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“This Life is Normal for Me”: A Study of Everyday Life Experiences and Coping Strategies of Live-in Carers in Taiwan

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ABSTRACT

Recruiting migrant live-in carers has become the main strategy to address the rapid increase in the number of older persons with intensive care needs in many parts of the developed world. This is also the case in northern Taiwan, where this study took place. Thirteen live-in carers from Indonesia and the Philippines were interviewed in the fall of 2019. In this article, we discuss their two main coping strategies: a) “accepting destiny”, which refers to carers accepting their life and viewing their role as a live-in carer as a job that allowed them to meet their parents’ expectations of financial support; and b) “connecting to significant others”, which is the most important way carers found motivation to keep going. However, despite their coping strategies, working as a live-in carer was experienced as a challenging and precarious lifestyle. In the conclusion, we discuss how professional social workers in collaboration with decision-makers and non-governmental organizations in Taiwan could contribute to fostering a system that would support live-in carers in ways that allow them, and the older persons they care for, to thrive.

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Live-in carers; coping strategies; long-term care; Taiwan

Introduction

Recruiting migrant care workers has become the main strategy to address the rapid increase in the number of older persons with intensive care needs in many parts of the developed world (Ho & Chiang, 2015; Ho et al., 2018; Liang, 2011; Munkejord, 2017; Szeman, 2012). This is also the case in Taiwan, where this study took place. Taiwan is an aging country with limited access to formal long-term care services. At the same time, however, there is reluctance against the use of formal care services (Chou et al., 2015) due to the prevailing ideal filial piety prescribing that frail older persons should be cared for within the household (Wang, 2010). However, many families do not have the necessary time or resources to fulfil this expectation, particularly when their loved ones have intensive care needs (Chien, 2018). This has led to a care gap over the past

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thirty years that has been addressed mainly by importing migrant live-in carers from neighboring countries such as Indonesia, Vietnam, and the Philippines.

Women who want to work as live-in carers in Taiwan need to use professional agencies to do so. After being accepted as potential live-in carers, candidates must stay in a training camp run by one of the agencies for at least two months before they are matched with and sent to a family in Taiwan. During their time in the training camps, applicants learn some Mandarin Chinese and basic skills in care work, but more importantly, they must comply with a very demanding regime with lessons and duties related to cooking, cleaning and etiquette (Liang, 2011). The main purpose of the training camp is to transform applicants into “appropriate” live-in carers, which means being “docile”, “submissive” and “disciplined” (ibid, p. 1820).

As of 2020, the number of registered live-in carers in Taiwan has reached more than 260 000.¹ Officially, live-in carers are called “social welfare workers” by the Council of Labor Affairs in Taiwan (Liang, 2011). In reality, however, live-in carers are not protected by the Labor Standards Law, and as a consequence, they do not have welfare rights such as overtime payment, minimum wages, or days off (Liang, 2014, pp. 233, see also Chien, 2018). Moreover, Taiwan has imposed a number of restrictions on live-in carers; e.g., they do not have the right to stay for more than a certain number of years, and they do not have the right to change families unless their current employer agrees or the care recipient dies (M. S. Wang & Chan, 2017, p. 200). Rather than “carers” or “social welfare workers”, live-in carers are often treated as “maids” or even “servants” by their employers (Liang, 2011; Wang, 2010; F. T. Wang & Lin, 2012). This is also found in international research from other countries (Huang et al., 2012; Tam et al., 2018). In Taiwan, this tendency is reinforced by recruitment agencies, which in their presentations of potential live-in carers to families provide very little information about workers’ qualifications in care work; rather, they emphasize candidates’ “willingness to do household chores and obey employers’ particular requests” (Liang, 2011, p. 1824).

Previous research has in particular shed light on the structural dimensions of the live-in carer phenomenon, such as precarious migration policies and the lack of Labor rights (Chien, 2018; Liang, 2014), application procedures (Liang, 2011, 2015), and the way various regimes intersect in our globalized world in ways that contribute to exploiting women from poorer countries (Hoang, 2017; Parreñas, 2001). Despite the significance of those perspectives, we lack knowledge about the coping strategies of live-in-carers who are taking care of

¹According to statistics from the Ministry of Labor, by the end of February 2020, the number of social welfare migrant workers was 263,553, including 261,759 live-in carers and 1,794 maids.

<https://statdb.mol.gov.tw/evta/jspProxy.aspx?sys=100&kind=10&type=1&funid=wqrymenu2&cparm1=wq14&rdm=14y9dcli>

older adults. This knowledge is important if we want to develop a much-needed support system that would take care of live-in carers in ways that allow them, and thus the older adults they care for, to thrive.

Theorizing care work and coping strategies

We understand *care* as “that range of human experiences which has to do with feeling concern for and taking charge of the well-being of others” (Wærness, 1984, p. 188). Care work is viewed as a basic dimension of social interaction and includes a number of practices related to assisting people with various needs, including personal hygiene, medication, wound care, meals, massage, and rehabilitation exercises to regain language, strength and balance, which are often considered core elements of long-term home-based nursing (Ness et al., 2014). Kittay (2020, p. 3) suggests to using the term “dependency workers” for care providers, and she specifies that in the relationship between a “dependency worker” and a care recipient, there will always be *inequality of power* (Kittay, 2020, p. 38). Inequality of power occurs because a care recipient in some ways has less power through her/his *reliance* on a dependency worker for help with certain tasks, such as eating, dressing, obtaining necessary medication, massage, or using the toilet at night or during the daytime. At the same time, however, Kittay notes that a care recipient may have power over a dependency worker through gendered, racial, cultural and/or linguistic hierarchies that place a care worker in a lower position vis-à-vis a care recipient.

When an individual works in a long-term dependency relationship as a live-in carer, developing coping strategies is essential to the ability to thrive. Coping has long been a key concept in studies of caregivers’ cognitive or behavioral efforts to counteract the impact of harm or stress (Del-pino-casado et al., 2019). Coping is also used as a significant perspective in social work research, e.g., in studies on how to support international students in their acculturation process in a foreign country (Park et al., 2017), on how to support widows (Ng et al., 2016), or on how to empower victims of trauma (Gil & Weinberg, 2015).

When developing one of the first models for understanding coping practices, Lazarus and Folkman (1984, referenced in Gil & Weinberg, 2015, p. 552) distinguished between problem-focused coping modes, which mainly deal with a problem as such, vs. emotion-focused coping modes, which primarily address the emotional outcomes of a problem. Over the years, coping strategy theories have been further developed, but they generally include three types of strategies: a) problem- or solution-focused strategies, sometimes referred to as active behavioral coping strategies; b) emotion-focused strategies, also referred to as active cognitive coping strategies; and c) passive or avoiding coping strategies (Del-pino-casado et al., 2019). Kartalova-o’doherty and Doherty

(2008) studied coping strategies among family carers. Three types of coping strategies were identified. Active behavioral coping strategies included seeking support, trying to be in control, exercising, relaxing, and getting professional help. Cognitive coping strategies included accepting care as a family duty, trying to look at the positive side of things, taking one day at the time, and adhering to religion. Avoidance strategies included trying to block out the situation and taking prescribed or non-prescribed medication.

Materials and methods

Interview guide and participants

To shed light on the coping strategies of live-in-carers in northern Taiwan, a qualitative research design was developed. With the help of the third author,² who had local ties in the region where this study was done, we were kindly invited to interview 13 live-in carers. The live-in carers were from Indonesia (12) and from the Philippines (1) and ranged from approximately 30 to 50 years of age. The live-in carers were interviewed about a) their family and educational background, b) their former work experience, c) their tasks and duties d) their relationships to their employer, e) their relations to their family in their country of origin, and f) their hopes and dreams for the future. All the participants were interviewed once. In nine of the 13 cases, the care recipient (aged 70–99 years) was seated at the table with the live-in carer and the research team. Most of the seniors had dementia and/or lived with the cognitive and physical consequences of cerebral stroke. In half of the cases, the employers chose to be present during the interview with the live-in carer, whereas in the other half of the cases, we were allowed to interview the live-in carer without the employer listening.

Data analysis

The recordings of the interviews lasted from 25 minutes to 2 hours. Directly after each interview, the researchers wrote notes and reflections about emerging key themes. All recordings were transcribed, and a first round of thematic analysis was done by the first author (Braun & Clarke, 2006, 2019). The three authors met to discuss the preliminary findings in an analysis workshop in February 2020.³ After this workshop, a second round of theoretically informed analysis was done. A number of different coping strategies were identified,

²We express our great thanks the third author's parents, aunts and uncles, who assisted us in identifying potential participants for this study, and extend a particularly big thank you to the third author's mother, who, in addition to helping us gain access to potential study participants, drove us around in the area and provided us with good company and nice chats over a number of lunches and dinners during our fieldwork.

³Thanks to our dear team members, Jan-Erik Henriksen and Grete Mehus, for their valuable comments at the analysis workshop and on the first draft of this manuscript.

such as “assuming the role as the oldest daughter in the family of origin”, “viewing the role as a live-in carer simply as a way to earn good money”, “viewing the role as live-in carer to realize a future dream”, “finding support in the relationship with the patient”, “finding support in the relationship with the employer” and “finding support in the relationship with their own family”. While the first three strategies were merged into the category “accepting destiny”, the following three strategies were merged into the category “connecting with significant others”, as elaborated in the results section.

Ethics

We obtained formal ethical permission to undertake this study from the Norwegian Center for Research Data (project number 577949). Oral consent to take part in the interviews was obtained. To protect the participants’ identities, general titles and identifying numbers such as LIC (live-in carer) 1, LIC 2, etc. were used in the transcripts. All transcripts were securely stored in password-protected files. In this article, we also refer to live-in carers as LIC 1, LIC 2, etc.

Roles in the research team: The interviews were conducted by the three authors. The first author introduced the study and led the interviews, the second author listened and asked questions at the end of each interview, and the third author translated the conversation (Mandarin Chinese to English). The third author had established cultural protocols and assisted in identifying gatekeepers who agreed to facilitate access to families with live-in carers in the community. While the first author took the lead in writing the article, all authors took part in the analysis process and in revising the article.

Trustworthiness

To ensure trustworthiness, the authors used the framework of Elo et al. (2014), which emphasizes that trustworthiness is created through transparency of all phases of the research process. Trustworthiness, they argue, is established when the readers can follow the original aims and ambitions of the study and how data in practice were collected, analyzed and reported. We have tried to be transparent about all phases of the research process. To provide a sound interpretation of the data, moreover, the authors have collaborated and challenged each other in the analysis process. According to Elo et al. (2014), the reporting of results is always closely linked to the aim of a study. In this article, the aim was to identify the coping strategy of live-in carers in northern Taiwan and, based on our findings, suggest how to develop a system that could support live-in carers and, consequently, increase the well-being of the seniors they care for. Moreover, we align ourselves along the line of decolonizing methodologies (Smith, 2012, pp.204–215). Essentially, therefore, our

trustworthiness is grounded in the relationships we formed with the participants in the field, and our ultimate aim is to contribute to a more just world for the communities we write about.

Results

Having to be constantly on the alert

Most of the live-in carers were the first-born daughters in their families in Indonesia or the Philippines, and all of them had been affected by poverty when growing up. At the time of the interview, half of the live-in carers were married (seven), three were divorced, one was a widow, and two had never been married. Those who were married or divorced had one or two children of different ages. Two of the participants were newcomers, whereas others had worked more than ten years in Taiwan. The average was six years of experience as live-in carers in Taiwan and ten years of experience in total, as several of them had several years of experience as live-in carers from other countries.

The participants described being a live-in carer first and foremost as having to be constantly attentive to the bodily needs of the care recipient. This is well exemplified in the following extract:

In the beginning, well, from the start until now, I have accompanied Grandpa everywhere. (. . .) He was in hospital for two months, and after that, when we got home, he could not move. Therefore, I helped him move every two hours. He wore diapers, so I changed the diapers five times a day. When we took a bath, I put him on a special steel stair and helped him take a bath in hot water for ten or fifteen minutes. After the bath, I would give him lunch, and then he would sleep, eat some snacks or fruits. Then, I would take him out for a walk in the wheelchair, and after: back to home, take a rest, then dinner. After that he would watch TV, then he would take a rest from eight to ten PM, then he would drink milk at ten in the evening. Then, we went to bed. (. . .) Now, at night, when Grandpa wakes up and needs to pee, I accompany him. If he is thirsty, I give him water.

Most of the live-in carers had to provide a number of services. Not only were they responsible for assisting the senior with dressing and eating, but they often also had to cook several meals every day, they had to mop the floors, and do the laundry. In addition, they often had to perform more complex nursing tasks, such as giving correct medication at the right time, taking blood pressure and measuring blood sugar. Often, they also had to give massages to avoid stiffening of hands or feet, or they had to provide rehabilitative assistance, e.g., doing a number of daily exercises. Some live-in carers, moreover, had to cope with care recipients who sometimes engaged in challenging behavior due to their illness. LIC 6 reported that “Grandma can be aggressive and violent due to her health condition”, and LIC 11 explained that Grandma used to “bite and hit” her. Several of the live-in carers had to get up multiple

times during the night, and/or they had to cope with care recipients who rebelled against wearing diapers despite recurring incidents. LIC 12 explained:

Old people, sometimes they even forget about things, and there will be pee or poo in the bed, and it takes a lot of time to clean . . . (. . .) And her clothes also . . . Sometimes she will pee in her clothes five times a single day, and we have to change her clothes time after time because there is pee everywhere.

Thus, in general, the live-in carers were expected to be available around the clock to perform all sorts of tasks, and it was not easy for them to find time to rest. Hardly any of them ever had a day off, and none of them had any degree of privacy.

The main coping strategies

In view of this situation, how were the live-in carers able to cope with this rather challenging life situation? In the following, we describe the two most important coping strategies identified in this study: “accepting destiny” and “connecting with significant others”.

Accepting destiny

Among our participants, the most common coping strategy identified was what we term “accepting destiny”. This may be perceived as an emotion-focused coping strategy (Gil & Weinberg, 2015). First and foremost, it involved accepting the expectations related to their role as the first daughter in their family in their country of origin. This role meant that they were anticipated to sustain their parents as well as siblings and/or nephews and nieces (cf. Wu et al., 2018). Working as a live-in carer was a way to address this pressure by exchanging their time and body for money. LIC 5, for instance, reported, “There is no money in Indonesia, so I have to stay here to work.” LIC 4 explained:

I decided that I wanted to work (as a live-in carer) to help my parents. I wanted to improve my parents’ situation. Because we grew up poor . . . For instance, it was holes in the roof, and when it was raining hard, it would get all wet inside the house.

Despite their age (30–50 years) and marital status, with only two exceptions, the live-in carers sent all their salary back home to their mothers.⁴ In return, the live-in carers’ mothers, rather than their husbands, took care of the young children staying behind. The remittances had enabled their parents in Indonesia or in the Philippines to buy a plot of land to grow vegetables,

⁴The monthly salary varied slightly, but on average, it was 17–18000 NT dollars. However, the agencies charge a high cost for training and placing candidates in families in Taiwan. Our participants reported that the agency had deducted two thirds of their salary for the first nine months in Taiwan, e.g., 90000 NT, and that they themselves had paid for all of their travels to visit their family in their country of origin every three years or so.

build a larger house, purchase home appliances such as a refrigerator, a freezer or a TV, or to support younger family members to go to university.

When the researchers asked the participants whether it was tiring for them to be at the disposal of their care recipient and to do whatever task their employer wanted them to do, the participants typically looked slightly surprised and did not necessarily know what to say. LIC 4, however, had a clear answer. She looked at us and said:

No, it is normal for me. Every day or every night, whatever Grandpa needs, I will provide. (...) Yes. *This life is normal for me.*

The “normality” or taken for grantedness of the conditions of being a live-in carer was confirmed by the other participants. None of the live-in carers quite understood what the researchers meant when they asked whether there were any tasks that the carers “liked” or “disliked” doing. Rather, the carers explained that “work is work” or that they just did what was expected of them. This coping strategy could reflect the imbalanced power relationship between the live-in carers and their own family as well as the imbalanced power relationship between the live-in carers and the families in Taiwan for whom they worked.

Regarding their own future, the live-in carers planned to move into their family home in their country of origin after completing their career as a live-in carer. Some of them hoped to reengage as mothers. Nearly all of them said that they dreamt of running a small business, e.g., growing and selling vegetables or running a convenience store with other family members. Accepting their destiny by working as a live-in carer helped them believe that one day, they would be able to realize their own personal dream.

Connecting with significant others

The second most common coping strategy that helped the live-in carers find motivation to keep going was what we term “connecting with significant others”. This may be perceived as a behavioral coping strategy (Gil & Weinberg, 2015). In the following, we illustrate the three main ways of connecting with significant others identified in this study:

Finding support in the relationship with the care recipient

In some of the households we visited, the relationship between the live-in carer and the care recipient was clearly a source of motivation for the live-in carer. LIC 4 described how she coped with the demanding workload:

Every day and every night, whatever Grandpa needs, I will provide. (...) We are close with each other. Little by little, I feel the same as for my own grandfather. I treat him like my own.

Another example where the live-in carer had a good and supportive connection to the care recipient was case 5. She remembered that before Grandpa was bedridden, he had been kind and concerned about her; for example, he had often asked, “Have you eaten? If not, we should buy something for you”. The live-in carer concluded: “He is really kind. (. . .) So, I treat him like my own grandfather, it is as simple as that. (. . .) I love him.”

Finding support in the relationship with the employer

Some of the live-in carers expressed that they had supportive employers. For instance, some of the live-in carers experienced stress associated with care recipients’ challenging behavior. These participants explained that the reason they wanted to stay with their family was the trust, flexibility and backing they received from the employer. LIC 6 said:

My employer always says ‘thank you’, like ‘thank you for the job you do for mama.’ I am grateful that they are nice to me. This is the first family that has been treating me well. With Grandma, I can cope (even though she may have a challenging behavior) because the most important is how the employer is treating me.

Finding support in the relationship with one’s own family

Most of the participants did not know any other live-in carers in Taiwan, and most of them never left the house on their own. For those caring for challenging care recipients, particularly if they also had to deal with unsupportive employers, regular contact with their own family in the country of origin was highly important to find the necessary motivation to keep going. A couple of the live-in carers were not allowed to speak with their own family very often, but the others had free or cheap access to the internet and could communicate with their family by phone whenever possible. LIC 2 is an example of this. She reported that she had a difficult relationship with Grandma, whom she described as impatient and uncooperative, and in addition, she worked for an employer whom she described as demanding and unsupportive. Receiving daily phone calls from her husband, children and mother was therefore her way to manage the stress:

Every day my children will phone me to ask: ‘Mammy, how are you? And when are you coming back?’

The live-in carer said that she was soon going to end her career as a live-in carer because the work was too hard and because she wanted to be at home with her own family again. In the meantime, she found strength and support from her daily phone conversations with her mother, her husband and her children.

Discussion

In previous research from Taiwan, it has been documented that live-in carers are often treated as “maids” or even “servants” by their employers rather than as care workers (Liang, 2011; Wang, 2010; F. T. Wang & Lin, 2012). Echoing this research, our study describes life as a live-in carer as having to be constantly alert and continuously attentive to the needs of the care recipient. Most of the participants had to combine round-the-clock care work with household chores. Although several live-in carers reported that their current employer treated them well, many of them said that they were constantly tired. Most of our participants reported that they never had a day off. However, how come some of the live-in carers remained a live-in carer over many years? How did they find the strength to keep going?

In our thematic analysis of the participants’ stories about how they were able to endure life as live-in carers over the years, two main coping strategies were identified. The first strategy, “accepting destiny”, refers to participants viewing their role as a live-in carer as the main or only available job that allowed them to earn a good salary and hence to meet their parents’ expectations of financial support. The live-in carers tried not to question their life situation; instead, they told themselves (and the researchers) that “work is work” or, as one of them said, “This life is normal for me!” The second main coping strategy identified relates to the importance of connecting to significant others to find reassurance, support, meaning or motivation to keep going as a live-in carer. Whereas some of the live-in carers found support in their relationship with their care recipient or employer, several of them had their own family in their country of origin as the main source of reassurance and motivation. It should be added that only a couple of the live-in carers we interviewed knew anyone outside of the family they worked for in Taiwan. Therefore, even with support from their own family in their country of origin, many of the live-in carers felt lonely, vulnerable and isolated.

To make sense of our findings, the term “dependency workers” (Kittay, 2020, p. 38) is well suited: live-in carers are care workers in double- or even triple-dependency relationships. First, they depended on their care recipient, to whom they always needed to be attentive. Second, they depended on their employer and the working conditions imposed by him or her. Third, they were in a dependency relationship with their own family in their country of origin. Thus, even though some of our participants were approaching 50 years of age, as the oldest daughter (in Indonesia or in the Philippines), they were still expected to send most or all of their salaries back home to sustain the well-being of their parents, as well as of the extended family.

While previous research has shed light on the structural dimensions of the live-in carer phenomenon, there is not yet much research on live-in carers and their coping strategies. An exemption, however, is a study from Singapore that

indicated that it was important for the well-being of live-in carers to have the freedom to move freely outside of the home and to have respite in the form of days off (Tam et al., 2018, pp. 1272–1273). This study noted that women caring for seniors with a high degree of dependency rarely had the opportunity to go outside of the house and rarely did they have any days off. This study also highlighted that to experience job satisfaction, live-in carers needed to feel that they had the necessary skills and insights, including knowledge and understanding of dementia and the behavioral symptoms related to this condition (Tam et al., 2018, p. 1273). Additionally, it was indicated that little or no support from the employer caused not only challenging working conditions and harsh living conditions for the live-in carers but also a reduced quality of care and thus reduced well-being for the seniors being cared for (Tam et al., 2018). A study from Hong Kong, moreover, emphasized the importance of meeting the live-in carer with trust and regard and in viewing the migrant worker as a companion or carer rather than as a domestic helper (Ho et al., 2018, p. 7). This study, moreover, argued for the importance of sustaining a close emotional connection between live-in carers and older people for whom they cared in order to increase the quality of life of both carers and seniors.

Implications for the policies and the practice field

Currently, migrants working in private households are not protected by the Labor Standards Act in Taiwan (Chien, 2018; Liang, 2014). The consequence is that too often, live-in carers in Taiwan, as in other parts of the world, are exploited as *servants 24/7*, as also illustrated in previous research (e.g., Chen, 2016; Lan, 2003; Liang, 2014; Tseng & Wang, 2013). Although the working hours and workload of live-in carers were not the main focus in this article, our findings show that with only two exceptions, our participants had a demanding workload both day and night, and most of them never had a day off. Live-in carers made incredible efforts to find meaning and purpose in their life situations. However, echoing more structurally oriented research, we argue that live-in carers should have the same rights as local Taiwanese workers. Moreover, stricter policies should be developed to establish a common basic standard of human rights for live-in carers. Additionally, in the laws and regulations, live-in carers should be defined as *care workers* with the right to overtime payment, minimum wages, and regular paid days off.

This study has increased our understanding of how live-in carers cope with demanding tasks and duties when they are alone in a foreign country. Improving their situation cannot be answered by raising minimum legal protections alone. Rather, collaboration is required, including between decision-makers, social workers, family employers, nongovernmental organizations (such as TIWA, Taiwan International Workers Association) and, most

importantly, the migrant care workers themselves. Taiwan's Ministry of Labor does not consider live-in carers' own perspectives, as their database is dominated by surveys concerning the "management and usage" of migrant workers (Ministry of Labor, 2019; Tseng, 2019).

Decision-makers in Taiwan should collaborate with social workers and nongovernmental organizations to build intercultural competence and good-quality translation services to meet the challenges related to the increase in migrant care workers. We know that the employers of live-in carers pay a monthly tax to the government. This tax could be used by the Taiwanese authorities, together with other funds, to employ professional social workers to perform regular checkup visits to live-in carers and to organize peer support groups for live-in carers. Additionally, social workers could be invited to collaborate with members of other professions to offer yearly courses for live-in carers on themes such as aging and cognitive decline and aging and rehabilitation. Additionally, courses about acceptable working conditions and how to shape supportive relationships between employers and live-in carers should be offered to families employing live-in carers. These steps would allow the development of a much-needed support system that would embrace live-in carers in ways that allow them, and thus also the older adults they care for, to thrive.

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Declarations of interest

The authors have no declarations of interest to report.

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