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*Can migrant men become more present  
in elderly care?  
Comparative analysis of migrant women  
and men in senior care.  
A case study from Poland<sup>2</sup>*

***Abstract***

This paper compares the character of work of migrant women and men in elderly care in Poland. Elderly care is provided mainly by migrant women. Men who work in this sector are in a clear minority. In the presented research a qualitative content analysis has been used. The paper discusses selected results of in-depth interviews conducted among 42 immigrants working in elderly care (11 men and 31 women). It was found that there are differences between sexes. Women indicated, *inter alia*, the following reasons for taking up work in elderly care: job knowledge, the use of migration chains and altruistic motives. Men did not refer to these factors. They said that they chose this sector because

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they saw a market gap. The studies showed that gender was often a decisive factor for employment in senior care men. Men are mainly employed to take care of elderly men. Gender can be an important factor in choosing the carer.

**Key words:** labour market, migrant, elderly care, gender, competencies, demand for work

## *Introduction*

Elderly care can be either formal (institutional) or informal (provided by family, friends, neighbours and, carers employed by relatives, including immigrants) (C. OECD, 2011); (Pavolini & Ranci, 2008). Elderly care in wealthy countries has almost become the preserve of migrants, willingly employed for this work, both legally and illegally. There is a growing tendency to treat migrant work as an alternative to formal care as the state is not always able to provide it (Bettio et al., 2006; Huang et al., 2012; Kilkey, 2010; Lutz, & Palenga-Möllnbeck, 2010). Foreigners play an important role in the care system in many countries, including Australia (Goel & Penman, 2015; Negin et al., 2016), the USA (Martin et al., 2009), Great Britain (Cangiano et al., 2009; Gordolan & Lalani, 2009), Germany (Elrick & Lewandowska, 2008), Spain (Morales-Moreno et al., 2015), Italy (Bettio et al., 2006), and the Czech Republic (Ezzeddine, 2014).

A migrant in elderly care is most often defined as a person born outside the country of immigration that works in elderly care (Jönson & Giertz, 2013). Carers of the elderly are understood as people who take care of the elderly, keeping them physically and mentally well, but do not necessarily love them (Nicolescu, 2019). In the Australian census, a carer for an elderly person is explicitly defined as a person obliged to provide emotional support and care, and to accompany the person in care (Negin et al., 2016).

The care sector suffers from shortage of workers. The number of people aged over 80 years will increase from over 57 million in 2016 to over 1.2 billion in 2050 in 37 OECD countries. Keeping the current ratio of five care workers for every 100 people aged 65 and older across OECD countries would imply that the number of workers in the sector will need to increase by 13.5 million by 2040. The majority of long-term care workers are middle-aged women. One in five is foreign-born. Elderly care is a pool of women and only a few countries have tried to attract men (Norway and the United Kingdom) (OECD, 2020).

Due to changes in the demographic structure of society, foreign and internal migration, and the decreasing number of multi-generational families living together (resulting in the lower caring potential of the family). Poland is also among countries which experience increased demand for elderly care services (Szukalski et al., 2008). According to the forecasts of the Central Statistical Office (GUS), the number of people aged 65 and over will double in Poland in 2035. This is a major challenge for elderly care. In Poland, as in other developed countries with an ageing population, foreigners are increasingly employed in elderly care. However, it should be emphasised that, due to the influx of migrants to

care for the elderly, the situation of Poland is quite exceptional. Poland is regarded as an exporter of carers of elderly people, mainly to Western European countries (Palenga-Möllnbeck, 2013), and at the same time acts as their importer. Poland has become a new immigration destination for more and more workers, mainly from Ukraine (Fiałkowska & Matuszczyk, 2021) and is an interesting place for research, because it is perceived as a mobility laboratory (White, 2020). This is because, for many years, the Poles have been leaving Poland to work, continuously or periodically, in the old European Union Member States. The parents of Polish emigrants are left to sink or swim, far away from their loved ones. Many of them had to decide on paid care from immigrants. The care does not have to mean direct care, such as washing, administration of medicines, or meal preparation. It is often about everyday assistance, such as cleaning, shopping, and helping in the garden or around the house. If members of the immediate family of elderly people lived nearby and not abroad, they could perform these activities by themselves. Therefore, elderly care in Poland should have a much broader dimension, not limited to direct care. As mentioned above, some leave Poland, mainly for Germany, while others come here, mainly from Ukraine, to work in elderly care.

In Poland, the use of migrant workers in domestic services (mainly from the Ukraine), including elderly care, is a relatively new phenomenon. The care sector is a good entry point into the labour market of the host country in case of a short migration experience of a foreigner as shown by researchers from Warsaw (Górny et al., 2020). There is little research on the role of foreign labour force in elderly care. Domestic services have already been extensively studied (Kindler, 2008; Kloc-Nowak, 2007; Kordasiewicz, Kindler et al., 2016; Lasota, 2008). However, elderly care services is a new subject of research (Sobiesiak-Penszko, 2015; Kałuża-Kopias, 2018; Krajewska, 2012). Moreover, the studies focus only on women migrants working in domestic services and senior care. The presence of migrant men in senior care is a new research perspective (Kubiciel-Lodzińska, 2020).

The aim of the study was to fill a research gap, i.e. confirm or deny the differences between migrant women and migrant men working in elderly care. My goal is to demonstrate that the work of men in senior care has slightly different nature than that of women. The research aim is to prove that there are different reasons for their employment and to show that women and men see their work slightly differently. In addition, a novelty is the fact the research has been conducted in a country where conservative values are still strongly rooted in the host society, including the division of works into feminine and masculine.

The respondents were divided by gender to obtain additional knowledge on the factors influencing the migrations and to determine how they are affected by gender. In particular, the following questions were asked: (1) What are the differences between migrant women and men in the motives for taking up work in elderly care? (2) How does gender of a migrant carer influence their work (scope and type of responsibilities) in elderly care?

The paper discusses selected results of in-depth interviews conducted among 42 immigrants (31 women and 11 men), i.e., foreigners working as carers for the elderly. The study was exploratory in nature. The snowball sampling and the respondent driven sampling (RDS) were used to reach the respondents. It is assumed that elderly care

is provided mainly by migrant women (England & Dyck, 2011; Huang et al., 2012a; Schwiter et al., 2018). Men who work in this sector are a clear minority. However, since the contribution of men to elderly care is inapparent, they seem more interesting to investigate. As the “rebirth” of paid domestic work in some countries, e.g. in Italy, implies re-masculinisation of the sector, the issue is also an interesting area of the theoretical study (Sarti, 2006).

The structure of the paper is as follows: the second section provides a literature review on the elderly service sector, particularly with regard to the contribution of women and men. In the next, the research group and the research method are presented. The following section discusses selected research results. The final section presents conclusions and recommendations for further research.

### ***The role of migrants in elderly care: focus on migrant man as carer***

Helma Lutz describes the care sector in the following way: “the intimate character of the social sphere where the work is performed; the social construction of this work as a female gendered area; the special relationship between employer and employee which is highly emotional, personalized and characterized by mutual dependency; and the logic of care work which is clearly different from that of other employment areas” (Lutz, 2016).

Care services can be divided into two spheres: “caring for” (cooking, cleaning, washing) and “caring about” (emotional support) (Fraser, 1995). As a general rule, migrants, i.e. people who were born abroad and left their country of origin to work as carers in the country of immigration (Da Roit & Van Bochove, 2014) are involved in each of these spheres. However, reducing all forms of housework/household work to the concept of care is considered to be problematic. It is a general term which blurs the distinction between care and everyday activities, such as cleaning. Care work differs from domestic work, such as cleaning, cooking and laundry, especially in terms of the social and moral value (Näre, 2009). It contains an emotional charge and is also called emotional work, in which feelings and empathy are an integral part of work performance (Hochschild, 2012). At the same time, it is believed that care and housework may overlap in everyday practice (Degiuli, 2007). Care and housework also constitute an integral part of care employment of migrant workers. Therefore, in this paper, elderly care refers to both direct care, such as washing and administration of medicines, and everyday activities, such as cleaning, cooking, laundry, help in the garden, or small repairs at home.

The literature focuses on the gendered and exploitative structures of migrant domestic and care work. Theories on expectations of gender roles suggest that women may be more inclined to care (Pinquart & Sörensen, 2006). Housework, including elderly care, is feminised (Manalansan IV, 2006; Yeates, 2004). Similarly, nursing is a profession in which “men are considered to be intruders causing confusion in the system fully controlled by women” (Morgan et al., 2017).

Care is seen as a feminised activity that women perform “naturally” and “with love.” The role of care in the service economy is increasing, but is still undervalued in the

market. Definitions of care are usually based on gender concepts (Jacoby, 2006). Care is considered to be yet another type of duties that women typically perform at home as wives, mothers, or daughters as part of the “gender regime” imposing caring roles on women (Brandth, 2017). Women are more expected to take care of both other women and men. By contrast, care provided to women by men is considered inappropriate if it requires, for example, any nursing care activities (Huang et al., 2012a). Care, especially care provided by both sexes, is profoundly affected by the context of activities to be provided by carers. Nursing activities, such as washing and daily hygiene, do not fit into the concept of masculinity (Isaksen, 2017). Care work is perceived as feminine work, and men have to prove their suitability for the job. Elderly care work is primarily concerned with caring for the body. Carers often have to face nudity of their clients, which is more acceptable for women. They can care for both female and male elderly people. As the study shows (e.g. a study made in Switzerland), there is a common preference to employ women in elderly care (Chau, 2019). In many countries, for cultural reasons, it is not appropriate for a man to take care of elderly women in terms of corporeality (Huang et al., 2012b); believes that the concept of global chains used in the analysis of welfare migration even ignores the role of men, focusing on women and creating feminization of this sphere.

The literature also discusses the role of male migrants in elderly care, perceived as highly feminised, and their functioning in this profession (Hrženjak, 2013; Jonson & Giertz, 2013; Näre, 2010; Näre, 2013; Scrinzi, 2010; Storm & Lowndes, 2019). However, their role has decreased due to the feminisation of migration. In domestic services, men work as chefs, gardeners, or handymen, but are more involved in direct care, including elderly care. Some researchers call this phenomenon the remasculinisation of the care sector (Sarti, 2006). To investigate the employment of men in domestic services, a study among migrants from Sri Lanka was conducted in Italy. The study included both domestic works and care for the elderly. The central issue was how migrants found themselves in jobs perceived as feminine. Since a range of skills, mainly personal ones, required in care work were identified, the study also dealt with the concept of unskilled migrant worker (Näre, 2010). Comparative studies, also in Italy, have shown that men would find it difficult to work in domestic services (including cleaning, shopping, cooking, and caring for children and the elderly) in their country of origin, but agree to do these jobs abroad. In particular, attention was drawn to men working as carers for the elderly. Studies have shown that migrants were often better educated than the people they cared for. They agreed to take up this job because they could receive up to ten times higher remuneration than in their country of origin. Another reason was that they could reduce expenses due to living in. The respondents also believed that their work is “softer” than working in a factory, for example (Bartolomei, 2010). A study carried out by Francesca Scrinzi indicates that the employment of men in care for elderly men is due to the creation of a niche (Scrinzi, 2010). Moreover, migrants with higher qualifications, e.g. physiotherapists, who, for formal reasons, could not work in their profession, had the opportunity to perform the tasks closely related to their profession. They believed that their work is better than cleaning

works, which they considered to be typically “female.” The important task of the carers is to accompany the elderly person, and create a relationship. This makes men feel they do the right job. The study in the United States has shown that the approach of migrants to elderly care is related to religion rather than gender. It has been found that migrants of Jewish origin coming from countries of the former USSR treat it as a profession while the Orthodox see it as doing something good for another person (Solari, 2006).

For analysis of the data presented in this paper, the concept of global care chains was used, referring to “personal links between people across the globe based on the paid or unpaid work of caring” (Hochschild, 2000). It refers to the range of personal connections between people around the world based on paid or unpaid caring work is often cited in the literature. It is about moving care down the hierarchy of gender, class, race and nationality (Isaksen, 2012; Lovelock & Martin, 2016). This concept, developed under feminist economics, is used to analyse not only care and household work but also gender patterns in migrant workers. Due to this concept the outsourcing of care work is a “new international division of social reproductive labour” (Parreñas, 2020). The dual labour market theory was also used, according to which migrants take jobs in sectors perceived as not very prestigious, and work in them is burdensome and relatively low-paid (Piore, 1979; van Hooren, 2012). Also feminist career theories have been used. They can be applied to both women and men. Such variables as socialization and gender can be important in both cases (Król & Ludwicyński, 2006). The work is also located in a stream on “men in women-dominated occupations” (He et al., 2019).

### ***Research method***

The aim of the research was to compare the differences between migrant women and men working in the elderly care sector.

Surveys on immigrants working in elderly care is a huge challenge for several reasons: (1) it is a double-hidden population — foreigners and the families employing them are unwilling to reveal their presence due to the mostly illegal nature of work; (2) it is a rare population (sparse) — work in senior care is not of a mass nature; (3) residing in the country of immigration periodically (temporary migrants, often with short stays); (4) “closed” population, i.e. persons providing 24-hour care for a senior suffering from serious illnesses (dementia, lying person) have very limited possibility of leaving the house (5) in Poland the phenomenon of employing migrants in senior care is almost unexplored, so it is a completely new area of exploration for researchers (there are no even estimates available to show the scale and nature of this phenomenon) (Kubiciel-Lodzińska, 2021; Sobiesiak-Penszko, 2015).

The study used two methods to reach the respondents: snowball sampling and respondent driven sampling (RDS). Snowball sampling is a non-random selection of respondents for the study. At the end of each interview, the interviewer asked a respondent to indicate another person (or persons as the number of people was not limited) to interview on the same subject. However, new respondents were usually searched by interviewers based

on their contacts. Respondent driven sampling (RDS) is a sample selection driven by a respondent (Heckathorn, 1997). It is a modification of snowball sampling assuming the double incentive system. After the interview, the respondent could indicate a limited number of people to be surveyed (no more than two people). The double incentive system consists in rewarding the respondent both for giving an interview and for recruiting more people. Half of the in-depth interviews were conducted using snowball sampling. Other respondents were reached using RDS.

The paper is based on the content analysis of empirical material collected in a qualitative study. The research was carried out in the Opolskie Voivodeship (between December 2017 — May 2018). Forty two in-depth face-to-face interviews were conducted with migrants (women and men) working as carers of the elderly. The qualitative approach is a reliable instrument for researching hard-to-reach groups (Atkinson & Flint, 2001).

The study used a semi-structured interview questionnaire specifying several areas, including the following: description of the respondent, motives for migration and reasons for taking up employment in elderly care, qualifications, the scope of responsibilities, conditions of stay, and the amount of remuneration. The in-depth interviews were conducted in Polish and all respondents spoke a conversational level of Polish. The study was intended to cover both formal care (nursing homes) and informal care (caring for the elderly in their homes). However, in the course of the study, only the respondents working exclusively in the latter sphere were reached. Appropriate ethical permission was obtained from the study participants. The respondents are anonymized to protect their identities.

The interviews were conducted in Polish and lasted about 45 minutes each. The respondents have been working in Opole Voivodeship in different towns. The interviews were digitally recorded, and transcribed. Data was analysed using qualitative analytical methods, primarily consisting of reading and rereading of the transcripts. The approach in data analysis was driven by the interest in potential differences between women and man in elderly care. The analysis of qualitative data was performed using Maxqda. The data was analysed using open and axial coding (Charmaz, 2006; Strauss & Corbin, 1994; 1997). For this paper, interview quotations were translated into English by the author and proofread. For the purpose of this paper, particular quotations which has been considered as relevant for the reader and to show the differences between women and men in elderly care were selected.

### *Sample characteristics*

There is heterogeneous employment of migrants in senior care, i.e. it includes people living with their charges (the so-called living-in) and people who rent a flat and provide care work for hours (the so-called living-out) (Gallotti, 2009) which affects the ability to reach the respondents. For the study purposes, a carer for the elderly is defined as a person who permanently (living-in) or periodically (living-out), e.g. several hours a day or several times a week, takes care of the elderly and their household. The definition is broad because, due to the specific character of migration in Poland, the number of older

people living alone is growing and their families (usually children, nephews or nieces) stay abroad. Therefore, the elderly need help in both direct activities, such as washing, cleaning, or cooking, as well as works around the house (minor repairs) and in the garden. The study covered migrant carers involved in both types of works. This was because, in both cases, the carers had a significant impact on comfort of living of the elderly. Moreover, with their help, older people, living alone, could run a normal life. This broad definition is in line with the concept of caregiving divided into “caring about” and “caring for” (Holstein, 2001). Most of them came from Ukraine. Only two people came from Belarus and one from Russia. Table 1 describes women and men participating in the study.

**Table 1. Respondent characteristics**

	<b>Women</b>	<b>Men</b>	<b>Total</b>
Number of respondents	31	11	42
Average age	32,2 years	35 years	32,9 years
Education			
High-skilled	17	9	26
Low-skilled	14	2	16
Nature of employment			
Legal	13	4	17
Illegal	18	7	25
Nature of living			
Living-in	12	6	18
Living-out	19	5	24
Character of work			
Only work	22	6	28
Extra work	9	5	14

Source: Own compilation based on the research.

In the study, those who are university graduates are classified as high-skilled workers and those who do not have a university degree are classified as low-skilled workers (Iredale, 2016). In the study group, 17 women and 9 men were high-skilled (with higher education, including nursing, physiotherapy and engineering studies), and only two were low-skilled (with no more than secondary education). Eighteen respondents lived in with the older person and 24 lived out. Care for the elderly constituted the only source of income for 28 respondents and additional source of income for 14 respondents. Note that some of those who lived in treated their work as an additional source of income.

They took care of the elderly in exchange for living in and combined their work with other work. The majority of respondents (25 people) worked illegally (without a formal contract). Employment in domestic services, including care services, is usually illegal (Van Hooren, 2010).

## *Study results*

### *Education and qualifications of the respondents*

Most of the respondents involved in elderly care were underemployed. They experienced brain waste, i.e. nurses, physiotherapists, engineers, and economists from the study group did not use their qualifications in their work. In order to answer the research question, the differences in education between surveyed women and men, and the type of education, were analysed. The aim was to determine whether education was in line with the profile of work of the respondents. Education that was helpful in the care of the elderly, i.e. nursing, physiotherapy, and the elderly care training courses, was considered to be in line with the profile. All other types of education were classified as non-profile education (Table 2).

**Table 2. Differences between men and women by education**

	Woman			Men		
	Legal	Illegal	Total	Legal	Illegal	Total
High-skilled						
Profile educated	6	1	7	3	1	4
Non-profile educated	3	7	10	0	5	5
Low-skilled						
Profile educated	0	0	0	1	0	1
Non-profile educated	4	10	14	0	1	1

Source: Own compilation based on the research.

The results in the study group revealed some differences between men and women. Most men who decided to work in elderly care had a higher education. Four respondents graduated in their country of origin in physiotherapy and one completed an elderly care course. It can be assumed that their qualifications were in line with the profile of their work. There were also a slightly more women with higher education who decided to work in elderly care. However, this advantage was not as significant as in men.

The statements of the respondents, both women and men, on education were very succinct. They believed that education does not seriously affect their position on the labour market. They considered the qualifications they obtained in the country of origin

to be insignificant in the country of immigration. The selected statements of women on their education are presented below:

*I have a university degree in pedagogy. I am a kindergarten teacher (R 2, woman, aged 49, high-skilled, non-profile educated).*

*I graduated. I am a nurse (R 19, woman, aged 24, high-skilled, non-profile educated).*

The statements of men were similar:

*I graduated. I am a mechanical engineer (R 1, man, aged 28, high-skilled, non-profile educated).*

*I graduated from dental school in Ukraine. I make teeth [dental prosthetist] (R 3, man, aged 30, high-skilled, non-profile educated).*

*I graduated as a physiotherapist (R 9, man, aged 32, high-skilled, profile educated).*

Note that the respondents with profile education were employed in a legal manner. Other respondents were most often employed illegally. They did not have a contract to care for the elderly, but had a legal residence status.

### *Motives for choosing elderly care by gender*

Among the motives for working in elderly care were the following: work matching qualifications to a certain extent, altruistic motives (willingness to help others), easy way to find a job in the sector (migration networks), market gap. In the areas marked, the motives were slightly different between men and women.

In the area with people with higher profile education (nurses, physiotherapists), no significant differences between the sexes were observed. People with higher education may experience depreciation of qualifications when taking up employment as an elderly carer (Triandafyllidou, 2016). However, the respondents did not raise this issue. Both women and men with training in nursing and physiotherapy believed treat their work in elderly care is, to a certain extent, in line with their education profile. They also felt that their job matched their qualifications. This approach is particularly visible in the statements of the female respondents with profile education. For women with higher education (nursing or physiotherapy), work in senior care was a substitute for professional work, which they cannot perform in Poland due to the need to recognize their diploma.

*I could not find a job in my profession, and I wanted to work in a hospital. It was not always appreciated that I had education and experience in Ukraine. In order to work in a hospital, I would have to finish my studies here, and that's how I started to work with the elderly. For me, it is something similar. I can say that I am a private doctor (R 17, woman, aged 26, high-skilled, profile educated).*

The statements of men with profile education were similar. One of the respondents justified taking up work as a carer in the following way:

*This is because I am a physiotherapist by education. I have worked with these elderly people and conducted physiotherapeutic treatment. And this is what I find most important in my decision (R 23, man, aged 51, high-skilled, profile educated).*

However, there are more differences between the sexes. Women more often pointed out that they were able to work in care because they knew how to do it and what to expect as they previously cared for someone in their family, e.g. a child or an older family member.

*Especially because I have always looked after someone. I used to take care of children, but this is very similar. I feel good about it (R 2, woman, aged 49, high-skilled, non-profile educated).*

Men did not refer at all to their previous experience in caring for family members or performing other activities that might affect the elderly care skills. This may indicate that they do not have such experience. In their country of origin, they did not look after children or the elderly in their families, as traditionally these are duties assigned to women. As immigrants, they agree to do such work because they are paid for it. The men in the study come from Ukraine, where, like in Poland, there is a division into women's and men's responsibilities. Caring for a dependent person is in the society a woman's duty.

In addition, women paid attention to migration network to which they belonged. A motive raised exclusively by migrant women was that they started their jobs as carers because they took them over from other women (friends, family members). Men participating in the study did not refer to this factor at all. Women rely to a greater extent on networks when taking up jobs in senior care. According to the survey, men do not use networks. This may be due to the fact that work in this sector is rather not the target of their migration, but rather they take up jobs because of the lack of other opportunities

*My sister worked in this sector. She looked after an older woman which is now under my care. My sister told me that she had to go to Ukraine. She asked if I would be willing to take up this job. I considered her offer and decided to go for it (R 6, woman, aged 20, low-skilled, non-profile educated).*

*I have a colleague who works in this sector and she recommended me to work (R 31, woman, aged 18, low-skilled, non-profile educated).*

*My mother was very sick. She died aged 69 because she had pancreatic cancer. I took care of my mother. It was a very difficult time after she passed away. And then I went to Italy. I took up this work because everyone who comes here does. This was quite spontaneous. As I said, my friend asked me to take her care duties over from her. She said she needed a replacement and I thought I would try it. I did and I decided to stay (R 11, woman, aged 57, low-skilled, non-profile educated).*

Note that altruistic motives appeared only in the statements of women. They claimed that they felt sorry for lonely elderly people. They believed that their work has deeper meaning: is not only a source of income, but also gives the opportunity to help others. Indication of altruistic motives by women confirms that they may be more predisposed than men to caring work, because they are natural provider of service at home. Furthermore, care work is not considered as “work”, but as “lovework” and is performed as part of the female role (Lutz, 2002).

*I feel sorry for the elderly who are unable to care for themselves and need help from others* (R 40, woman, aged 34, high-skilled, non-profile educated).

*Actually, this is a good profession. We have contact with other people and can give help to someone* (R 21, woman, aged 34, high-skilled, profile educated).

The statements of men did not raise the issue of altruism and readiness to help others. Men pointed out that they took up work in elderly care because they found a niche that is not used in Poland. Their views were more pragmatic. They wanted to sense a situation on the labour market. Men see working as a senior carer as a “normal” job that allows them to earn money.

*Older people need the help of physiotherapists. Poland has many specialists, but nobody takes care of older people. I saw a niche. In Poland, the elderly are neglected by their families* (R 15, man, aged 32, high-skilled, profile educated).

Note that only men raised the issue of salaries and satisfaction or dissatisfaction from them. Women did not talk about money if they were not directly asked about it. They did not refer to financial issues. Men raised this issue quite often, also when answering other questions, not necessarily related to wages, e.g. questions about the motives for taking up work in elderly care. They decided to work abroad and take up a job in elderly care because the salaries they could earn were higher than in the country of origin. Therefore, remuneration may be an “justification” for them to work in the sector perceived as feminised.

*In Ukraine, physiotherapist is not a well-paid job* (R 9, man, aged 32, high-skilled, profile educated).

*I really liked my job as a physiotherapist. However, the salary was far from satisfactory. That is why I decided to go abroad to work* (R 23, man, aged 51, high-skilled, profile educated).

### *The role of women and men in elderly care*

The study has shown that the work of foreigners in elderly care is connected not only with direct care of the elderly (washing, administering medicines) but also with household tasks, such as cleaning, cooking, laundry, and shopping.

The involvement of men in elderly care is not accidental, especially if it is to be provided to other men. It is not uncommon for a family or an older person to deliberately choose a male carer just because he is a man. The elderly men feel less embarrassed when care or rehabilitation procedures are performed by male and not female carers. This means that, in the case of men, gender of the carer/person in care, and not qualifications or experience, can be a decisive factor for employment. This is confirmed by the statements of the respondents:

*He is over eighty. Unfortunately, his muscles no longer work properly. He had a stroke. He tries to walk and I help him with his rehabilitation. His family chose me as his carer because he needs help when he gets up, washes up, etc. He said he would be ashamed to undress in front of a woman (R 15, man, aged 32, low-skilled, non-profile educated).*

Moreover, sometimes it is necessary to employ a man — as indicated by the respondents. Some elderly people lying down on bed require physical strength to be cared for since a woman would not be able to lift them. In this respect, elderly care is sometimes perceived as a work for a “real” man. So men are looking for some explanation why they work in senior care. The indication that this profession often requires physical strength shows that it is not only for women, because they would not always be able to cope with the care of us as a senior. A man is necessary for serious cases.

*[R 9] is confined to his bed and needs constant care. You have to be strong to lift him up. A woman would not be able to do this. (R 9, man, aged 32, high-skilled, profile educated).*

*He is an 80-year-old man after a stroke. He does not walk. I just look after him every day. I help him wash up, prepare the food, do the shopping, etc. I find it really difficult to lift him during washing (R 18, man, aged 27, high-skilled, profile educated).*

None of the women considered their gender to be a decisive factor for employment in elderly care. Women, especially migrants with a higher education profile, mainly referred to their qualifications.

*I am a professional nurse and I know my work. I can give injections. I can administer medicine and examine the patient; this is why they chose me. The person is elderly and has health-related problems, as it usually is with persons at this age. My employers were looking for a person who is a nurse because something can suddenly happen to the elderly woman and then I can give her an injection or pills (R 17, woman, aged 26, high-skilled, profile educated).*

The study group, especially those providing elderly care at hourly rates, had also different responsibilities depending on gender. Men much more often helped out in the garden and home. In the interviews, men more often talked about their duties not necessarily related to the direct care of the senior. On the other hand, they were eager to talk about the duties related to help in the home and garden. They wanted to show themselves as handymen first and then as carers.

*My job is to shop and help out at home and in the garden. For example, today, I have to mow the grass, paint the shed and dig the path. I do not do laundry and cleaning (R 1, man, aged 28, high-skilled, non-profile educated).*

*In winter, I come to fire the stove because the elderly man is no longer able to do this. I also help out in the garden. He still has a small bed with onion and garlic. And my task is to dig it up (R 13, aged 63, high-skilled, non-profile educated).*

*I take care of an older couple. I come to them and do all the stuff. Sometimes I go shopping and sometimes I have something to do at home and in the garden (R 1, aged 28, high-skilled, non-profile educated).*

It should be stressed that the respondents living in also did jobs perceived as feminine:

*Generally, I help to cook and clean up. I do all what is necessary. If needed, I go to the shop by car (R 4, man, aged 30, high-skilled, non-profile educated).*

However, the issue of direct help to the elderly was primarily raised by women. They did not discuss working in the garden or helping around the house. They were employed to deal directly with the elderly and/or their immediate surroundings (flat).

*I have to make food for the older woman, wash her and clean her flat. I come in the morning and help. I cook the food and do whatever she asks me to do (R 6, woman, aged 20, low-skilled, non-profile educated).*

*I have to prepare food for her and clean up at home because she lives alone. I also administer medicines and wash her. I wash her if needed because she is confined to her bed and it is difficult for her to go to the toilet alone. Her age prevents her from caring for herself (R 19, woman, aged 24, high-skilled, profile educated).*

Both women and men emphasised that a carer also has to accompany the elderly, talk to them, go for a walk with them, or even watch TV together. Older people are often lonely and need closeness. This shows that the work of caregivers is based not only on physical assistance to the older person, but also on providing emotional support.

*We also talk. Actually, this is the first thing we do. And we watch TV. This is most important, even more than cleaning. Just watching and talking with this lady (R 41, woman, aged 30, high-skilled, non-profile educated).*

*I spend time with her so that she doesn't feel lonely (R 27, woman, aged 18, low-skilled, non-profile educated).*

*We watch "Wheel of Fortune," "Teleexpress" news, and "The Crown of the Kings." And on Saturday or Sunday, ... I don't know the title — the children singing (R 42, woman, aged 36, high-skilled, profile educated).*

Working as a carer of an elderly person, evokes emotions. The emotional aspect of care work was primarily raised by women. One of the female respondents described how she spends time with the person she cares for. The studies have shown that the task of a carer is also to create a good atmosphere and bring optimism so that the elderly feels good in their home.

*We sing together, just for health. And the massage she asked for. Of course, I will do that for her (R 38, woman, aged 25, high-skilled, non-profile educated).*

## **Discussion**

In the group of the surveyed 9 of 11 had higher education (i.e. graduated). Among the respondents, there were physiotherapists, engineers and a prosthodontist. Among women, there were 17 of 31 respondents with higher education. Elderly care is therefore not an area in which unskilled people take up work, but it often attracts highly skilled migrants who, due to formal or linguistic barriers, are unable to pursue their learned professions. This is also confirmed by studies of (Da Roit & Van Bochove, 2014), who point out that work in the elderly care sector is undertaken by relatively highly qualified persons, including doctors, nurses, teachers, and administrative staff. It is worth noting, however, that in the group of men, work in the elderly care sector was hardly undertaken by low-qualified persons. There were only two such persons in the study group, one of which finished a course on elderly care. Thus, it can be assumed that low-skilled men may find jobs in other industries. For the highly skilled, it is not easy to find employment in line with their education, so elderly care is a sure way to enter the labour market. For people with specialised education, it can be a substitute for working in the profession; for others, it is an opportunity to earn additional remuneration.

In the studied group, both women and men with education consistent with the job profile (nurses, physiotherapists, caretaker of the elderly) were legally employed (i.e. they had employment contracts, one of the respondents was a sole proprietor). The remaining respondents illegally worked as carers of elderly persons.

Research has shown that for men working in elderly care, their education and qualifications are not the only determinants of employment. Sometimes, the key is their gender. The presence of men in elderly care has often slightly different nature from that of women (where education, experience, and personality are more often taken into account) (Cangiano et al., 2009; Ezzeddine, 2014). Research shows that men are usually employed to care for other men because the presence of another man is less embarrassing for an

elderly person. It is not uncommon for older men requiring care to be uncomfortable when a woman performs the care treatments. This phenomenon is exposed, among others, by studies from Italy, which show that the employment of migrant men to care for other men was deliberate (Bartolomei, 2010). Furthermore, the gender of the caregiver becomes crucial when the elderly person (most often a man) cannot move and physical strength is required to cope with daily duties (e.g. helping with the toilet, helping to get up, etc.). This is also confirmed by studies carried out in Italy, which show that in some cases, elderly care can be treated as a job for a “real” man (Sarti, 2006). This argument also appears in studies from Sweden and Canada (Storm & Lowndes, 2019). It is worth noting that as a factor determining employment, gender did not appear in the respondents’ statements.

Based on the research carried out, it can also be seen that women and men differed in their motives for taking up employment in elderly care. In the group of women, a network of contacts and a recommendation by a friend was very often referred to. This confirms that migrant women in elderly care very often operate in the networks that drive migration in this sector. Men did not point to networking as a factor influencing their decision to work in the elderly care sector.

Also, only women indicated altruistic motives as a factor in choosing the elderly care sector. Interactions with the elderly people who need and appreciate care can become more crucial to their satisfaction compared to other job opportunities and can be expressed as a sense of doing something “meaningful.” This factor was noted, among other things, in studies carried out in the United Kingdom (Hussein et al., 2013), but they did not distinguish which respondents — women or men — paid more attention to this factor. These factors did not appear at all in men’s statements.

Men, on the other hand, pointed out that working in elderly care is an opportunity; they saw a gap in the lack of sufficient care system for elderly persons in Poland. They were also the only ones to raise the issue of earnings. Women did not do it. It is worth noting that in the case of some men, their role can be considered as an intermediate between care and “handymen.” This is an interesting phenomenon which makes it necessary to look at elderly care more broadly than just as direct care. Due to the situation of the elderly persons, their loneliness caused by the emigration of their closest family (children, other relatives) made it necessary to hand over some of the work to the migrants because they are no longer physically able to do it themselves, and there is no one to help them. In this sense, they should be considered as part of the care chain. Although the concept of the global care chain emphasises the social and emotional nature of care, typical of elderly care (Tronto, 1995), which is not typical of “handymen,” it may be included in this concept due to Polish specificity. This is in line with the observations of other researchers, who have observed that the phenomenon of “handymen” is in many respects the “masculine equivalent” of the outsourcing of “feminine” domestic work and the emergence of global (mainly female) care chains (Palenga-Möllnbeck, 2013; Perrons et al., 2010; Ramirez & Hondagneu-Sotelo, 2009).

The employer’s demand for labour is an important tool to understand gender employment patterns and mobility of migrants (Mahler & Pessar, 2006). Care work is

most often analysed from the point of view of “female employees and female employers” and focuses on the experiences of migrants — women. Based on the research, some differences between migrant men working in the broadly understood elderly care were noticed.

## *Conclusions*

Elderly care is a job that is often difficult to conceptualise unambiguously, as it can cover many aspects — from direct care of the senior citizen (care, dressing), help with housework (cleaning, laundry, cooking) to help with the widely household chores (shopping, gardening). Working in the care sector, including elderly care, is mainly associated with women: daughters, daughters-in-law, or migrant women. It is less often provided by men, including male migrants. The presence of men in this sector may be highly desirable in the long term. Referring to the question posed in the title based on the research conducted, it can be said that there is a place in senior care for male migrants who would like to work in this area. They may be more present, among others due to the need to look after other older men for whom the presence of another man may be easier to accept. However, the decision made by the elderly family or the senior himself to employ a man for care may result from different reasons than in the case of migrant women.

Migrants fill the demand gap in the market for elderly care services in developed countries with an ageing population, including in Poland. They complement the care provided by families and public institutions. It can be expected that the demand for them will grow, all the more so as the Polish market of elderly carers is understaffed. For many years, Poles have been going to work abroad in this sector, mainly due to more attractive earnings (Spencer et al., 2010). Poland has thus become a place where two international “care chains” intersect (Hochschild, 2012).

It is worth noting that the share of men in the studied group of migrants working in elderly care was relatively high, for example, in the studies conducted in Italy, men constituted slightly more than 12% of the total (Sarti, 2010) and 6% in Australia (Willis et al., 2018). What is important, in the study group, it was found that the majority of the respondents had higher education (there were physiotherapists among them). Furthermore, it was observed that education and qualifications influence the nature of employment and the position on the labour market. People with specialised education worked legally.

The aim of the study was to fill a research gap, i.e. confirm or deny the differences between migrant women and migrant men working in elderly care. The study made it possible to find answers to the questions posed in the introduction. It was found that there are differences in motives for migrant women and migrant men to take up employment in elderly care. The former are more often guided by networks of contacts, their own skills and altruistic considerations, while men tend to look at the pragmatic side of this employment. Also, it was found that in the studied group, the gender of the migrant carer influenced the nature of work and scope of responsibilities. Women were more likely to

work directly on the care of the elderly citizen, and men also assisted in the garden or the homestead. The study, therefore, closes the gap in identifying the differences between migrant women and migrant men working in the field of elderly care. It has proved that there are different reasons for their employment and has confirmed that migrant women and men see their work in elderly care slightly differently.

The conducted research also expands the knowledge on the role of migrant women and men in senior care in a new, rarely studied so far in this topic region of the world, which is Central and Eastern Europe. Countries in this area, including Poland, have so far been perceived mainly as sending caregivers for seniors, primarily to Western European countries. It also broadens the knowledge about the functioning of male migrants on the labour market in the segment perceived as unattractive. The novelty of the article is the fact the research has been conducted in a country where conservative values are still strongly rooted in the host society, including the division of works into feminine and masculine.

It is worth noting that the presence of migrants with education in line with the nature of their work, on the one hand, has a positive impact on the standard of care provided, which is performed professionally, but on the other hand, this phenomenon has negative consequences resulting in the incomplete use of qualifications (brain drain) (Brzozowski, 2010), and in the long run in their loss by a group of highly qualified people. Thus, it is a very undesirable phenomenon from the point of view of competitiveness and innovation of the economy of the receiving country (Bębenek, 2015; 2017). It is a barrier to implementing processes, such as diversity management in organisations (Maj, 2017), which in turns has a significant impact on the competitive advantage of organisations and the economy (Maj, 2020; Sauberer et al., 2018). It is also important to use their qualifications, taking into account the emigration of Polish medical staff (Organiściak-Krzykowska & Kowalewska, 2021).

The limitation of the study is that non-probability sampling methods were used to select the sample. The performed research is their qualitative, preliminary nature. It is not possible to generalise the results. Another limitation of the research is the difference in the number of men and women included in the study. Almost three times the difference in the number of respondents may influence some of the conclusions drawn. Despite these limitations, the study is a useful step do identify the differences between women and men in elderly care. Although the interviewers explained that they do not belong to any government or regulatory body and that they are interested in people's motivation and do not judge it. Their goal was to learn about the phenomenon. In Poland, due to the growing demand for foreigners in the field of elderly care services, the research should be continued to broaden the knowledge concerning, among others, the factors of the influx of immigrants, both men and women, to the elderly care sector, qualifications of foreigners (and possibly raising those qualifications at Polish universities, which could be an impulse for higher education institutions) the wage conditions, employment prospects, support for the legalisation of their employment (Piotrowski, 2019). and the development of employment agencies in this segment. It is very important to determine whether migrant work in elderly care is complementary or substitutionary (Kubiciel-Lodzińska, 2019). Do seniors' families use

foreigners' help or do they pass the responsibility for their loved ones on to them? It would also be crucial to determine the value of the work of immigrants who provide elderly care. In a global context, it is certainly worthwhile to examine the role of men in the care chain and their expectations and plans for taking up employment in this sector.

It is recommended to facilitate the legalisation of residence and recognition of qualifications by persons with higher education in nursing or rehabilitation, enabling them to participate in professional and language courses.

For migrants, working in elderly care is often one of many options, so the nature, flexibility and availability of jobs in this sector can be important. Therefore, the work of foreigners may not be a real long-term solution to the problem of labour shortages among care personnel (Pemberton & Stevens, 2010).

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