

Migrant care work and the transnational redistribution of care and emotional work

2nd International Conference on Evidence-based Policy in Long-term Care
London School of Economics and Political Science
8th September 2012

Gudrun Bauer and August Österle

Institute for Social Policy
Department of Socioeconomics
Vienna University of Economics and Business

- Migrant care work
- Context and method: Migrant care work in Austria
- Emotional experiences at the intersection of migration, employment and long-term care regulations

Migrant Care Work

- Drivers of migrant care work
 - Depending on the national context
 - Socioeconomic factors, reorientations in welfare provision
- Characteristics
 - Employment in private households, informal/domestic character
 - Visible and invisible elements of care work
 - Physical + domestic + organisational + interactive + *emotional* tasks
 - Varieties in the characteristics
 - e.g. Italy, Germany, England, *Austria*

Migrant Care Work in Austria

- Characteristics of 24-hour migrant care work
 - Care workers from Central Eastern Europe (e.g. Slovakia, Romania)
 - Circular migration (commuting biweekly/monthly)
 - Live-in arrangements, working time 24/7 (“24-hour-care”)
- Regularisation
 - From irregular to regular migrant care work in 2007
 - “Personal care work” occupation, self-employed or employee
 - Public financial support for 24-hour-care
 - Extension of professional tasks but poor qualification requirements

Method and Results

- Method
 - In-depth interviews with self-employed migrant care workers from Slovakia (11) and Bulgaria (3)
 - 12 women, 2 men; aged 24-63 years
 - Care work experience between 4 and 10 years
- Results
 - Emotional Experiences related to ...
 - ...the specific regulations of the care work arrangement
 - ...the specific working situation in 24-hour care work

Emotional Experiences

...related to specific regulations of the care work arrangement

- Transnational living space

“Life is a bit like schizophrenia. After the border you have to press the button, because there are other problems.”

- Feelings of dependence

“Not every family is satisfied. I have been working for a woman, a witch. She hazled me. She refused to eat. It was nearly impossible to do my job. I couldn't do anything she liked. It was a terror.”

- Isolation and free time

“Every time when we have free time, we meet up. Otherwise this is not possible. That would be like in a mental institution.”

Emotional Experiences

...related to the working situation in 24-hour care work

- Balancing empathy and distance

“Yes, a bit of empathy but not too much, because at the beginning I brought in a lot of empathy, and when my first client died, I was emotionally disturbed [...] Well, and then I thought I have to teach myself to keep distance.”

- Emotional dissonance and surface acting

“[...]because you can't constantly be in a good mood. People feel this and I always try to show a good mood. But sometimes...that's not easy.”

- Feelings of anxiety and excessive demands

“I am scared. That's sick people. Suffering from the Alzheimer disease. For me it is also difficult. Psychologically, for me, but for her too. I have to live her role, like mine, yes. Afterwards I have to go for a two-hours walk. That's normal.”

Conclusion

- Emotional work as an invisible element of *care work*
- Emotional work and the *care relationship*
- Emotional work and the making of *regulations*

Thank you!

Gudrun Bauer & August Österle

gudrun.bauer@wu.ac.at

august.oesterle@wu.ac.at