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Perspectives on Migrant Care Workers in the Long-Term Care Sector: Identity Politics and Othering

RESEARCH

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ABSTRACT

Nursing homes for older seniors are considered an integral part of the Nordic welfare regimes, with a comparatively large proportion of employed native-born women. This is partly under change. An ageing population in interplay with increased difficulties recruiting native-born care workers have raised questions of how to approach present and future workforce challenges. A proposed response to this challenge is the recruitment of migrant care workers, both from within one's borders and from outside. This strategy is already changing the composition of the workforce in long-term care in all Nordic countries and is expected to continue to do so.

In this article, we will analyse perceptions of migrant care workers through the concept of 'othering', by combining perspectives from management and migrant care workers. Through a process of othering from management, two archetypes of collective identities are constructed: *The migrant care worker* and *The Nordic care worker*. These archetypes are both adopted and challenged by migrant care workers. We argue that these constructions entail both possibilities and limitations for migrant care workers, while representing the dilemmas management must take into consideration when seeking to include a more diverse workforce.

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I—INTRODUCTION: MIGRATION AND CARE WORK

Based on interviews with care workers and management from Norway and Sweden, both with migrant background and native-born, the main objective of this article is to describe and discuss perspectives on the growing number of migrant care workers within the care sector. In the article, we ask how migrant care workers are perceived, from an 'inside' and an 'outside' perspective, what roles are they allocated, what roles do they 'take' and, consequently, how are migrant care workers are intended to be a relief or supplement to existing care regimes.

The Nordic welfare system has been characterized by generous public expenditure, offering high quality care services, affordable for all social groups according to needs as opposed to purchasing power (Szebehely 2005; Lister 2009; Simonazzi 2009; Vabø 2012). Nursing homes for older seniors are an integral part of the Nordic welfare regimes (Szebehely 2005), guided by a social model of care performed in small scaled, homelike facilities (Armstrong et al. 2009). Traditionally, the Nordic care sector has employed a comparatively large proportion of native-born, working-class women with a shorter educational background (Sörensdotter 2017; Stranz & Szebehely 2018).

This is partly under change. An ageing population in interplay with increased difficulties recruiting enough care workers amongst the native-born population has raised questions how to approach present and future workforce shortages (Hochschild 2000; Browne & Braun 2008; Hussein & Christensen 2017). A proposed response to this challenge is the recruitment of migrant care workers, both from within one's borders and from outside. This strategy is already changing the composition of the workforce in long-term care in Nordic countries and is expected to continue to do so (Olakivi 2013; Wrede & Näre 2013; Christensen 2017; Tingvold & Fagertun 2020; Lill 2020; Torres & Lindblom 2020).

From a research perspective, the parallel developments of migration in the Nordic countries combined with an increase in the older adult population, create a need for perspectives combining welfare state/employment and migration issues, not least in the care sector (Krohne et al. 2019). Notwithstanding, research focusing on the intersections between globalization and care has, according to Anttonen and Zechner (2011), increased rapidly and will 'remain at the center of care research for a long time' (33). Torres and Lindblom (2020: 4) note that research on migrant care workers have expanded during the last two decades, albeit slowly and somewhat fragmented, creating a need for further research on care and migration, not at least from a Nordic perspective, adding to the existing research predominantly by studies from Anglo-Saxon care contexts (see also Anttonen & Zechner 2011; Torres & Lindberg 2020). A central point in this literature is the precariousness of both the sector and the migrant labour force. First, care work occupies a space considered non-prestigious, or, at the bottom of a pyramid, where specialized services and procedures are at the top (Dahle & Seeberg 2013). Second, care work is often labelled or considered to be comparatively low-skilled work, implying that workers have little control over tasks and organization, meaning again that they are particularly susceptible for outside or above managerialist steering (Wrede & Näre 2013). Consequently, workers in this sector are susceptible for negative labelling. Such a negativity is amplified when considering workers with a 'migrant background' are susceptible to prejudice, discrimination and distrust (Jönson 2007; Sörensdotter 2008; Olakivi 2013; Krohne et al. 2019).

Furthermore, research on workplace inclusion/exclusion typically address either an insider or an outsider gaze, that is, how inclusion is conducted (or not) as seen from the perspectives of those thought to be in need for 'integration', or those conducting it. In a Nordic context,

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meanwhile, migration and care work are primarily viewed from the perspectives of care recipients (Torres, Lindblom, & Nordberg 2012; Torres & Lindblom 2020). In this article, we aim at combining and comparing perspectives on migrant care workers from those considered to be migrant care workers and the often-overlooked perspectives of management (Stevens, Hussein & Manthorpe 2012; Näre 2013), thus combining what can be considered an emic and an etic perspective on the object of inclusion: the migrant work force. Our comparative lens is, as such, between various positions within a similar context – the Nordic care context – as opposed to that of between countries.

We will analyse perceptions of migrant care workers against the related concepts of 'othering' and 'institutional identities'. 'Othering' will, in the article, be applied as an analytic lens to capture the internal experiences as well as external perceptions on migrant care workers. The concept of 'institutional identities' (Järvinen & Mik-Meyer 2003), meanwhile, pertains to symbolic yet substantial articulations of processes of othering, being both bound by context (in this case, a professional setting in the health sector) and containing a normative dimension.

In the article we will first give a short presentation of the care sector in Norway and Sweden, followed by methods and our analytical approach. We present our analysis in two sections, 'Perspectives of migrant care workers: "the apt employee"' and 'Contestation and appropriation', alluding to the ways in which the idea of 'migrant care workers' is presented, interpreted and 'lived'.

II—NURSING HOME CARE IN NORWAY AND SWEDEN

It has been debated whether the embedded universalism in the Nordic welfare regimes remain to live up to earlier social policy ambitions, due for instance to declining care service coverage (i.e. Wærness 2005; Szebehely & Meagher 2018). However, as Armstrong et al. (2009) and Harrington et al. (2012) note, nursing homes in the Nordic countries are still accessible, affordable and attractive for older seniors, although increasingly being provided by private companies, especially for Sweden (Erlandsson et al. 2013; Ågotnes, Jacobsen & Szebehely 2020).

Service providers under the umbrella of the Nordic welfare model have traditionally been significant employers of women, particularly within the care sector, providing an arena in which mainly native-born women have found employment at a time when women increasingly sought out paid employment (i.e. Stranz & Szebehely 2018). As such, a parallel development of the expansion of a robust welfare system and increased employment rates for women have taken place, creating a care sector as a 'gendered embodiment of white, working-class femininity' (Sörensdotter 2008). As noted earlier, this is under change, due to demand shaped by an ageing population, coupled with difficulties to attract, recruit and retain native born care workers, prompting recruitment from migrant groups, either already available or to be recruited from outside the Nordic region (Dahle & Seeberg 2013; Olakivi 2013; Wrede & Näre 2013; Hussein & Christensen 2017; Lill 2020; Tingvold & Fagertun 2020; Torres & Lindblom 2020).

The welfare sector, then, has started to employ more workers considered as having a 'migrant background', of which there are disproportionately more men, and is expected to continue to do so in the near future, especially in occupations deemed less prestigious (Dahle & Seeberg 2013), such as home help services and long-term residential care (Krohne et al. 2019). Additionally, workers with a migrant background tend to be employed in less prestigious positions in the care sector compared to

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their native-born colleagues, both regarding type of position and scope (Tingvold & Fagertun 2020). Migrant workers are therefore positioned in what is considered at the bottom of a career or status hierarchy, in a sector considered low in an overall status hierarchy (Andersson 2010; Dahle & Seeberg 2013; Behtoui et al. 2017). In sum, the care sector constitutes a new migrant niche in the labor market (Tingvold & Fagertun 2020), while also representing a form of downward social mobility for many migrant care workers (Christensen 2017).

In a European context, the proportion of 'migrant labor' in this sector varies greatly, generally higher in Southern Europe (characterized by a higher prevalence of both private/corporate and private/familial care) compared to northern parts of Europe (Krohne et al. 2019). Still, the Nordic countries have experienced a rather dramatic increase in foreign/migrant labor force to the sector in recent years and prepare to increase in the coming years, in part as a general tendency in Europe following changes in migration policies in the EEC/EU in 2004 (Christensen 2017). Sweden and Norway, which will be addressed in this article, both experience difficulties in recruitment of 'qualified' health and social care personnel and look beyond its boundaries to recruit. In Norway for instance, where 14 per cent of all employees in the health sector had a migrant background in 2015, national and local (municipal) initiatives to recruit health personnel are in effect (Krohne et al. 2019). In the long-term residential care sector, number of migrant workers have increased from 11 per cent to 17 per cent (measured as proportion of full-time equivalents) between 2009 and 2017 (Claus 2018). Also Sweden face an increasingly higher reliance on migrant care workers in the elder care sector. In 2016, 25 per cent of the frontline care workers had migrant backgrounds, which is twice as many as in 2005 (SCB 2017).

While similarly considering the overall models of their respective welfare systems, Norway and Sweden differ, particularly from a historical perspective, regarding the general ideology towards migration: Sweden categorized as 'liberal' while Norway more 'restrictive' (being placed in-between to opposites Sweden and Denmark) (Brochmann & Hagelund 2011). Still, more commonalities than differences are to be found regarding migrancy and care work: the care sector have experienced a larger increase in staff with a 'migrant background' compared to most other sectors (Dahle & Seeberg 2013), more care workers are employed in metropolitan areas compared to rural (Storm 2018) and the overall implementation of an 'integration through work policy' (Brochmann & Hagelund 2011).

III—METHODOLOGY

The following analysis is based on data from one Norwegian and two Swedish ethical approved research projects. Individual and focus-group interviews with frontline care workers and nursing home managers was conducted in all projects. In all projects, informants were provided with information about the research and gave their written informed consent. The point of departure for all interviews was how exclusion/inclusion of staff members with a migrant background (understood as workers not born in Norway or Sweden, without specifying further) was understood and approached at the respective institutions. Of importance is that our methodological approaches, and the design of this article, is based on different dataset in Norway and Sweden, focusing on leadership in Norway and migrant care staff (some of which are in position of leadership) in Sweden, while also placing a particular emphasis on male migrant care workers in Sweden. Having an identical set of data, as well as robust

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data from Norway, would have provided a stronger fundament for comparisons. This difference is, we believe, mitigated by a design addressing commonalities between the two countries, *despite* different datasets, as opposed to a comparison between them. The different datasets provide *different* insights into the overall theme addressed.

Data from the nursing homes in Norway were collected as a part of a larger research project titled 'Multicultural workforce in nursing homes: contemporary challenges, opportunities and potentials for the future in the Norwegian municipal care sector'. The project's primary focus was on ethnic diversity amongst the nursing home workforce, set in the context of demographic changes. In the project, four nursing homes was included, representing different municipalities (small and medium, urban and rural) with different ethno-cultural composition of staff. Semi-structured, multistage focus group interviews was conducted in 2017–2018 with nursing home management in the included nursing homes, recruited through participation in the larger project. The participants were managers of nursing homes or unit leaders. All managers were born in the Nordic countries with Nordic born parents. Two nursing homes that are geographically in close proximity were combined when setting up the focus groups. The two focus groups were interviewed two times each, with a six-month period between interviews. The focus groups consisted of four to six participants. The interviews, lasting between 1.5 and 2 hours, were all conducted, tape-recorded and transcribed verbatim by the first author.

The data from Sweden draws from an international research project and one smaller project. The larger project aimed to identify promising practices in nursing home care, broadly defined as nursing home that in some respect treat both workers and residents with dignity and respect. One aspect of potential promising practices was the organizational conditions to include and integrate migrant care workers. This larger project was conducted in 2014 at two nursing homes in Stockholm, and the facilities were selected through interviews with minister officials, workers' union and local policy documents in order to identify homes offering promising practices. The project applied rapid, team-based ethnography, a method including intensive data collections during a short period of time (Baines & Cunningham 2013). The team included researchers from four countries, Canada, Norway, Sweden and the United Kingdom. Respondents were recruited by all research teams during the observations. Twenty-three interviews were conducted, 15 with care staff and eight with management. All interviews followed a semi-structure guide with some pre-defined questions. The interviews lasted between 1 and 1.5 hours, were tape recorded with a digital MP3 player, and thereafter transcribed in verbatim by assistants employed in the project. The data from this project consist of interviews with five foreign-born and ten native-born front-line care workers.

Data from the second, smaller project are based on interviews with 12 migrant men, employed in nursing home in the area of Stockholm and was collected in 2017. The aim of the project was to study migrant men's experiences of entering care work. The respondents were recruited by nursing home managers. The men in this study were born in African, Asian and Latin-American countries and had migrated to Sweden as adults. The interviews lasted between 1.5 and 2.5 hours, were recorded, and then transcribed verbatim by the second author.

All data were stored on a password-protected folder provided by the responsible university. All transcripts were given a number that was noted in a separate file, to avoid connecting interview transcripts to the actual respondents. In the results section, we have omitted quotes that can identify individual respondents.

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IV—ANALYTICAL STRATEGY

The material for this analysis consists of approximately 400 pages of transcribed interview text. Both authors shared the responsibility for the process of analysis. Our work has been inspired by content analysis as a method to capture the constructions, lived experiences and consequences of workplace integration amongst migrant workers. Content analysis has been described as a general term for several strategies for analyse texts through a systematic classifications process of coding and identifying themes (Hsieh & Shannon 2005; Powers & Knapp 2006). We used a model Hsiehs and Shannon (2005) defines as 'direct content analysis' characterized by deductive approach, influenced by existing theories and prior research in the area of migration and care work as guidelines for the coding and thematisation of the data.

In the first phase, we read and re-read the material several times, in order to find out whether it was feasible to integrate research data from three separate data collections into one single analysis. Aligning with Widerberg (2003), we noted themes and reflections emerged during the initial read and re-reading of the data. In addition to that we saw several similarities between the datasets, we also found 'othering' as a potentially promising theoretical concept to integrate in this article.

In the second phase, we read the material with the concept of 'othering' as a lens and coded all text units in the transcripts accordingly. All text units in the transcripts we identified as an expression of othering were marked with a specific code and sorted into a separate matrix. Comparing the contents of the codes in the matrix made it possible to sort all codes and to identify and 'test' the strengths in the main sub-themes that emerged and to what extent they connected to our theoretical perspective and previous research on this area.

V—PERSPECTIVES OF MIGRANT CARE WORKERS: 'THE APT EMPLOYEE'

Aligning with Olakivi (2013), migrant care workers are often perceived as capable and motivated employees or as a form of 'ideal worker' within the care sector (Näre 2013). Also in our material, both management and migrant care workers conclusively portrayed migrant workers as 'apt employees': migrant care workers were described as having qualities and 'know how' that were a positive contribution to the workforce and in demand at the institutions. The general narrative of the migrant care workers as an 'apt employee' had three significant and related components: (1) 'Calmness, empathy and being genuine', (2) 'Respect for the elderly' and (3) 'Being hard workers'.

THE MIGRANT CARE WORKER AS EMPATHIC AND CALM

Management highlighted the general positive contribution from migrant care workers, while presenting these as shared traits amongst migrant care workers in general and by juxtaposing these shared characteristics to that of workers with a Nordic background. In the descriptions of the migrant care workers, these positive contributions were primarily attributed to ways of working with the elderly residents, as echoed for instance by Näre (2013). Migrant care workers were presented as exerting a calmness and a warmth towards the elderly residents:

> *We have many good examples too, you now they adore these workers… Many have good mindsets towards the elderly that they have brought with them from home. We are more stressed, with time and all. They have a*

> *calmness, and show how genuinely they care, and we see that with many, especially the men, that they can care for the old. They radiate a calmness and empathy. The Norwegians also do it, but there is something extra. And that can be frustrating for the others: "What are you doing in there, taking so long, just waiting". But they take their time and have this calmness.* (Unit leader, woman, born in Norway)

As captured in this quote, migrant care workers are presented as an entity, somehow sharing characteristics and traits, regardless of nationality, making them approach the elderly in a 'warmer' or more 'genuine' way, contrasted, implicitly, to their native-born co-workers (see for instance Storm 2018). Migrant care workers have an approach or ability, as an intrinsic quality, not adapted or learned in their new countries. As expressed by the unit leader, this approach, being also connected to an outlook on 'the elderly', is related to how the migrant care workers spend their time. They are generous with their time with the residents, potentially creating a schism against the Nordic-born care workers, as we shall see later.

For management, these qualities, manifesting themselves as warm and genuine approaches towards the elderly, was highlighted as a profoundly positive trait, and as particularly beneficial for the elderly residents, often having to suffice for workers in a hurry, dashing between various tasks. Migrant care workers, then, were portrayed as workers filling a void.

Some of the migrant care workers expressed similar sentiments, accentuating what was presented as a commendable approach towards the elderly residents:

> *I really appreciate older people. I work the nightshift, and the first thing I do is to say hi to everyone. There are 16 people living here, at the dementia unit, so I have 16 residents. First, I go and say hi to everyone and then I start working.* (Care assistant, man, born in Afghanistan)
>
> *They* [the residents] *they look at you and it was an older man. He asked 'can I have some more coffee?', My* [Swedish born] *co-workers answered her, 'no you have had coffee', but I gave him some more when she left. He looked at me and said, 'you are kind'. We work with people, not with machines, we are working with emotions.* (Nurse assistant, man, born in Iraq)

The migrant care workers are, to conclude preliminarily, presented as 'more caring', as warmer, more attentive and as relating better to the elderly than the Nordic-born staff. These general approaches of migrant care worker as empathic and a 'more natural care worker' was attributed, by both management and migrant care workers, as connected to values adopted from 'home'.

THE MIGRANT CARE WORKER AS RESPECTFUL AND FAMILY ORIENTED

Both management and migrant care workers described how migrant care workers shared values regarding the general outlook on elderly persons. These values, connected to customs and traditions from their country of origin, produce general attitudes towards the elderly, contrasted to those of the Nordic-born care workers:

> *I have some of the same challenges, but it is important also to point out that we have long experience in having immigrants in language courses and as assistants after that, and there is a lot of positives, especially concerning*

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> *the care part. Some of my employees have a totally different respect for the elderly, compared to us from Northern Europe, and that means a lot at my ward. It is important to talk about that part also.* (Unit leader, woman, born in Norway)

To some extent, migrant care workers presented similar ideas of the qualities of the migrant care workers, also emphasizing a different approach compared to native-born Nordic care workers, and also connected to a general outlook of the elderly:

> *I care about the elderly; I have always been fond of them. I really bonded with my grandmother, perhaps it started there. My grandmother had a stroke, so my mother took care of her at home. So, when we moved to Sweden, I applied to develop my language. I wanted to become a registered nurse, so I continued to study. I started working and really found my place working with the elderly.* (Nurse assistant, woman, born in The Middle East)

> *You now, I like…working with people, I am a very social person, and I like helping others, because I took care of my father's mother, no mother's father, no father's mother… my dad's mum, took care of her, when I was like 14. Took care of her for like 3 years, because I like taking care of the old, and I really like this place.* (Nurse Assistant, man, born in Iraq)

Here, the approaches towards the elderly as different is presented as connected to 'family'. This emphasis was echoed by several interviewees, implicitly or explicitly juxtaposing the significance of family in a Nordic context.

> *The tradition in my country is to take care of the older until they die, they live together with the family. The whole family take care of the older. It cannot be such good quality as in Sweden, but still, it is the family who take care of the older people.* (Nurse assistant, man born in Ethiopia)

> *Every person takes care of their family, not as in Sweden, so* [in my country] *there are not any nursing homes…of course some exists, but not as many as here. I do not know anyone living in nursing home in Syria.* (Nurse assistant, man, born in Syria)

The migrant care workers as 'more natural care workers' was presented as being based on intrinsic qualities connected to a shared fundament or cultural heritage (Olakivi 2013). Such characteristics, connected to traditions and the role of the family versus that of the public provider, serves as an explanation for how 'they' approach the elderly in different ways than Nordic-born workers, and ultimately, how 'they' work. Interestingly, this cultural-specific trait, containing the qualities of 'family', 'tradition' and 'respect', is presented as both unique and shared; it is presented as traits the Nordic care worker does not possess, as specific to the background of the migrant care worker, yet as somehow shared amongst the various migrant care workers. As such, 'the migrant care worker' becomes an identifiable social category (Näre 2013), connecting or perhaps transcending cultural, national or ethnic characteristics (Olakivi 2013).

THE MIGRANT CARE WORKER AS HARD WORKING

A final element of the presentation of the aptness of migrant care workers, as expressed by both management and migrant care workers, was how they are hardworking, devoted and always willing to 'go the extra mile'.

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> *I'm here the whole day, this work, they are like my family. The best is when I clean their rooms, I clean the best I can, so it will be good, no best.* (Care assistant, man, born in Cameroon)

Highlighting diligence and work effort was important for migrant care workers, perhaps because they needed to 'prove their worth' compared to their native-born colleagues often associated with more valuable or 'correct' form of knowledge (see for instance Dahl & Seeberg 2013; Sörensdotter 2008). Being a hard worker was also presented as connected to the approaches of migrant care workers as somehow warmer and more attuned to the needs of the residents than the Nordic care workers:

> *For me, everything is a joy, even the cleaning and the hygiene parts. Everyone sees that it is I who have helped the person, why? Their hair is properly done, they are shaved, they smell perfume, it looks like they are going to a party! It's like that, that is my goal.* (Nurse assistant, man, born in Chile)

> *Emotions are important, you cannot control your emotions. Sometime when I' am at home I think of them* [the residents]. *Yesterday I was off duty, but I thought of one of the residents, it was his birthday, and as soon I was back at work, I congratulated him.* (Care assistant, woman, born in Tunisia)

Migrant care workers as hard working is, as illustrated in the last quote, in interplay with the other mentioned traits, being family-oriented and empathic, for instance. Having such values is presented as contributing to putting in the extra effort. In combination, these traits represent an approach to work within the care sector, seemingly unique while also being shared.

MIGRANT CARE WORKERS AS 'OTHERS': CONSTRUCTING INSTITUTIONAL IDENTITIES

Introduced by Spivak (1985), the concept of othering rests on the separation of 'self' and 'other' and is intended to capture the ways in which constructs of difference are produced through an image or idea of someone else, produced more or less instrumental to reflect on self. Empirically, othering leads to exclusion of individuals and groups (Dominelli 2002: 44), by drawing on a them/us dyad, and entails an element of pathologizing someone, in a combination of generalization ('all of the others') and reductionism ('the others are all…'). As seen, migrant care workers were, in our material, attributed collective traits, primarily with positive connotations. Migrant care workers are both 'good care workers' and 'good employees', both proficient in their dealings with residents, diligent and hard-working. Migrant care workers were, in other words, described as a homogeneous group and as different from the equally homogenous native-born Nordic-born care workers. As such, two archetypes of collective identities are constructed: *The migrant care worker* and *The Nordic-born care worker*. These archetypes ascend, we argue, through a process of othering from management, being adopted and, as we will return to, somewhat challenged by migrant care workers. Furthermore, the archetypes are valued differently, but are also inevitably linked; the one can only exist without the other.

Of importance, 'othering' implies not only a scheme of classification but also a derogatory dimension, in which the others are conceived as inferior as opposed to simply different (Jensen 2011: 3), and as a threat to existing social ideals or norms (Canales 2000: 21). 'Othering' is, as such, a process in which boundaries are drawn between in- and out-groups, through the construction of categories based on perceived difference,

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categories that are not only different but also more or less desirable (Dominelli 2002: 45). Furthermore, being both generalizing and reductionistic processes of othering can contribute to produce what has been described as 'institutional identities', that is: the identification, articulation and communication of shared traits signalling qualities deviating from a perception of 'normalcy' (Järvinen & Mik-Meyer 2003: 11). We see 'institutional identities' as a form of embodiment of processes of othering: categories that are 'played out' in everyday communication and interaction.

In this context, we argue that institutional identities (Järvinen & Mik-Meyer 2003) are created in the context of a professional setting; both *The migrant care worker* and *The Nordic care worker* have qualities and characteristics that speaks of professional conduct, that is, not only as more or less Nordic but also more or less 'professional'. The notion of 'professional' also implies a normative dimension. As argued by Debesay and colleagues, nurses are, regardless of national identity, torn between the opposing qualities of, on the one hand, being professional and demonstrating a distance to the subject matter while, on the other hand, showing 'humanity' (Debesay et al. 2014). It is argued that nurses move between these extremes, constantly navigating between opposing interests, in an impossible race to accommodate all interests. Our data clearly indicates that *The migrant care worker* is conceived as belonging to one end of this spectrum, being both placed and placing 'self' distinctly towards 'humanity', implicitly juxtaposed to an ideal of being professional. An institutional identity is constructed, in other words, and in part re-enforced by migrant care workers, contrasted to the placement of *The Nordic care worker* and her proximity towards professionalism. As for the ideal of being Nordic, these placements are inflexible and essentialist, creating categories in which a heterogeneous group is placed, and, perhaps paradoxically, largely re-enforced by the heterogeneous group.

VI—CONTESTATION AND APPROPRIATION

While similar in several ways to the perspectives offered by management, some of the informants nuanced the presentation and the self-presentation of migrant care workers as apt employees. A master narrative was only in part contested, in other words, and when contested, only by migrant care workers.

COUNTER-NARRATIVES

The presentation of the collective identity of *The migrant care worker* was contested in a profound way by emphasizing how care work was a necessity. Being a hard worker, as discussed, was not only presented as an intrinsic and positive feature connected to a shared identity, but also, or perhaps contrarily, as a necessity for migrant care workers, having to do more than the Nordic care workers:

> *In Sweden, especially at the nursing home, there are no really high demands to get a job. For the Swedes, just talking fluently Swedish is enough. A foreign person must show that he is capable, he has to show the little extra.* (Nurse assistant, man, born in Ethiopia)
>
> *It is easier for Swedish people to get close to the resident and you usually have to work harder to show that 'I am good enough'.* (Nurse assistant, woman, born in Ecuador)

Other informants discarded the notion of 'care work as a calling' altogether by highlighting how care work itself is a necessity for them:

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> *When I moved to Sweden, I had, what is it called, what to say, college education in communication, specialized in advertising. But I realized, or I understood rather soon how advertising it is about the language, it's about culture, and I thought, how should I handle the situation. Economy…I was depending on my wife the first five years. So, I thought what was the fastest way to work?* (Nurse assistant, man, born in Indonesia)

Care work was, in other words, a 'way into' the Norwegian and Swedish society, comparable to other less prestigious jobs, such as cleaning, presented as a type of work the natives did not want.

> *It is evident, that if you have the chance to choose something else, then… This work is a trend. People who have newly moved, they choose the job… not because they want…like a cleaning job or delivering mail…eldercare, it's a trend not only in Sweden.* (Nurse assistant, man born in Kenya)
>
> *We are immigrants, it is not easy for us…to find a job, at the bank or somewhere else. The only jobs we can get is the easier ones, like home care or post deliveries or Lidl* [food supermarket]*, and so on.* (Care assistant, man, born in Afghanistan)

How work in the care sector is presented as a necessity or as a pragmatic choice, fundamentally challenges the idea of the intrinsic qualities of *The migrant care worker*, seen as 'made for the job'. Interestingly, this counter-narrative, was exclusively presented by migrant care workers themselves.

Management, meanwhile, did echo the presentation of the migrant workers as 'hard working', but did so by highlighting it as a positive attribute:

> Leader 1: *The work moral and the efforts of those who do not come from Norway is good. They have a different attitude and are very diligent.*
>
> Leader 2: *And then it becomes important for us not to take advantage, because we know that if there is an opening on Christmas evening, then nobody wants it, but still we will ask her, and we now that she won't say no, but perhaps she really does want it. It is important for us leaders to be aware of these challenges, it is a bit scary.*
>
> Leader 3: *Yes, that's true, do they really want the work, or do they want to appear professional?* (Unit leaders, women, born in Norway or Sweden)

Here, three representatives of a management perspective point out the diligence and, for them, commendable work effort by the migrant worker, while problematizing the relationship between leader and employee connected to such a diligence. Implied in this portrayal is both a juxtaposition to the Norwegian and Swedish born care worker and a potential for conflict between the two; *The migrant care worker* has a different approach, different sets of values and different and more hierarchical relationship with management. Although this might be a potential source for conflict with the native-born care staff, this is largely presented as a qualifier for work in the sector; *The migrant care worker* offers valuable qualities and should be included in the care sector.

MANAGING THE MIGRANT CARE WORKER: ESSENTIALIZING OR INCLUSIONARY?

Management, relating to many different employees with different educational background, different nationalities, and, perhaps most importantly, different perceptions

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of their own placement within (our outside) institutional identities, is caught in a difficult dilemma: recognizing the relevance and uniqueness of migrant care workers and thus legitimizing their role and approaches in the care sector or adapting a form of 'colorblind discourse' (Gullestad 2004), in which migrant care workers are not recognized or acknowledged as 'different'. Our material suggests that the former is the case, being both adopted and opposed by migrant care workers, having the consequence of essentializing and generalizing the category *The migrant care worker* in the process.

However, in doing so, both management and (through appropriation) migrant care workers also oppose or contest normalcy: the role of *The migrant care worker* is not simply an opposing version of normalcy. Rather, what is considered desirable professional conduct is, in our material, ambiguous. The conduct of *The migrant care worker* has clearly positive connotations, as we have seen, not only opposing the category 'professional', but perhaps re-inventing it. *The migrant care worker* is portrayed by management primarily in a positive light (see also Näre 2013), as diligent, committed, genuine and as flexible, traits that are not only presented as commendable personal characteristics but also important professional traits. These traits have, as presented by both management and migrant care workers, relevance and value, they represent something in need. We see this as an attempt to create a feasible and reasonable space for *The migrant care worker* in the context of long-term residential care and the idea of professional conduct associated with it. Perhaps this can read as a form of strategy from management, set against the backdrop of migrant workers in general being a social category filled with suspicion and of lacking skills and qualifications: as *a priori* suspects (Näre 2013: 78). *The migrant care worker*, in managements portrayal of her, fills a role, a supplement of sorts, adding to or completing professional profile of the institutions. *The migrant care worker* is ascribed qualities and approaches legitimizing her/his place in the professional context, adding to or supplementing that of *The Scandinavian care worker*.

As such, the process of othering, in the context of the professional setting, encompasses more than that of othering as 'symbolic degradation', from the perspective of management, and containing both elements of 'capitalization' and 'refusal', as pointed out by Jensen (2011), seen from the perspective of migrant care staff. For management, we argue that a process of othering is intended as inclusionary, contrary to an understanding of othering as simply derogatory. 'Inclusionary othering', described as 'a process that attempts to utilize power within relationships for transformation and coalition building' (Canales 2000: 19), alludes to the strengths of the other, and has, in our material, a supplementary function: migrant care workers should be included because both of the need for her/him and because of her/his inherent qualities. 'Othering' therefore also signifies the ambiguity embedded in how to 'perform diversity' from a management perspective (Muhr 2008), legitimizing *The migrant care worker*, not as an ideal, but as a legitimate alternative. As such, an attempt is made to re-classify *The migrant care worker* as a 'space invader' (Puwar 2004), by rearranging the scope and boundaries of 'space' itself.

VII—CONCLUSIONS

The categories of *The migrant care worker* and *The Scandinavian care worker* are far from ideal and might not correspond to perceptions from all informants or 'others'. The categories are, paradoxically when writing about othering, themselves and neglect important nuances. Still, we have used these as analytical categories as they

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portray an emic view of group identities. Also, as briefly mentioned, our analysis is limited by having different dataset in Norway and Sweden, having different thematic foci and different size and composition of informants, collected at different times. Still, through our analysis, we identified similarities and, for us, interesting commonalities despite these differences. Our material also suggests seemingly interesting issues connected to gender and care work, that are, unfortunately, beyond the scope of this article.

Our material, from both Sweden and Norway, from the perspectives of both management and migrant care workers, reiterate a duality in the reception of othering, as containing both an element of appropriation and an element of contestation (Jensen 2011). Migrant care workers, a diverse group, are generalized into a ready-made professional identity by management, while remaining positive in intent and reductionistic in consequence. Still, management creates and legitimizes a professional space for *The migrant care worker*, through this process of othering, nuancing the notion of othering as simply derogatory. The migrant care workers, meanwhile, at least in part, appropriate the idea of *The migrant care worker*, while appropriating their own aspects into the category, 'respect', 'family' and 'culture', not only creating a schism between her/him and *The Scandinavian care worker* but also legitimizing the relevance of the approaches of *The migrant care worker*.

However, and adding to or nuancing our argument of the creation of a legitimate space for migrant care workers, the process of othering, in the form of labelling of an all-compassing category, can be read as having the function of legitimization of division of labour in the health and care sector (see also Olakivi 2013). This legitimate space can, in other words, be a treacherous one. Through the construction of collective identities and their inherent approaches to care, division of responsibility, hierarchies and tasks, for instance, can also be legitimized. The composition of staff groups or allocation of shift schedules, for instance, can be conducted based on these constructs, to the potential detriment of migrant care workers, as alluded to in the latter quote from the managers. Doing a particular task, working in a particular unit or taking a particular shift, can, as such, be naturalized; they have merit because of the qualities inherent in the respective categories. This area is, we believe, in need of further research.

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The authors have no competing interests to declare.

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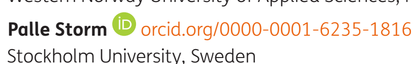
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REFERENCES

Ågotnes, G, Jacobsen, FF and **Szebehely, M.** 2020. The growth of the for-profit nursing home sector in Norway and Sweden: driving forces and resistance. In: Armstrong, P and Armstrong, H (eds.), *The Privatization of Care: The Case of Nursing Homes*, 38–50. New York: Routledge. DOI: https://doi.org/10.4324/9780429323669-3

Andersson, K. 2010. Valfrihet och mångfald – ett dilemma för hemtjänsten. *Socialvetenskaplig Tidskrift*, 17(3–4): 308–325. DOI: https://doi.org/10.3384/SVT.2010.17.3-4.2479

Anttonen, A and **Zechner, M.** 2011. Theorizing care and care work. In Pflau-Effinger, B, et al. (eds.), *Care Between Work and Welfare in European Societies*, 15–34. Houndmills, Basingstoke, Hampshire: Palgrave McMillan. pp. 15–34. DOI: https://doi.org/10.1057/9780230307612_2

Armstrong, P, Banerjee, A, Szebehely, M, Armstrong, H, Daly, T and **Lafrance, S.** 2009. *They deserve better. The long-term care experience in Canada and Scandinavia*. Ottawa: Canadian Center for Policy Alternatives.

Baines, D and **Cunningham, I.** 2013. Using comparative perspective rapid ethnography in international case studies: strengths and challenges. *Qualitative Social Work*, 12(1): 73–88. DOI: https://doi.org/10.1177/1473325011419053

Behtoui, A, Boreús, K, Neergard, A and **Yazdanpanah, S.** 2017. Speaking up, leaving or keeping silent: Racialized employees in the Swedish elderly care sector. *Work, Employment and Society*, 31(6): 954–971. DOI: https://doi.org/10.1177/0950017016667042

Brochmann, G and **Hagelund, A.** 2011. Migrants in the Scandinavian welfare state. *Nordic Journal of Migration Research*, 1(1): 13–24. DOI: https://doi.org/10.2478/v10202-011-0003-3

Browne, VC and **Braun, KL.** 2008. Globalization, women's migration, and the long-term-care workforce. *The Gerontologist*, 48(1): 16–24. DOI: https://doi.org/10.1093/geront/48.1.16

Canales, MK. 2000. Othering: Toward an understanding of difference. *ANS Advances in Nursing Science*, 22(4): 16–31. DOI: https://doi.org/10.1097/00012272-200006000-00003

Christensen, K. 2017. Life trajectories of migrant care workers in the long-term care sectors in Norway and the UK. *Social Policy and Society*, 16(4): 635–644. DOI: https://doi.org/10.1017/S1474746417000252

Claus, G. 2018. *Innvandrere stod for en av 6 årsverk innen omsorg*, 5 June 2018. Available at: https://www.ssb.no/helse/artikler-og-publikasjoner/innvandrerne-sto-for-1-av-6-arsverk-innen-omsorg. [Last accessed 12 July 2020].

Dahle, R and **Seeberg, M.** 2013. "Does she speak Norwegian?" *Nordic Journal of Migration Research*, 3(2): 82–90. DOI: https://doi.org/10.2478/v10202-012-0018-4

Debesay, J, Harsløf, I, Rechel, B and **Vike, H.** 2014. Dispensing emotions: Norwegian community nurses' handling of diversity in a changing organizational context. *Social Science & Medicine*, 119: 74–80. DOI: https://doi.org/10.1016/j.socscimed.2014.08.025

Dominelli, L. 2002. *Anti-oppressive practice*. London: Palgrave Macmillan. DOI: https://doi.org/10.1007/978-1-4039-1400-2_6

Erlandsson, S, Storm, P, Stranz, A, Szebehely, M and **Trydegård, G-B.** 2013. Marketising trends in Swedish eldercare: competition, choice and calls for stricter regulation. In: Meagher, G and Szebehely, M (eds.), *Marketisation in Nordic Eldercare: A Research Report on Legislation, Oversight, Extent and Consequences*, 23–84. Stockholm, Department of Social Work: Stockholm University.

Gullestad, M. 2004. 'Blind slaves of our prejudices: Debating "culture" and "race" in Norway'. *Ethnos*, 69(2): 177–203. DOI: https://doi.org/10.1080/0014184042000212858

Harrington, C, Choiniere, J, Goldmann, M, Jacobsen, FF, Lloyd, L, McGregor, M, Stamatopoulos, V and **Szebehely, M.** 2012. Nursing home staffing standards and staffing levels in six countries. *Journal of Nursing Scholarship*, 44(1): 88–98. DOI: https://orcid.org/10.1111/j.1547-5069.2011.01430.x

Hsieh, HF and **Shannon, SE.** 2005. Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9): 1277–1288. DOI: https://doi.org/10.1177/1049732305276687

Hochschild, AR. 2000. Global care chains and emotional surplus value. In Huntington, W, et al. (eds.), *On the Edge. Living with Global Capitalism*, 130–146. London: Jonathan Cape.

Hussein, S and **Christensen, K.** 2017. Migration, gender and low-paid work: On migrant men's entry dynamics into the feminised social care work in the UK. *Journal of Ethnic and Migration Studies*, 43(5): 749–765. DOI: https://doi.org/10.1080/1369183X.2016.1202751

Järvinen, M and **Mik-Meyer, N.** 2003. Indledning: at skabe en klient. In Järvinen, N and Mik-Meyer, N (eds.), *At skabe en klient: Institutionelle identiteter i socialt arbejde*, 9–29. København: Hans Reitzels Forlag.

Jensen, SQ. 2011. Othering, identity formation and agency. *Qualitative Studies*, 2(2): 63–78. DOI: https://doi.org/10.7146/qs.v2i2.5510

Jönson, H. 2007. Is it racism? Skepticism and resistance towards ethnic minority care workers among older care recipients. *Journal of Gerontological Social Work*, 49(4): 79–96. DOI: https://doi.org/10.1300/J083v49n04_05

Krohne, K, Døble, B, Johannessen, A and **Thorsen, K.** 2019. "We feel included": Education and inclusion of health care staff with minority language in elder care. *Journal of Multidisciplinary Healthcare*, 12: 9–19. DOI: https://doi.org/10.2147/JMDH.S178458

Lill, L. 2020. Staff shortages in Swedish elderly care: Reflections on gender and diversity politics *International Journal of Migration, Health and Social Care*, 16(3): 269–278. DOI: https://doi.org/10.1108/IJMHSC-04-2019-0042

Lister, R. 2009. A Nordic Nirvana? Gender, citizenship and social justice in the Nordic welfare states. *Social Politics: International Studies in Gender, State and Society*, 16(2): 242–278. DOI: https://doi.org/10.1093/sp/jxp007

Muhr, SL. 2008. Othering diversity–a Levinasian analysis of diversity management. *International Journal of Management Concepts and Philosophy*, 3(2): 176–189. DOI: https://doi.org/10.1504/IJMCP.2008.021273

Näre, L. 2013. Ideal workers and suspects. *Nordic Journal of Migration Research*, 3(2): 72–81. DOI: https://doi.org/10.2478/v10202-012-0017-5

Olakivi, A. 2013. "In case you can speak Finnish, there's no problem". Nordic Journal of Migration Research, 3(2): 91–99. DOI: https://doi.org/10.2478/v10202-012-0019-3

Powers, B and **Knapp, T.** 2006. *Dictionary of nursing theory and research* (3rd. ed). New York: Springer Publishing.

Puwar, N 2004. *Space invaders: Race, gender and bodies out of place.* Oxford: Berg.

SCB. 2017. Yrkesregistret med yrkesstatistik. Anställda 16–64 efter yrke. (4- siffrig SSYK 2012, födelseland och kön. År 2014. Available at: http://www.statistikdatabasen.scb.se/pxweb/sv/ssd/START__AM__AM0208__AM0208E/YREG53/?rxid=11187b4d-46cd-4462-9a0a-0af9df0e3d45. [Last accessed 15 June 2020].

Simonazzi, A. 2009. Care regimes and national employment models. *Cambridge Journal of Economics*, 33(2): 211–232. DOI: https://doi.org/10.1093/cje/ben043

Sörensdotter, R. 2008. *Omsorgsarbete i omvandling. Genus och etnicitet inom hemtjänsten.* Stockholm: Makadam.

Sörensdotter, R. 2017. Femininitet, maskulinitet och omsorgsarbete. In Szebehely, M. and Gunnarsson, E. (eds.), *Genus i Omsorgens Vardag*, 151–167. Malmö: Gleerups.

Spivak, GC. 1985. The Rani of Sirmur: An essay in reading the archives. *History and Theory*, 24(3): 247–272. DOI: https://doi.org/10.2307/2505169

Stevens, M, Hussein, S and **Manthorpe, J.** 2012. Experiences of racism and discrimination among migrant care workers in England: Findings from a mixed-methods research project. *Ethnic and Racial Studies*, 35(2): 259–280. DOI: https://doi.org/10.1080/01419870.2011.574714

Storm, P. 2018. I en annan situation? Erfarenheten av att vara man, född utanför Europa och arbeta i äldreboenden. *Socialvetenskaplig tidskrift*, 25(3–4): 231–249. DOI: https://doi.org/10.3384/SVT.2018.25.3-4.2365

Stranz, A and **Szebehely, M.** 2018. Organizational trends impacting on everyday realities: The care of Swedish elder care. In: Christensen, K, et al. (eds.), *The Routledge Handbook of Social Care Around the World*, 45–57. London: Routledge. DOI: https://doi.org/10.4324/9781315612805-4

Szebehely, M. 2005. Care as employment and welfare provision – child care and elder care in Sweden at the dawn of the 21st century. In: Dahl, H-M, et al. (eds.), *Dilemmas of Care in the Nordic Welfare State. Continuity and Change*, 80–97. Burlington: Ashgate. DOI: https://doi.org/10.4324/9781351159968-6

Szebehely, M and **Meagher, G.** 2018. Nordic eldercare – Weak universalism becoming weaker? *Journal of European Social Policy*, 28(3): 294–308. DOI: https://doi.org/10.1177/0958928717735062

Tingvold, L and **Fagertun, A.** 2020. Between privileged and oppressed? Immigrant labor trajectories in Norwegian long-term care. *Sustainability*, 12(11): 4777. DOI: https://doi.org/10.3390/su12114777

Torres, S and **Lindblom, J.** 2020. Migrant care workers in elderly care: What a study of media representations suggests about Sweden as a caring democracy. *International Journal of Aging and Later Life*, 14(2): 61–87. DOI: https://doi.org/10.3384/ijal.1652-8670.3103

Torres, S, Lindblom, J and **Nordberg, C.** 2012. Medierepresentationer av etnicitets- och migrationsrelaterade frågor inom äldreomsorgen i Sverige och Finland. *Sociologisk forsking,* 49(2): 283–304. DOI: https://doi.org/10.37062/sf.49.18411

Vabø, M. 2012. Norwegian home care in transition – heading for accountability, off-loading responsibilities. *Health and Social Care in the community*, 20(3): 283–291. DOI: https://doi.org/10.1111/j.1365-2524.2012.01058.x

Wærness, K. 2005. Social research, political theory and the ethics of care in a global ierspective. In Dahl, H-M, et al. (eds.), *Dilemmas of Care in the Nordic Welfare State. Continuity and Change*, 15–30. Burlington: Ashgate. DOI: https://doi.org/10.4324/9781351159968-2

Widerberg, K. 2003. *Qualitative research in practice.* Lund: Studentlitteratur.

Wrede, S and **Näre, L.** 2013. Glocalising care in the Nordic countries: An introduction to the special issue. *Nordic Journal of Migration Research*, 3(2): 57–62. DOI: https://doi.org/10.2478/v10202-012-0015-7

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