally for a limited period (Switzerland, Hungary), the others did the care work in the black market. Language skills are strongly related to the ethnic origin. Migrant carers in Hungary are from the Hungarian minority of Romania and Ukraine (EH – ethnic Hungarians), so they speak Hungarian as mother tongue – there is just one exception, a Ukrainian woman whose husband is a Hungarian speaker, so she has no communication difficulties in Hungarian. The situation is rather different in the case of care workers leaving Hungary in order to work

in Western countries or Israel (NH – national Hungarians). Those who complete the care activity in the USA, Israel and Burgenland (region of Austria close to the Hungarian border) do not need any language knowledge as they work for Hungarian families (in the USA and Israel there are Hungarians who immigrated after the Second World War and 1956, in Burgenland there is a Hungarian ethnic minority). Those who work in inner Austria, Germany and Switzerland need at least a basic knowledge of German. However there are just a few who have a communication level at their arrival, many of them arrive without any preparation and try to manage somehow in this disadvantaged situation.

Some more demographical data: they are mostly middle-aged (between 40 and 60); a numerous group has a partner (13 are married, 2 cohabit), 13 are widows, 2 became widows during the care worker period, 8 are divorced or separated, and 3 are unmarried; 35 of them have one or more children, among these minors were mentioned in 4 cases and one of the women took her minor son with her.

Migrants in the care system

The migrant care workers perform their activity at the interface of the explicit and implicit expectations expressed by and attributed to the employers on the one side, and on the other side the norms acquired in the sending community which is in the majority of cases more traditional than the receiving country.

¹ OTKA, no K 76236. The research was conducted with Zsuzsa Széman.

According to the care givers the expected capacities and the tasks they consider the care work to contain are the following:

- in general: attentiveness, supervision, responsiveness, housework, company, fulfilment of personal wishes, personal care for the elderly,
- rarely: management of the health and social services for the elderly, management of the household (e.g. paying the bills), garden work, management of social and family relations / tensions of the person cared for.

Undoubtedly, the enumerated duties contribute much more to the construction of a familialistic care work than to any professional protocol. It is important to mention too, that it seems that the negotiation of the work tasks at the beginning is neither strict, nor orderly, but general and open to flexible solutions and changing conditions. Thus the concept of what care work comprises is revealed during the activity itself. This affects the care workers in two ways: on the one hand they have a certain freedom in performing their care activity, and on the other hand they are at the mercy of the changing situations and demands. The attributed and imagined duties of the nurses have less terrain, as the personal or health care of the elderly is just one small part of the numerous tasks. However it must not be underestimated. Two factors are of importance in this respect. First, the structural position of the care workers is partially the gap left by the social security system, forming the niche of the structural context. Second, the monetary value of the care work has an impact

on the shift of the migrant care workers towards the professional nurses at a certain level. Moreover, the monetary remuneration together with the lack of any formal frame has another impact on the care workers' status: it might move their position towards servant status.

The research shows that the live-in care work does not mean professional work either for the employers, or for the employees. The very immediate fact that the majority of the migrant care workers do not have the training required for the care duties shows that being skilled or unskilled in care work has no relevance in the selection mechanisms – either from the point of view of the employers' selection, or from the point of view of the women in the decision to enter the care domain. While neglecting the formal connection to the care system, the personal experiences in care duties within their own family network seem to play a much more import role. Moreover, it should be noted that this is not the key element, but rather the capacities which build up the familialistic models and norms.

It seems that the residential care work performed by the migrant care workers outside of the formal system is at the intersection of familialistic work, professional job and servant service. There are no clear borders among them, and the relationship between them is not clear. There is a constant interplay among these plastic and potential positions, and the status of the care worker is the outcome of the ever moving social and

cognitive interplay. The background dynamism is built up on several other ambivalences, such as: work/non work, emotion/profession, moral/obligation, love/salary, right/deference, independence/dependence, sharing/withdrawing, family member/servant/employee. In the following, the analysis reveals the background dynamism of these ambivalences in order to understand how the different statuses of the migrant care workers are built up, and to get an in-depth view of what makes the difference between the statuses.

The first very important statement is that the status of the care workers does not depend directly on the work itself. The same complex of tasks might result in different positions. It seems that the subjective interpretations of the work they perform have a greater impact on the relationship among the actors and the attitudes towards the care work.

Second, the interviews reflect that the status reported by the care workers does not depend for the most part on structural characteristics like age, education, social class, family background, religion, and interestingly not on the legal or illegal form of the employment either.

There is one factor among the structural characteristics, the membership of the same ethnic group, which has importance, but not necessarily. There exists a positive discrimination towards the counterparts of the same ethnicity. Moreover, there is an

extra value attributed to the counterparts coming from the Eastern regions as they are considered to be more traditional and morally purer. The collaboration between: (1) Hungarians and Transylvanians (region of Romania with a Hungarian minority); (2) Hungarians and Subcarpathians (region of Ukraine with a Hungarian minority); (3) inhabitants of Burgenland (region of Austria with a Hungarian minority) and Hungarians, and (4) Croatians (minority) in Austria and Croatians (minority) from Hungary echoed the positive ethnic extra value. It is important to emphasize that this is not a general rule, just a potential impact. The interviewees reported very different situations, too.

The region of origin and the host community might also have some impact. The Hungarians seem to reject mostly the attributes of the servant category as it is considered to be too stigmatized:

“...servantship? This is a very subordinate position in my opinion, with a servant they commit a lot of atrocities, so I’m not one.” (NH, 44 years old, Hungary, works in Germany)

It is the women from the Subcarpathians (rural region with feudalistic historical antecedents) who more often locate their work at that position. Moreover they even used the term maid:

“So, I am... the one who always feel herself like a maid, um, yes, I put it like that. It isn’t like that?! Well um, anyone who does that kind of work has to adapt

a lot for everything to be good. Isn’t that so?” (EH, 55 years old, Ukraine, works in Hungary)

Regarding the host community, the Hungarian women perceived their German employers cold, and this resulted in a formal rather than spontaneous relations.

Besides these, there are two axes which have a big influence on the background dynamics.

On the one hand, the location of domestic and care work at the bottom of the labour hierarchy; the similarities between the activity they perform in their own households and families due to the gender based division of labour and the work they do under the label of care work; the lack of standard and formal frame and the defencelessness in face of the informal employer without any legal protection pushes towards the underappreciation of the carer’s status.²

“Interviewer: Why did you feel badly at the beginning?”

Interviewee: At the beginning because I thought: My God, I graduated from the university, I studied, I had a good job, I had everything, and at the end I have to do this work, I have to care for somebody. I don’t have to, of course. I didn’t have to care for my mother, or for my father, because they died, they didn’t need to be cared for, and now I have to care for a complete

² This finding partially echoes Parreñas’s conclusion that the structural location of migrant domestic workers in global restructuring propels the emergence of similarities; globalisation and its corresponding macroprocesses initiate the emergence of parallel lives in different settings. Parreñas 2001. 247.

stranger! Perhaps this is why I felt so badly or I don’t know.” (EH, 57 years old, Ukraine, works in Hungary)

“Interviewer: And then what did you have to do?”

Interviewee: So, what you do at home, and I do, too. I’m always asked: what do you do? What I do at home.” (EH, 57 years old, unskilled, Ukraine, works in Hungary)

“You have to accept what fate gives you there. And many people don’t have this capacity to compromise. You have to be able to compromise. You can’t protest, you have to do everything you are asked to do.” (NH, 70 years old, Hungary, works in the USA)

“You have to adapt to everybody. And mostly, you have to be silent. So, you have to put up with a lot.” (EH, woman in her 50s, Romania, works in Hungary)³

On the other hand, the structurally low position is counterbalanced by the moral value of the care work, the feeling of usefulness, the gravity of the burden they take from the cared person’s family members, and the value of the salary in terms of its transformation into social and material success in the sending community. These lead to the creation of the positive dimension of the care work. In general, the interviews reflect a

³ The data are not always precise. The interviewees preferred to protect themselves by not revealing the specific personal information because they work in the black market.

mixture of these, as well as the instability and the often changing dominance of the one or the other side.

“So, I have the mission in myself, I prepared myself for this, irrespectively of the fact that I couldn’t continue my studies after ’98. It was in me that I’ll do that, I was just searching for the solution, for how I could do this.” (NH, 30 years old, Hungary, works in Israel)

“For me this work means that I can offer something for humanity. Even if not in the form of inventing something that will be named after me, a building, or becoming a big inventor. But there are some people in whose eyes I see the joy. For me it is that I can offer something emotionally from myself. I always have a thought in my mind, that... that I ... sure, that it will happen in my life... I don’t know, but otherwise I wouldn’t always have this thought ... that I want to save somebody’s life very much, somebody’s. So, that I save somebody’s life with my own.” (EH, 46 years old, Ukraine, works in Hungary)

“And she [the daughter of the person cared for] goes somewhere for two weeks, and this is good for her too, that she knows that she has left her mother in secure conditions, day and night, always. She knew that everything was cared for, the flowers were watered as they should be, so she could go with her mind at rest. And this is a very important thing!” (EH, 60 years old, Romania, works in Hungary)

“You know how things are. As I’ve already said: 2 diplomas [of her daughters], then there was also the renovation of the flat, and these ate up all the savings. Then the wedding, not to mention all the rest. [All these were paid for from the care wage.] And then I say that I need to put a little bit aside, just a very little, not to be rich, just to replace what I had saved up.” (EH, 50 years old, Romania, works in Hungary)

In order to understand better the dynamism among the statuses of family membership, professional employee and servant status, some more factors need to be taken into consideration. The interviews report the following viewpoints as core elements in forming the differences: the quality of relationships among the actors, the place of the care stage in the personal career and life expectations, and the monetary value of the care work.

The quality of the relationship between the care worker, the person cared for and his/her family members makes a clear division between servant status and family membership, but its border role is not evident in the case of employee status.

The feeling of family membership is built up in the narratives by the following aspects: mutual trust, kindness, attentiveness, expression of emotions, respect for the personal needs or wishes, participation at family events, shared space and time, common meals, and presents as the material demonstration of the emotions above the monetary wage.

The components of the feeling of being a servant are: the control, the bad manners of the employers or the person cared for, the official character of the relationship, the great quantity of work, tensions related to the appreciation of the work realised.

Let's take the example of two women at the same age (both are in their early 30s), who perceived very differently their role and status. One expressed positive emotions:

“... the sick person is part of my life, I can’t forget about her/him. So, I call them even when I am at home, I get information, so I wonder every day about what’s happening there. It’s not possible to keep it within borders, I can’t do it (...) I can’t imagine caring for anybody with more devotion than I do now. I do everything I can even now.” (NH, 34 years old, Hungary, works in Switzerland)

The other reported

“I think, I don’t love this old man. I can respect him. (...) But I say that you don’t ask yourself whether you love your boss or not, when you go to the office for 8 hours. Nobody is expected to love the boss. Then why would it be expected from me?” (NH, 31 years old, Hungary, works in Austria)

The place of the care stage in the personal career is a very subjective viewpoint, however it seems to have one of the most important impacts. The feeling of sat-

isfaction, the positive meanings attributed to the care work, the potential perspectives related to this period and experiences directly influence the interpretation and through this the attitudes, too. The extra feeling of emotional self-realisation (in the sense of usefulness or gender) and/or cognitive development (namely, care and health knowledge) moves the status of the care worker towards professional worker or family member. The absence of these pushes the position down.

The monetary value of the care work plays a role much more in forming the professional or servant character of the work.⁴ In the case of the family membership feeling, the money element remains in the background and the expression of love, enthusiasm and devotion are emphasized. For the description of the care work the terms of formal employment are used: the work is profession, the employer is called boss, the alternate migrant care worker is called colleague, the duration of each period of work is defined as a shift, the house of the person cared for is said to be the workplace. The above cited young woman reports:

“I don’t know, for me it’s difficult to reconcile the fact that he would like me to be like a family member, but at the same time I get money for my work. For me this is a contradiction, and I can’t resolve this. So for

me it is easier and it also fits my character better to say: yes, this is my job, I do it, and above all I try, as much as I can, to be patient, and to listen to him.” (NH, 31 years old, Hungary, works in Austria)

In the absence of the profession-like interpretation the monetary element pushes the status towards servant status:

“the money obliges you to be servile, to be attentive, to be polite, to give respect, because otherwise this doesn’t work.” (EH, 53 years old, Ukraine, works in Hungary)

In sum, it must be emphasized that the ambivalences never disappear. Clear positions were never reported by the care workers, there are many overlapping terrains. Migrant care workers shift between family membership and professional job, and between family membership and servant status. This might easily happen, because the familialistic norms are always present in the work even if in different measures. But there are never overlaps between professional worker and servant position.

Conclusions

The work performed by the migrant women entering the care system is based on familialistic norms. This conception and practice fits well with the expectations of the employer families and the migrant care worker’s own socialization stemming from the familialistic cultural background of the sending communities. Thus, the emotions, morality, love, deference, dependence and the non-work characteristic of care work acquires a higher importance than professional attitude, obligation, salary, rights, independence and the job characteristics. Because the care work is performed in another family than their own, it enters into a different context that affects it in many ways, and locates the care work on the interface of familialistic work, professional job and servant service. The main principles that shift the care work performed by the migrant women are less the structural factors, and much more the subjective elements. Among the structural factors, being not ‘otherized’ in ethnic terms plays a relevant role. The interviews emphasize the following as core elements: the quality of relationships among the actors, the place of the care stage in the personal career and life expectations, and the monetary value of the care work. However, the ambivalences never disappear, and the care work performed by migrant women shifts back and forth on this plastic and dynamic interface.

⁴ Grootegoed, Knijn and Roit report that even in the case of relatives the monetary value has an impact on the interpretation of the care work in the dichotomy of love and work. Grootegoed, Knijn & Roit 2010.

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