Insider perspectives of ‘outsiders’

A phenomenological study on migrant care workers in Italy

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15-06-2017

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‘It is a difficult job, but if you do it with your heart.. then it does not always feel difficult’

Mara, Romania

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Preface

The topic of this thesis is migrant care workers in Italy who give one on one care to the Italian elderly in exchange for 'room and board', and a minimal salary. The idea to write my thesis about this subject arose approximately one year and a half year ago, when I learned about this phenomenon during a course of the Master 'Care Ethics and Policy'. The subject immediately triggered me for several reasons. First of all it intrigued me that this type of care was almost invisible, and very present and increasing at the same time. Secondly, the public opinion seemed to be quite radical in either encouraging or strongly disapproving this kind of domestic elderly care, but I kept wondering how the caregivers and care recipients experience their daily care practices themselves. On a personal level, the context of the topic interests me since I fell in love with Italy a few years ago. I lived and studied in Italy before, and I felt at home immediately. How would the women and men coming to Italy to work as a family assistant feel when they arrive? Summarizing, studying this subject felt like a great opportunity to dive into this interesting country and her residents more deeply.

In order to collect my data and write this thesis, I lived in Milan for three months. Thanks to an exchange-programme I was able to prepare and conduct this research as an Erasmus+ student at the University of Milan. I owe a lot to the persons who made this exchange, and therefore writing this thesis, possible. Especially the professors and teachers who supported me on an academic level have been a great help to me. I want to specifically thank Merel Visse, who consulted me in every possible way and helped me with her constructive feedback. I would also like to thank Gigliola and Marina from the Family Assistance Desk at Sesto San Giovanni where I conducted most of my interviews. Without their hospitality I would not have been able to write this thesis.

It has been a bumpy road with obstacles and deep valleys, but also full of meaningful conversations and touching encounters. As a result, my thesis is lying in front of you, my thesis as a completion of the Master Care Ethics and Policy. May you enjoy reading it.

Selma Haverkate, 15th of June 2017

Summary

Objectives: This study aims to gain more insight in the perspectives of migrant elderly home care workers in Italy. In scrutinizing the experiences of these caregivers this research seeks to understand what these experiences mean in terms of good caring, to deliver a contribution to the care ethical field of inquiry.

Background: As a consequence of an aging population and limited social services in Italy, the demand and supply of elderly care are out of balance. An increasing phenomenon is to hire a family assistant; these mainly immigrant women give daily home care and often live-in with the elderly. The family assistants are hired on an enormous scale, but their perspective is barely represented in public and political debates. How do they experience being a family assistant in Italy?

Method: The data is collected by conducting in-depth interviews and participative observations. An Interpretative Phenomenological Analysis is used to analyse the data.

Findings: Family assistants have dynamic positions towards their care recipient, they feel both dependent and in control. Within the caring relationship they try to build, they seem to constantly balance between proximity and distance. The family assistants fully commit themselves to the needs of the care recipient, and experience their own limits in doing so.

Conclusion: It is not always taken into account the family assistants are dependent and vulnerable too. They are attuned with the care recipient but they do not always attune with themselves or receive care themselves. Therefore it is questioned whether this is good care, seen from a care ethical perspective.

1 Introduction

1.1 Background

Europe's population is aging and as a consequence the costs of healthcare are rising (Besliu, 2017). While healthcare costs are rising, in many European countries the social services of welfare states are decreasing as a result of neoliberal influences (Cox, 1998). The demand and supply of healthcare for elderly are out of balance and alternative solutions are being sought (Bettio et al., 2006). Consequently, the amount of informal care workers is increasing in different European countries. Particularly in Italy there is a significant trend going on of mostly immigrant women who permanently live-in with the elderly and give them one on one care (Di Santo & Ceruzzi, 2010). It is notable that financial reasons are not necessarily the driving force in Italy to prefer domestic care to a residential senior home for the elderly. Even families that could easily afford a qualitative good residential senior home consider it to be more loving and respectful to keep their relative in his or her own house and hire a 'badante' (Ambrosini, 2015). The term 'badante' has been circulating in Italian public discourse since early 2000 to refer to these caregivers (Besliu, 2017; Hepworth, 2016). 'Badante' is derived from the Italian verb 'badare', which means 'to look after' or 'to watch'. Originally this term has been used for persons caring for animals, but over time it got redefined as a migrant caregiver (Hepworth, 2016). The last years the term got contentious because of the implicit negative association of elderly and animals. Thereby the term refers to a passive activity instead of actively giving care. Using the term 'badanti' is considered to be implicitly insulting for both the caregivers and care recipients (Barkhoff & Eberhart; 2009). Taking this into account I will not use this term, but refer from now on to family assistants, migrant elderly home care workers or caregivers (Di Santo & Ceruzzi, 2010; Muehlebach, 2012).

Since a lot of family assistants are working irregular in the black economy, it is difficult to calculate the exact amount of family assistants in Italy, but between 2002 and 2009 at least 900.000 migrant family assistants were regularized. The number of foreigners working in the field of family assistance has increased by 173% between 2000 and 2007 (Di Santo & Ceruzzi, 2010). Although the amount of migrant elderly caregivers are rising, the irregularities and the domestic context of the caring make these caregivers simultaneously invisible. The invisibility of the domestic elderly care workers in public and political life, combined with the fact that many caregivers work without contracts create a high risk of

exploitation of the caregivers (Ambrosini, 2015; Besliu, 2017).

1.2 Societal scope

Although migrant family assistants are hired on an enormous scale, and they are considered to be socially useful and possibly even necessary, there is a paradox notable in the way they are being (de)valued (Ambrosini, 2015). Political representatives and many citizens in Italy share a negative perception about migrant care workers being fortune seekers and exploiters of the elderly who are mostly interest in their inheritance (Besliu, 2017). The migrant care workers are also dominantly framed negatively in their home countries since many of them have children (Besliu, 2017; Hochschild, 2005). Consequently the caregivers are considered to be bad mothers who are abandoning their children (idem). As an additive consequence of many caregivers being mothers, a care gap arises in their home countries (Hochschild, 2005). The caregivers are receiving misrecognition not only on a personal level, but also their profession is being devalued. Partly this is a general aspect of how care practices are viewed (Tronto, 1993), partly this is a result of specific conditions of this type of care: 'The requirement of cohabitation, the request for availability which may extend into the night hours and even around the clock, and living with illness and physical and mental decline - make this particularly arduous work' (Ambrosini, 2015, p.5). As a consequence some see it as a well-suited solution that migrants are willing to take this heavy job, others consider the family assistants to be modern slaves (Besliu, 2017). In both ways their care practices are being devalued, and it is noteworthy that the way caregivers value their practices themselves is underexposed in the public discussion.

1.3 Scientific scope

As described above, the position of migrant care workers takes a limited place in the public and political debate, while the amount of migrant care workers has grown exponentially and is expected to increase continuously in the coming years (Di Santo & Ceruzzi, 2010). The phenomenon has been studied a lot in different scientific disciplines and many articles are published in academic journals, which makes migrant elderly care in Italy a very current and relevant topic. It is notable that most researches are mainly theoretical and focus on the efficiency and costs of the 'care at home' (Di Santo & Ceruzzi, 2010). Besides the researches on efficiency, a great amount has been written about the regularization policies and about the

political consequences of migrant care. There are for example several researches comparing different European countries on the challenges of long-term care (LTC) needs being answered by migrant care workers, aiming to search for 'the most satisfactory outcomes for everyone' (idem; Da Roit et al., 2007). It can be questioned though in what extent quantitative researches focusing on economic effects take the perspectives of caregivers into account. As Van Heijst (2011) notes, the dominant discourse in thinking about public affairs is in economic terms. The focus lies on productivity and growth but the reflection on whether something is good or bad seems to be lost. 'When discussing what is right and wrong about a particular policy, we need a broader interpretation of those words than simply their economic sense' (Van Heijst, 2011, p. 202). Besides the quantitative researches there is a smaller amount of qualitative, empirical researches on experiences of this type of care. The qualitative researches derive from a neo-liberal, dominant view of autonomous human beings and define caring in a (too) narrow way.

1.4 Care ethical approach

This thesis positions itself in the care ethical field of inquiry and therefore derives from a different position than the studies conducted so far on this topic. I will briefly describe several characteristics of care ethics to delineate what this thesis could add to the ample amount of researches on migrant elderly home care in Italy. In the next chapter I will further elaborate the underlying care ethical conceptions and theories of this study.

Care ethics is a relatively young, interdisciplinary field of inquiry that is characterized by several critical insights (Leget et al., 2017). It is notable that care ethics is not defined as a moral theory or discipline on its own, but consists of multiple related thinkers sharing 'a mosaic of insights' (Held, 2006). One of these insights is that care ethics opposes the dominant idea of humans being autonomous, but derives from the interrelatedness of people. Humans are connected through a web of (caring) relations and are therefore reciprocally interdependent. Moreover, every human is at one or more stages in life vulnerable and dependent on the care of others (Held, 2006; Kittay, 1999; Tronto, 1993; Van Heijst, 2011). This idea of a shared relational web of interdependency describes the way humans relate to each other in a more adequate way than the presupposition of humans being autonomous and independent (Van Heijst, 2005; 2011).

Secondly, care ethics is a normatively driven ethics, which means care ethicists always seek to understand the morally good. The morally good can be found in practices, not

in theories (Walker, 1998). Within practices, within the particular, the morally good emerges (Leget et al., 2017). Additionally, care ethics states that care is always a moral practice and acknowledges the complexity and contextuality of caring (Lachman, 2012). Therefore the question considering what good care is, is always taken into account in care ethics.

Furthermore care ethics conceptualizes caring in a broad and inclusive way. Care is not 'just 'a set of principles or actions but caring is a political, moral and social practice (Tronto, 1993). Caring is often reduced to a private matter, and therefore seen as irrelevant on a political level, but in reality caring plays an important role in every aspect of our lives and societies. 'Caring is not only a practice of individuals in their private sphere. Rather, caring builds society. And since caring always involves power, it is political at every level' (Tronto, 2010 in: Van Nistelrooij, 2014, p.15-16).

1.5 Relevance and research question

Because of the unilateral approaches of the studies conducted so far on this topic, it is highly relevant to study this phenomenon from a care ethical perspective. Care ethics has a more including view on caring, which can provide new insights on this topic. As I delineated, the phenomenon of migrant elderly care in Italy is very complex, and is subject to various sociological, political, cultural and psychological aspects. The multifocal lens of care ethics is useful in taking these contextual aspects into account as well. However, this thesis is focused on deepening out the meaning and significance given to these care practices, rather than viewing them in a broadening or widening sense. Specifically, this study concentrates on the experiences of the caregivers. As stated above these perspectives are underexposed in both public and academic debates. In order to get a fuller understanding of this phenomenon the perspectives of the caregivers should be taken into account. Apart from that, it is intrinsically relevant to gain a deeper insight in the experiences of persons being daily involved with this type of caring. This applies to the experiences of the care recipients as well, but due to the time limitation of this thesis I have limited the focus solely on the perspectives of the caregivers. Therefore the central question of this research is:

How do family assistants giving care to the elderly at home experience being a family assistant in Italy and what does this mean for good care?

This central question is divided in four sub-questions:

1. What is (good) care seen from a care ethical perspective?
2. How do family assistants experience their daily one on one elderly care practices at home?
3. How do family assistants in Italy experience being a family assistant?
4. What do these experiences mean for good care?

The first question contains an overview of existing views on caring in a conceptual way. These perspectives will provide the theoretical, care ethical lens of this thesis. The second and third question comprise the empirical part of this thesis. Care ethics is not an abstract ethics but studies the particular, since the particular provides us with (moral) knowledge. The fourth sub-question is to be answered by conducting a normative, care ethical reflection on the findings. The question of the morally good is always at stake in studying practices, particularly because (good) caring is situational and contextual. It should be noted that these four sub-questions will not be answered one by one but create a structure in answering the main research question in the concluding chapter.

1.6 Clarification of concepts

Experience. Experience is one of the central concepts in this study. The significance of experience is derived from the phenomenological approach. Experience is understood in this study as 'reality as it is seen and lived by the participants' (Dierkx de Casterlé, 2011, p.234). In the methodological chapter I will discuss 'experience' and 'phenomenology' extensively.

Daily one on one care practices. The care practices are not strictly one on one, experiences of family assistants caring for an elderly couple are also included.

Care manager. The care manager is the person who takes care of hiring the family assistant and managing practical concerns like arranging contracts. Usually the care manager is the daughter or son of the elderly person (Ambrosini, 2015).

Family Assistance Desk (Sportello di Assistenza Familiare). This is a help desk, promoted by a municipality, where information is provided about home-based elderly care. At a Family Assistance Desk elderly in need of care, and family assistants in need of a job are interviewed and registered in order to make appropriate matches (Da Santo & Ceruzzi, 2010).

Fixed base. Working on a fixed base means working around the clock. The family assistant lives in with the elderly person and mainly has two hours off per day (Degiuli, 2007).

External base. Family assistants who work on an external base are not living in with the elderly, but work either during the day or during the night (Degiuli, 2007).

Informal care. Traditionally informal care is defined as family-based care, whereas formal care is characterized as public-based care. Defining informal care by characteristics as unpaid care, care given by relatives or friends (non-professionals), and care without contracts regarding care responsibilities, is no longer accurate (Triantafillou et al., 2010). The boundaries between formal care and informal are blurred into a mixed field of care with both informal and formal aspects (idem). Family assistants are mainly non-professionals, meaning they are not trained, qualified or licensed, but in Italy there are increasing possibilities of becoming (semi-)professionals by trainings and regularization (Di Santo & Ceruzzi, 2010). By working in the private sphere associated with informal care, and simultaneously being financially compensated for their caregiving, family assistants find themselves in a grey area.

1.7 Objectives

This study has several objectives, consisting of a theoretical, empirical, transformative and a care ethical objective. Through an empirical research the aim is to gather more knowledge over and insight in the experiences and perspectives of migrant elderly home care workers. This theoretical objective might contribute to an empirical purpose: making the perspectives of caregivers more visible in the ongoing debates; both on an international-national level as in political and scientific debates. Thirdly this study has a care ethical objective by seeking to acquire a deeper moral understanding of these care practices and to deliver a contribution in thinking about what good care is. Through studying the experiences of family assistants insights can be gained about what is the morally good that emerges in their caring practices. An overall purpose of this research can be considered to be emancipatory: to give a voice to the minimized perspective of family assistants (Creswell, 2013).

2 Conceptual exploration

2.1 Care ethical exploration

One of the central concepts of this thesis is 'care', and therefore it is highly important to deepen out this concept in a theoretical way. This conceptual exploration is also used in a subsequent chapter to reflect on the empirical part of this thesis, in order to give the findings a grounded meaning. Theory and empiricism are related in a dialectical way to each other, which means they interact and complement each other[1]. In this chapter I will focus on the theoretical part by discussing different (care ethical) views on 'care' and 'good care'.

Care as a practice

In this research I follow Joan Tronto (1993; 2013) in defining care as an ongoing process consisting of five phases. The interconnected, but separate phases are caring about, taking care of, caregiving, care-receiving and caring with. Every phase of caring is connected to an ethical element of care. In defining care as a process that consists of different phases, it becomes clear that care is more than a disposition. Care is a practice, that involves both thought and action. The practice of caring is directed towards something, which reveals the teleological character of caring (Tronto, 1993; 2013). Care ethicists focus not only on the action of caring itself, but include the context as well. Care is always situational, and its complexity emerges in the multilayered character of caring (Van Nistelrooij, 2014). Therefore the context and particularity of a practice should always be taken into account. Care is considered to be relational; both the caregiver and care recipient are dependent and vulnerable which makes caring relationships reciprocal (Tronto, 1993). I elaborate these notions in the subsequent paragraphs.

Dependency and vulnerability

Kittay (1999) argues humans are inherently dependent. She does this based on the assertion that 'everyone is a mother's child' and assumes that everyone has a fundamental need for relationships. In our interrelatedness and interdependency we are all vulnerable. Kittay emphasizes the idea that not only the care recipient is vulnerable, but the caregiver is vulnerable too. Van Heijst (2011) warns for the idea of self-sacrifice in which the caregivers

[1]http://zorgethiek.nu/wp-content/uploads/2015/09/Notitie-over-de-Utrechtse-zorgethiek-definitief-2015.pdf

forget their own mental and psychical integrity. The caregiver is not a power- woman or man, but someone who is fragile and who also has needs (Kittay, 1999; Van Heijst, 2011). The vulnerability of the caregiver is worse when the caregiver is poor, a woman, an immigrant or a person of color. Inequality in position makes the caregiver vulnerable to domination and exploitation. Therefore giving care to someone who is dependent makes the caregiver vulnerable as well (Kittay, 1999). There seems to be a complex balance of power in the way caregivers and care recipients relate to each other. Both caregivers and care recipients can exert power (Van Heijst, 2011). The relation between caregiver and care recipient can therefore be described as an unequal, dependency relation (Kittay, 1999). Equality is understood here as the conception of humans as free and autonomous agents, and since caregiver and recipient are not autonomous to the same extent, their relation cannot be viewed as equal.

Connectedness through dependency

Kittay proposes an alternative way of defining equality. She takes connectedness as a base instead of separateness and speaks of connection-based equality instead of an individual-based equality. The claims of this type of equality are due to the 'connection to those with whom we had and are likely to have relations of care and dependency' (Kittay, 1999, p.66). The base of connectedness creates a different understanding of ourselves, one in which we view ourselves as inherently related to others. It is crucial that also the caregiver is considered to be vulnerable and dependent, just like every human being is, and that therefore there is a social responsibility of being concerned with the well-being of the caregiver, so he or she can be treated as 'mother's child' too. This is crucial in two ways; first of all because otherwise the caregiver is treated unequally, and secondly the caregiver would not be able to meet the needs of the care recipient. The caregiver must be cared for to be able to care (idem). Within the complex, life-sustaining webs of human life care is a fundamental and central aspect, and so is our (inter)dependency (Tronto, 1993).

Reciprocity

Deriving from the connected-based equality of people, I will have a closer look on the caring relationship itself. The fourth phase Tronto distinguishes, care-receiving, forms an important and indispensable link in the practice of caring. Without this aspect we would not be able to define a certain practice as care, since care is a reciprocal process between care recipient and caregiver. Reciprocity is an element that could be considered to be part of human

relationships in general, because of the ability we have to give meaning to each other's lives by taking part in them (Dresen, 2001 in: Van Heijst, 2011, p.187). Van Heijst (2011) takes the idea of reciprocity a step further in her view on caring relationships. She considers caring relationships as not just an economic encounter of give and receive, but as a multilayered interaction of giving and receiving care. According to Van Heijst we are not only giving to receive something, but giving can be derived from a certain gratitude. This third element has a moral significance and is part of what she defines as the 'triadic model of caring' (idem). Furthermore Van Heijst notes that caring relationships have a certain kind of intimacy that cannot be find elsewhere. Between a care recipient and caregiver there is simultaneously a professional distance and a personal closeness going on.

Responsibilities

Whether you give care to someone *seems* to be dependent on whether you consider it to be your responsibility to give this kind of care. However, the allocation of responsibilities involves more than simply choosing. Margaret Urban Walker (1998) specifies the practice of caring as a practice of responsibilities. Within these practices of responsibilities morality is located and social differences are reflected. Interpersonal contexts including (a lack of) different power positions and privileges, play an important role in the process of allocating responsibilities (Berghs et al., 2006). Practices of responsibilities are not only influenced by interpersonal aspects, but also shape them. Identities, relationships and values are intertwined with our responsibilities (Visse et al., 2012; Walker, 1998). According to Carol Gilligan (1982) a moral problem arises when there are conflicting responsibilities, which refers to a contextual and narrative way of thinking about morality instead of an abstract and universal interpretation of what is right and what is wrong. 'Responsibility is both central and problematic in an ethic of care; responsibility is among the handful of concepts that require constant evaluation' (Tronto, 1993, p.131).

Kittay (1999) concentrates on a particular kind of responsibilities, those that refer to something neither coerced, nor voluntarily chosen. Often we do not question whether these kind of expectations or responsibilities are valid. But by accepting these responsibilities we do not do justice to our capacity of acting in a just way.

Global chain of caring

When we consider the practice of caring and how caring responsibilities are allocated, it becomes clear that caring responsibilities and tasks are not equally divided. By looking

closely at questions like ‘who cares for whom?’ care seems to be gendered, raced and classed (Tronto, 1993). The practice of caring is devalued and marginalised in society and this creates some serious consequences. One of these consequential mechanisms is the existence of ‘privileged irresponsibility’: those who can pay others to take over their responsibility of caring avoid responding in a direct way to the caring needs of others exposed to them (idem). This seems to contribute to an even more marginalised position of caring within our society and the devaluation of those who give care. The unbalance of caring roles has not only societal effects, but this unbalance can been seen worldwide. Arlie Hochschild (2005) introduces the term ‘a global chain of caring’, to refer to the practice and distribution of care on a global scale. The way paid and unpaid work of caring is distributed across the globe creates a chain of personal links between people (Hochschild, 2005; Lyon, 2006). ‘Each kind of chain expresses an invisible ecology of care, one care worker depending on another and so on’ (Hochschild, 2005, p.35). This globalisation of care has a great emotional cost for the people directly or indirectly involved, as a consequence of being separated from their mothers, fathers or children. New inequalities are rising in the access to care and these new dependencies (Lyon, 2006). Hochschild states that within this globalisation of migration ‘migration has become a private solution to a public problem’ (2005, p.36). However, through this chain of caring it becomes clear that care is not only a personal matter situated in the private sphere, but the practice of caring arises through social, economic and political choices, and should therefore be recognized as such (Lyon, 2006). Caring is now a ’pass-on job' which influences the lack of reward giving to the caregivers (Hochschild, 2005). Tronto (1993) states that only by understanding care as a political idea, care practices can be valued instead of marginalised.

Good care

The question considering ‘good care’ is a very relevant but complex question. Since care is seen as a relational and highly situational practice there seems to be no general answer on what good caring is. Defining good care is highly dependent on the underlying view on morality. Walker (1998) has developed an expressive-collaborative view on morality as an alternative to the theoretical-juridical model. In this research Walker’s expressive-collaborative notion is followed by firstly stating that morality is expressed in our senses of responsibility. Secondly, morality is interpersonal; the good is constructed among people. Through exploring and relating plural perspectives, diverse types of knowledge and research methods, and through dialogue we can access the good (Leget et al., 2017; Walker, 1998).

Good care is considered to be ‘the outcome of a particular practice where personal and political conceptions of care and the responsibility practice come together and are closely intertwined’(Visse et al., 2015, p.12). Moreover, good caring is a constant attuning with ourselves, others and the environment in order to live in our world as well as possible (Leget et al., 2017; Tronto, 1993, 2013).

2.2 Sensitizing concepts

The purpose of formulating sensitizing concepts is to alert the researcher to certain important aspects and make the researcher more sensible for these elements during the collection and analysis of the data (Bowen, 2006). Therefore I distilled a select amount of sensitizing concepts, but I would like to emphasize these concepts are not directive or shaping boundaries in the way I look as a researcher. Based on the conceptual exploration, I formulated the following sensitizing concepts:

- Feeling (de)valued
- Experiencing loneliness
- Feeling vulnerable
- Identity
- Relations
- Values
- Feeling (in)dependent
- Feeling gratitude
- Feeling included/excluded
- Having emotional pain

2.3 Positioning

This research positions itself within care ethical topics as dependency and interrelatedness and views care as a moral, political and social practice. Furthermore care is considered to be a practice of responsibilities, directed towards something.

3 Methodology

3.1 Approach

As elaborated in the previous chapter this research derives from a care ethical approach. The ontological assumptions of this thesis are based on an interrelational perspective of humans and a social-constructivist view of reality (Creswell, 2013; Van Der Meide et al., 2015). People give meaning to their lives and to events in relation to other persons. These events and our realities are not existing objectively outside us but are socially constructed; in interaction they obtain their meaning (Creswell, 2013; Visse, 2012).

Furthermore, the underlying theoretical approach of this research is based on phenomenology since the experiences of a certain phenomenon take a central place in this qualitative research. Phenomenology acknowledges that humans experience the world in different ways and therefore studies the lived experience of phenomena in order to understand the essence of a phenomenon (Creswell, 2013; Van Der Meide et al., 2015). Experience is defined in this thesis as 'reality as it is seen and lived by the participants' (Dierckx de Casterlé, 2011, p.234).

The underlying epistemological assumption of this study considering the question how knowledge can be acquired, is based on the researcher playing an active role in the dynamic process of making sense of her study object. This active role is due to the personal conceptions of the researcher that cannot be eliminated completely. This elimination is not considered to be necessary or desirable since these conceptions are required in order to make sense of the participant's personal world (Smith & Osborn, 2008). Acquiring knowledge is an interpretation process, and in this particular thesis it is considered to be a two-stage interpretation or double hermeneutic process: the participants are interpreting their world and the researcher is trying to interpret the participants trying to interpret their world (Smith & Osborn, 2008).

3.2 Method

Within this care ethical, phenomenological research the used method is 'Interpretative Phenomenological Analysis' (IPA). The method of IPA focuses on understanding the lived experience of the participants and the way they give meaning to these experiences (Smith & Osborn, 2008). The aim is to understand in detail the perception of the participants, instead of

being able to generalize (idem).

3.3 Study selection

The research sample consists of eight migrant family assistant giving domestic elderly care in Milan, and their lived experiences form the focus of this inquiry. In order to get a broader view of domestic elderly care given by family assistants I conducted two interviews with two care managers and one interview with an Italian family assistant. These respondents are not part of the research sample but their experiences put the experiences of the family assistants into perspective and provide more context of working as a family assistant.

Initially it was difficult to gain access to the research population and to find respondents who were willing and able to talk about their experiences[2]. Because of the experienced difficulties in finding participants, the used sample strategy is convenience sampling, which means the research sample consists of the most accessible participants (Marshall, 1996). Inclusion criteria were: having a non-Italian nationality, currently work or have worked as a family assistant on a fixed basis in Milan, having emigrated to Italy and currently living in Italy.

Overview of respondents

Rsp No	Name	Country of origin	In Italy since	Age
1.	Laura	Ecuador	2001	48
2.	Julia	Ecuador	2000	40
3.	Lena	Peru	2006	45
4.	Mara	Romania	2005	38
5.	Isadora	Salvador	2014	28
6.	Lisa	Peru	1999	50
7.	Olga	Russia	2002	56
8.	Anna	Peru	2007	42

3.4 Data collection

In this research two forms of data collection are used: interviews and participative observations. These two forms complement each other in order to have a fuller understanding

[2] In the Appendix of this thesis a document is added wherein I reflect on the difficulties I experienced in collecting the data.

of the participants' experiences. The interviews provide insight in their individual perspectives and due to participative observations the context of the experiences is taken into account (Van Der Meide et al., 2015). The data consists of transcripts, thick descriptions, field notes and memos.

In total I conducted eleven interviews, whereof eight with eight different migrant family assistants. These in-depth interviews were semi-structured. An interview guide is designed and used to provide a frame for the interview, but the interviews simultaneously had an open character to be able to explore other relevant topics that were brought up (Creswell, 2013; Smith & Osborn, 2008). The interviews are audio-recorded and transcribed verbatim to be able to stay as close as possible to the formulations of the respondents. One participant did not give permission to audio-record the interview, a thick description has been made of this interview. Ten interviews were conducted in Italian, one interview was held in English. I have translated all the Italian transcripts into English before analysing them.

The second source of data is provided by observations. Partly these observations consist of the attempts to get access to the participants and the informal conversations with possible participants who decided not to be a respondent. Other observations are made at a Family Assistance Desk at one of the local municipalities of Milan (Sportello di assistenza familiare di Sesto San Giovanni). Four observations are held, lasting one hour to four hours. The observation setting was informal, and the observations consist mainly of informal conversations with family assistants and employees of the family assistance desk. I took field notes during and after the observations to capture different aspects, and in the writings I distinguished descriptive notes and reflective notes (Creswell, 2013).

3.5 Data analysis

In order to analyse the data the software-program Atlas.ti is used and the transcripts are encoded. Analysing the data and collecting data has happened simultaneously. This hermeneutic-dialectical circle of data collection and data analysis stimulates diversity in the data collection (Visse, 2012). An inductive content analysis is conducted in this study, divided in four steps, which are described by Smith and Osborn (2008):

1. Looking for themes in the first case. In this stage the transcripts are closely read and reread to grasp significant fragments, words or themes in the participant's sayings. The fragments are labeled by an interpretative code. This stage of open coding is aimed at staying close to

the participant's words. In this stage a lot of reflective memos have been written, in order to divide my own thoughts and feelings from those of the participants as much as possible.

2. Connecting the themes within the first case. The second stage is meant to categorize all the themes found in the first stage. This process of categorizing and ordering is also an ongoing process of going forth and back between the themes, categories and individual phrases to verify if they connect with each other. Labeling categories is called axial encoding.

3. Continuing the analysis with other cases. The different themes and categories of one transcript are connected to the themes and categories of other transcripts to incorporate them with each other. In this third stage of selected coding main themes and findings are distillated, however individual differences and nuances are taken into account as well.

4. Writing up. The final stage of writing up cannot be seen apart from the analysis process because the analysing and interpreting continues while writing down the findings.

In analysing the two interviews held with two care managers only the first step has been conducted. The transcripts are closely read multiple times until the most significant themes emerged. Atlas.ti is not used within the analysis of these interviews, but phrases about important events or deep emotions have been written down. Eventually the aspects that emerged to be the most meaningful are used to write a narrative. This has been a very interpretative and reflective process (Creswell, 2013).

3.6 Ethical considerations

One of the purposes of this research is to give family assistants a voice, but one could consider if it is just that I - as a Dutch student - am the one who is giving them a voice. I do not have the same mother tongue as the respondents and I do not share their cultural, social and religious background. Can they truly speak through me and this research? Am I doing justice to their stories and experiences while I possibly lack essential insiders information because of my different roots? These aspects are particularly important to take into account since the participants can be considered to have a relatively vulnerable position (Creswell, 2013).

This study aims for anonymity of the participants considering the personal and confidential content of their shared experiences. Therefore pseudonyms are used in this thesis instead of the real names of the participants (Visse, 2012). Almost all participants have

signed an informed consent-document, as an agreement of their privacy protection and to ensure they are well informed.

Another ethical consideration concerns the study selection. Seven participants are interviewed at the Family Assistance Desk after they had an intake because they are searching for an additional or new job. They were asked by an employee of the Family Assistance Desk if they wanted to participate in this research. It can be questioned how free they felt to refuse to be interviewed, particularly the ones without any employment at the moment of interviewing.

4 Findings

In this chapter I will present the findings of the empirical research. The presentation of the findings are introduced and concluded by two vignettes describing the experience of two care managers. A vignette is 'an illustration in words' (Lavrakas, 2008). A vignette gives a short impression by creating an atmosphere of a certain setting or subject[3]. These vignettes provide a context, wherein context not only refers to the circumstances or the totality of conditions in which a phenomenon occurs, but also to the text surrounding certain words. By starting and ending with these vignettes they literally enclose the experiences of the family assistants and give them a more profound significance.

Vignette 1 - The lonely wolf

Dana's mother passed away a few years ago, and by talking about it, Dana is reliving her memories again, the good and the bad ones. She had a very positive experience with the first family assistant, Lara, who lived with her mother for one and a half year. Her relation with Lara has been very good, and there was a lot of affection between them. They created a relation of maximum trust, which Dana considers to be of the utmost importance. 'After all, you leave your mother in the hands of someone else', she says. Her mother had some difficulties with Lara because she did not want to accept a stranger in her own house. Dana praises Lara because she wanted Dana not to interfere in this caring relation and with the difficulties Dana's mother was having towards Lara. Lara said that it was important they would figure things out with the two of them, and try to build a stable relation. Dana did not only feel good with the personal relation she had with her mother's caregiver, but was also satisfied with how Lara cared for her mother in a professional way. Lara had previous experience as a nurse and she exactly knew what she needed to do. 'She was like a lonely wolf', Dana says. Protective and strong. The special connection Lara and Dana had, became visible in the sensibility they had towards each other's mood. If they would make a phone call, Lara always felt it if Dana was down or worried. During the summer Lara would go back to Ukraine to visit her family and Dana would arrange a family assistant who would alternate her in that period. After the second summer Lara did not come back. On a disastrous trip in Ukraine Lara got sick; first she was suffering from pneumonia and after she got a type of jaundice. Lara passed away that summer. It was and

[3] http://www.vineleavesliteraryjournal.com/

still is a big loss that such a valuable and beautiful person died, Dana tells. She never found anyone as good and as complete as Lara. After Lara's death several family assistants came and left, and Dana tells it was a truly difficult and painful period for her. Despite the painful loss of Lara she was dealing with, it was difficult to find someone who is both sweet and firm. Some of the family assistants were not attached to her mother at all and even bullied her. Dana repeats her mother was not an easy person and above all the job of a family assistant is very difficult because of the additive aspects as leaving your family behind. However, one experience was particularly negative. Just before the summer started she hired a new family assistant, and Dana left Milan for holidays. When she returned she found her mother in a completely different state as how she left her. Her mother had difficulties with talking and was facing physical difficulties as well. Dana figured out the family assistant gave her an excessive amount of the calming drops her mother used. When she brought it back to a regular dosage her mother slowly recovered. This has been very difficult for Dana, it felt like she found her mother being abused. It was a big issue considering trust and control, especially because Dana would normally pass by her mother every day, but she was not able to do so while being on holidays. Dana concludes she had good and bad experiences, fundamentally depending on the person, like with everything in life.

4.1 Introducing the main themes

Six main themes emerged from the data; 'balancing between proximity and distance', 'trying to build a relation', 'experiencing own limits', 'feeling dependent', 'feeling in control' and 'committing oneself'. In total the data has been labeled with 758 unique open codes, which led to 49 subthemes (families) and finally six main themes emerged. I will discuss and elaborate the six themes one by one and exemplify them with examples and quotations. In presenting each theme I will not discuss every single subtheme belonging to the main theme, but an overview of all the main themes and subthemes is presented in Figure 1.

Figure 1.


Feeling dependant.
Experiencing violence
Submissive position
Feeling dependant
Feeling pressured
Feeling bad
Struggling with heavyness of elderly care
Balancing between proximity and distance
Caring with affection
Keeping distance
Being cared for
Being on my own
Sharing intimacy
Saying goodbye
Being close to elderly
Feeling not welcome
Feeling appreciated
Feelings about family far away
Feeling in control.
Dominant position
Feeling confident about caring skills
Feeling in control
Feeling good
Having a good caring relationship
Experiencing own limits
Own needs
Setting own limits
Defining myself
Pushing own limits
Listening to myself
Sleeping complications
Trying to build up a relation
Trying to understand each other
Feeling trusted/distrusted
Trying to adapt
Building up a relation
Having a difficult beginning
Communicating
Learning by doing
Experiencing time passes
Comitting oneself
Responsibilities
Doing everything
Always staying attentive
Having patience
Not expressing difficulties
Staying positive
Emphasising elderly's sickness
Comitting yourself
Sacrificing yourself

4.2 Balancing between proximity and distance

The respondents experience an ongoing struggle in balancing between proximity and distance. This theme refers to several aspects of the experiences of being a family assistant. At first, it considers the caring relationship, how close or distanced the family assistants feel to their care recipient. Secondly, it refers to the physical distance family assistants experience towards their families living in their home countries and the feelings related to this distance. Thirdly, experiencing distance or proximity refers to how the family assistants experience the way they are supported; if they receive care themselves or if they feel like being on their own.

Feeling close - feeling distant

Several family assistants describe that the relationship with the care recipient feels like a very intimate and close relationship. They open themselves up towards the care recipient and get attached to them. One family assistant from Salvador describes that she puts a part of herself in giving care. To her this is more committing and it makes her more dependent on the care recipient, but she feels like this is needed in order to care well. Others describe they care with love, empathy, affection or with their whole heart. Mara from Romania says: *'We have to think everyone has a grandfather, a mother, a father, it could be ours. You see, you have to do it with your whole heart, with a lot of love'* (R4)[4]. To feel close and care with love also helps Mara in times it is difficult: *'Yes, it is a difficult job, but if you do it with your heart.. then it does not always feel difficult. If you do it with your heart and with love'* (R4). For some family assistants the connection with the care recipient is similar to a friendship or being family: *'I feel good there. They are feeling to me like family'* (R1). Another family assistant says that as a family assistant you *are* the family of the elderly: *'We are the family assistants who are their family. We cry, the family assistants cry more than the family* [when the elderly person passes away]*'* (R2). Two other family assistants specifically say they care for the care recipient as it is their own grandmother. Isadora gave care to her own grandmother, but her grandmother passed away. Now, when she gives care to the Italian elderly, it reminds her a lot of her grandmother. She does with them what she would have liked to do with her grandmother, and because of these memories she is enjoying the caregiving more: *'It is also a bit different, however it is beautiful, truly, to work with these persons'* (R5). Sometimes it seems that the family assistants feel even more close to the care

[4] Each number refers to a respondent. A list of the corresponding numbers and respondents can be found in Chapter 3.3

recipients *because* their own loved ones are far away: '[there is affection as with] *our own family. Our loved ones, because also ours are far away from us'* (R2). Lena says: *'I left my child behind, in Peru, and when I started working as a family assistant there is a big affection, because an elderly person is like a child. I have to clean them, just like a child, and when I did not have anyone here, it was so close, so much like - I don't want to work as an employee - no, like it is my grandmother'* (R3). Here it seems like a more conscious decision of what kind of relationship she pursues to have with the elderly. This also applies to two of the family assistants who are not particularly feeling close to their care recipients or describing their relationship as such. They are not only experiencing their caring relationship differently but also seeking for a more formal relation. Olga tells that she feels good when she goes along with the care recipient, and that she does not like it when the relation is very intimate, for example in hugging each other or calling the elderly 'sweetheart': '[for me] *it is better to stay quiet, calm and for example always.. Always agree with each other (..) I'm looking for a little being apart, to keep distance'* (R7). According to Lisa the roles within a caring relation are employer and worker, not family or friends. This affects also the way she speaks to the elderly, namely in a formal way. She always says 'Madame' or 'Sir' to the elderly she cares for: *'It does not matter how long you work with the family, you keep the same distance in a way'* (R6). Lisa explains she has a mode of not letting things touch her and says she feels good having that amount of distance. However, she is not made of stone she says, and when an elderly person cries it touches her: she cries from inside. The family assistants are often searching for the right balance between being close and being distant to the elderly. This delineates that for all respondents the caring relation is not static, but dynamic and that a caring relationship can change over time. Several respondents note that the close(d)ness they feel is also dependent on the care recipient and the connection they have or do not have.

A difficult aspect of being close to the care recipient is that the family assistants constantly have to say goodbye to persons they get attached to. The death of an elderly person touches your heart, Julia tells. Laura says: *'I worked at more different places because these persons died, you see, I feel sorry for that. (..) All this affection you feel for these people and then..'* (R1). Many of the family assistants have experienced an elderly dying in their arms.

Feelings of having family far away or nearby

The family assistants who are working on a fixed basis are alone in Italy, all their family

members are still in their home country. Mara tells in the beginning it was very difficult; she felt alone and could not speak the language. There were moments she thought of going home, but by time it gets easier. Olga says the distance is not a problem anymore. In the beginning it was heavy but now she got used to it. She still misses her children, and she has the desire to stay close to them, but thanks to Skype and WhatsApp she can speak with them on a daily basis and still feel a bit close to them. The experience of missing is a recurrent aspect in almost every interview. Mainly this feeling considers missing certain persons, like children, husbands or parents. Sometimes the feeling of missing refers to a place, like missing the ground where you were born.

Six family assistants have one or more family members in Italy. Lena feels really happy and joyful now her daughter is staying with her in Milan, especially since she had a very difficult period of five years without seeing her daughter:

'I wanted to go back, to go back myself there, back to Peru. It is difficult because I leave my daughter of two years old behind. When she was so small. Yes, it was difficult. After, slowly, slowly, I have said: 'No, I have to stay here still, I have to work, after I take her here, my daughter'. However, I did not have documents, for four years I did not have documents' (R3).

Being on your own vs. being cared for

All of the family assistants came alone to Italy, and all experienced the initial period as a very difficult period. Some of them particularly felt being on their own when the people surrounding them did not seem to care about their situation. For example, Lena stayed with a man who was violent towards her, called her names and tried to hit her with a book. She told his cousins about several incidents but they did not say anything about it. But when the man started to be aggressive towards his sister, the cousins decided to bring him to an elderly home.

Several of the family assistants express they are not always only giving care but also sometimes being cared for. When Anna's husband was not in Milan yet, she was completely on her own in Italy. During Christmas and New Year's the care recipient's family would invite her at their house so she would not spend the holidays alone. Laura notes that at her current work place the two elderly are very sensitive and attentive towards her mood: *'At times when there are my problems, grandma looks at me and she sees I am a bit down: 'What is wrong?' I tell her: 'I have a headache'. 'Oohhh', she says, 'are you tired? Come here, sit with me, relax a bit'* (R1).

4.3 Trying to build a relation

Every time the family assistants start working at a new place, they are facing difficulties in trying to build a relation with the care recipient and the care recipient's family. Several respondents emphasize how difficult it is to care for persons who don't want to be cared for. In the beginning the elderly often do not want help in general, but particularly they do not want a stranger in their own house. As many care recipients are not satisfied when their children arrange a family assistant, the family assistants have to try their utmost best to build a relationship with them. Anna notes the elderly cry because of their loneliness, because they want their own children, not a family assistant. She started to understand their loneliness because her own mother who is in Peru expresses similar things. For the family assistants this can make the already difficult beginning, even more difficult: *'My first experience has been terrible. If you come here to work (..) and you find yourself with these persons, who make you feel bad, who insult you, and that is your first job? You would feel bad, right? They also wanted to fight with me. After that, I have learned how they are* (R8). 'Learning by doing' is a recurring phrase in the interviews and some respondents note they learn from bad experiences as well. Several family assistants tell they learned by experience how to approach the elderly and to be patient with them, since it will take time to receive their trust. This means in the initial period they are mainly trying to understand the habits and wishes of the elderly. Many respondents emphasize how different each care recipient is and the influence this has on the care you give to them. You need to figure out what kind of persons they are, what things they like and do not like, so you give the best care possible. As one of them says, it feels like constantly adapting yourself.

Feeling trusted - feeling distrusted

Almost all family assistants emphasize how important trust is in caring as a family assistant. Often the caring relation does not start on a neutral level, but with being distrusted. The family assistants have to win the trust of the care recipient. Lisa says: *'It is important you explain them why you are there, that you are there to help them, not to command them. Trust is very important, so you need to win their trust in the beginning'* (R6). Isadora had a particularly bad experience in being distrusted because of her skin color. The moment she entered a house to meet the family of her future care recipient, they started talking bad about her skin color. This was a very painful and difficult moment for her. Once she started

working the care recipient was controlling her: *'This lady always had to go to me, during the morning, the evening, she watched the things I did, the things I didn't do. (..) She was checking on me'* (R5). She says she has to prove herself first before receiving trust. It feels like a victory once she feels she is being trusted. It is important for her to show the family who she really is, because then she starts to win their trust. Another family assistant emphasizes she comes out of a poor, but *honest* family. She dislikes it completely when someone approaches her in a distrustful way.

Most of the family assistants feel trusted when the family does not tell them what to do, but give them a bit more space and agency in caregiving. Laura felt really good when a care manager told her she could stay in the care recipient's house as it is her own house.

4.4 Experiencing own limits

Although all family assistants agree on prioritizing the needs of the care recipient, it is inevitable to be confronted with their own needs and limits. Whether these limits are expressed, pushed or set is depending on the situation and on the caregiver, but in any case the experience of own limits is a recurrent aspect. Five family assistants set their limits in not working on a fixed basis anymore. While working fixed they experienced they were constantly pushing their own limits and not listening to their own needs. One of them says: *'You cannot go on with your life, you cannot do anything anymore, it is very stressful'* (R2). Also Lena experienced her own limits in working fixed. When she stayed with a man who did not sleep during the night, she felt it was too heavy: '*Three days he did not let me sleep, I could not stay in that way'* (R3). Although many respondents felt they were pushing themselves too much in working on a fixed basis, it was not easy for them to start working less. If they expressed their own limits, the family would push them to continue working in the same way. Many family assistants felt pressured to continue because the family would otherwise hire someone else who does want to work 24/7. Lena for example told her care recipient:

'I do the night or the day, you have to decide. I cannot do both'. And the man was angry, he said: 'If you don't work fixed, you cannot come here'. (..) He said that if I did not like it, they would find themselves another family assistant (..). I thought of it, and then I said, 'I work the same. I need to stay here' (R3).

The care recipient and the family did not listen to her needs, although she expressed them very clearly. Because she needed a job to earn money, she stayed with the same man, continuing to work on a fixed base, and continuing to push her own limits.

Some of the family assistants have set a limit based on gender: they don't want to give care to elderly men anymore. They felt sexually intimidated in former care relationships, or they don't feel safe with men, because they are, despite their age, physically stronger.

4.5 Feeling dependent

The relationship between family assistant and care recipient is subject to several power dynamics. All family assistants declare they feel dependent to a certain extent. Sometimes the feeling of dependency goes hand in hand with the experience of aggressive or violent care recipients: *'you cannot control them, they are aggressive, he can control you'* (R3). At times there seems to be a more subtle dependency aspect occurring in the caring relation. Olga tells for example: *'She* [the care recipient] *was happy, so also I was happy'* (R7). In other words, her own happiness depends on the care recipient's happiness.

One of the respondents told about an experience wherein she felt highly dependent on the care recipient. The care recipient was angry and wanted her to leave:

'She said: 'Go away, go away, I don't want you'. It was a fight. I said to myself: 'All right, but I need, I need to work', I really was having difficulties. So I cried, and I said 'Madame, let me find another job first, I want to come less here', I begged the lady like that. Because I was becoming stressed. My children far away, they were small still, my husband there with my children. I was here, alone (..) And so, it has honestly brought me stress. That she said these things to me. I said to myself: 'But if she does not hire me, in fact I remain staying without documents' (R1).

Additional to feeling dependent on the care recipient, it is also possible to feel dependent on a system. Both Olga and her future care recipient desperately want her to start working, but some papers are not ready yet. That is a very frustrating position: *'For me it there is no problem, I truly don't have a problem with this job (..) I don't know, I have to start working. That is the problem. Nothing else'* (R7). She needs to start working, but due to a bureaucratic system she cannot. She is allowed to stay one more week in the house of her former care recipient, but after that she is homeless. Because of the frustration and uncertainty this situation brings her, she is highly focused on signing the contract with her future care

recipient, since this will make her less dependent and give her some security and stability. *'The contract. That is the most important of everything. The contract. And nothing more. We hope. (laughs scornfully)'* (R7).

4.6 Feeling in control

The counterpart of feeling dependent seems to be feeling in control. One part of feeling in control refers to feeling confident about giving care. Once the family assistants have several caring experiences they note that they know what the job contains and they feel certain about what to do in order to care well. They are the ones with the knowledge and the skills, not someone else. This gives them a feeling of empowerment: *As with this current family; you go, you go there, I do what I need to do, those things I want to do in the house, no one commands me. Everything, I am in control there. Eating, I fix everything. No one says to me: 'What do you do, what have you eaten?' No, not at all!'* (R1). Sometimes this means they feel confident enough to oppose the care recipient's children: *'Don't always do what the son tells you to do, because the children can say many things. But, they are not staying with the elderly'* (R8). Other examples are family assistants telling the nurse how she is supposed to give care, namely with more affection, or telling the children they should visit their parents more often. This touches another relevant aspect; namely 'disapproving[5]'. It is notable that several respondents explicitly disapprove the behavior of the care recipient's children and the fact that Italians are not caring for their parents themselves. Two family assistants note this would never happen in their country and culture, because in Ecuador the family cares for each other themselves. Julia notes you might see a few family assistants within rich families *'because the richer you become, the more you are without a heart'* (R2). It seems a bit contradictory that several family assistants are very judgmental towards the care recipient's children because they do not care for their parents themselves, while on the other hand other persons are caring for the children of the family assistants.

Feeling in control refers as well to controlling yourself or your emotions. Lisa for example tells that even though she feels angry, she just feels angry from the inside, but she stays calm under any circumstance. The fact that she can control her angriness gives her feeling of being in control.

[5] I consider 'disapproving' to be not only part of feeling in control, but also of feeling dependent. The respondents seem to reject certain ideas or behavior either out of feeling in control and feeling certain about what is right, either they disapprove things out of feelings of dependency or powerlessness.

The experience of feeling in control sometimes comes forth of the position the family assistants have towards their care recipient. This seems to be the case when they experience an inequality of power, wherein they are the ones with power. Several respondents tell they seduce or manipulate the elderly in order to let them do what they want. *'Sometimes she says: 'But nooo, I don't want to eat' and I say: 'Look, you see me now, tomorrow I don't come back, I don't come if you don't eat''* (R1). Another example is a respondent who tells her care recipient she will get an ice cream if she empties her plate.

4.7 Committing oneself

All respondents have a very strong feeling of commitment and of being responsible. This experience of committing oneself applies to a commitment towards the care recipient, the family of the care recipient and towards their own families. Committing oneself relates strongly to the theme of experiencing own limits, since sometimes the urge of staying committed is stronger than listening to one's own needs and limitations. This is where committing oneself changes into sacrificing oneself: *'It is not about my will, not like: 'I want to do so'. No. (..) That is not possible. If I start to work with a person, I must, I know it, I understand also that I work for this person, not for myself'* (R7).

The experience of truly and fully committing oneself seems to have a persistent necessity for the family assistants: *'That moment of acceptance is very important because from that moment on you have a responsibility until the end of the end'* (R6). Being able to fully commit oneself touches their self-identity and the values they consider to be important in life. Lena tells for example: *'No, I am like a character that also, always finishes something. Always. I go to the end of the end to finish a job'* (R3). Committing oneself seems to refer to being strong and the ability of handling anything, which gives a sense of pride as well: *'I was the only person who stayed there until the end, until his death. After six months. Instead of all the other persons who came to work there. They all left immediately'* (R3). All respondents completely dedicate themselves when they start working somewhere. Several declare they do more than necessary, more than asked, or even more than they actually can. Sometimes this is related to trying to win the trust of the care recipient, because if they work hard enough, they will eventually be trusted or appreciated: *'I like to always give more than I can. (..) Because, that is how the persons have more trust. Therefor. And later, they see that I am not only here to do only the things they tell me to do'* (R5). This does have a consequence for how responsibilities are being seen and divided. Often the family assistants find

themselves doing more than agreed on, and sometimes this seems to be what the care recipient's family is expecting from them as well. *'The lady did not say this, but it is okay, I feel good there. I do it, it does not change anything to clean a window as well. (..) I do it without any problem. I do it. When there is nothing else to do, I can do it. Why not? It is not difficult to clean a window (laughs)'* (R3).

Many of the family assistants came to Italy and started working as a family assistant in order to take care of their loved ones in a financial way, so the commitment they feel reaches further than the care recipient. It is about caring for their own family as well and feeling responsible towards them. Lena tells: *'I will work for her* [her daughter]. *To give her everything that… I need to pay right?'* (R3).

Also in difficult moments there seems to be no other option for the family assistants than continuing. Therefore many repeatedly say how important it is to have patience and to stay positive, in the daily care they give, but also towards the struggles they face: *'I thought to have patience, I said to myself: still, a little bit more, slowly, slowly. The things have to go in the right direction. If you make a commitment now, you'll make it here, you have to push yourself. Have patience, engage yourself. You'll make it'* (R4). An interesting example of staying positive is how one of the respondents emphasizes you should not say working as a family assistant is difficult or a burden, but see it as challenging.

A final aspect of committing oneself is that many respondents emphasize the elderly are sick: *It was not him, it was his head. It takes over. It is not even his fault, because it is a person who is sick. In his head'* (R3). Maybe focusing on the sickness of the care recipient helps them in a way to commit themselves, in feeling needed or in relating to the person they give care to instead of equalizing someone's behavior to someone's personality.

As the findings make clear, the experiences of the respondents are very rich and diverse. Despite the diversity and uniqueness of their experiences I have tried to distillate the analogous aspects in their feelings and perspectives. As described in the introduction of this chapter I conclude the findings with a second vignette, describing the experiences of the second care manager.

Vignette 2 - Madame, I love you

There is nothing positive about a family assistant giving care to your mother, Martha says. First of all you see your mother changing, she becomes older and her whole character changes because of the Alzheimer. She closes herself in her own world and is not interested in you anymore. Secondly, you have to deal with an external person and trying to get along with each other. How could there be anything positive about that? It gets even worse when there are two family assistants alternating each other, whereof one is working during the night and morning, and the other is staying in the afternoon. Martha always had to mediate between them when they were discussing or disputing. Once one family assistant hit the other one, and the one being hit went to the police because she could not handle the exposed aggression anymore. Now her mother stays in an elderly residence home, but Martha also continued to hire the last family assistant. Gabriella, the family assistant, lived with her mother and cared for her mother for ten years. Gabriella is the linkage between Martha's mother and the world, Martha says. She visits Martha's mother every day at her residence home to help her with eating and to keep her company. They have a very loving relationship and Gabriella is very sweet towards her mother. But Martha emphasizes that Gabriella is only sweet towards her mother, to no one else. Gabriella and Martha have a bad relation with each other. According to Martha, Gabriella is a closed, difficult and aggressive person. She always asks for more money and pressures Martha by saying she will quit if she does not get more. The only reason for Martha to continue with Gabriella is that she takes good care of her mother, and she shows respect to her mother. If family assistants are calling her mother 'grandma', Martha dislikes it because it sounds like they are family, which they are not. Gabriella still calls her mother 'Madame', also after ten years. That is how Martha prefers it. Now, if Martha visits her mother in the residence, her mother is always repeating the same words over and over again. That has happened before because of the dementia, but recently the phrase changed. Her mother is now repeatedly saying: 'Gabriella, I love you. I love you, Gabriella'. Martha answers her by saying: 'No, I am Martha, your daughter'. Eventually her mother says with a lot of difficulty: 'Okay, you are Martha'. Martha says it is not a problem that her mother repeats this phrase, she thinks it is logic since Gabriella lived with her mother the past years. She laughs scornfully about it. Her laugh fades away and is followed by silence.

5 Care ethical reflection

In this chapter I will reflect on and discuss the findings by bringing them into a dialogue with the care ethical insights and theories presented in Chapter 2. Additionally I will sometimes make use of other care ethical thinkers or ideas to deepen out crucial aspects more critically. This reflection is an indispensable part of doing care *ethical* research, as Virginia Held points out: 'The various aspects and expressions of care and caring relations need to be subjected to moral scrutiny and evaluated, not just observed and described' (2006, p.11).

5.1 Relational self

As emerged from the findings the family assistants do not view themselves in a pure individualistic manner but are always relating to others in their thoughts, acts or decisions. For example their decision to come to Italy and work as a family assistant is motivated by the need to care for their loved ones. This is in accordance with what Van Heijst (2011) describes as a dialogical self or what is called a relational self. Through others and with others our identity is shaped. Both Van Heijst (2011) and Van Nistelrooij (2014) see caring and the identity of the caregiver as connected to each other. This is underlined by the findings; for example Isadora tells how she puts a part of herself into caregiving or how giving care for elderly makes her happy because it reminds her of her own grandmother. This is consistent with the idea of relatedness between the caregiver's personal history and the feeling of being touched (Leget, 2013). An additional example of the experience of the relational self comes forth in Olga saying: *'She* [the care recipient] *was happy, so also I was happy'.* As Held describes, the caregiver's position does not reflect an egoistic nor an altruistic stance but rather 'their interests are intertwined with the persons they care for' (2006, p.12).

5.2 Interdependency

An intertwist of interests as described above is connected to the interdependency we share as humans. As emerged from the findings the family assistants experience these feelings of dependency. This is in accordance with Kittay's focus on a reciprocal dependency in caring relations, meaning not only the care recipient is dependent in being vulnerable but the caregiver shares the same dependency and vulnerability. This becomes specifically clear in the experience of Laura, who was told by her care recipient to leave while Laura would have

no documents nor job if that would happen. As Kittay (1999) notes, the dependency and vulnerability of a caregiver are worse when the caregiver is a woman, migrant or a person of color. All respondents are migrant women, and some are colored. Additionally, there are specific circumstances in working as a family assistant putting them in an even more dependent position. Their income, right of residence and housing (if working on a fixed basis) are dependent on the care they give. It shows how family assistants are experiencing not to have a completely free choice but make choices from a more vulnerable stance. This touches another crucial point that many of our responsibilities are neither voluntary chosen nor coerced (Kittay, 1999). This perspective of *taking* responsibilities rather than choosing them freely certainly applies to the family assistants (Held, 2006). The experience Isadora had with working for a lady who discriminated her is a clear example of a not voluntary chosen responsibility. The experience of being discriminated, insulted, pressured or violated comes forth multiple times in the stories of the family assistants. This strongly connects to what Van Heijst (2011) describes about power dynamics in caring relations: care recipients can exert power as well, also elderly care recipients.

Another aspect that emerged from the findings that corresponds with Kittay's ideas is that the caregiver needs to be cared for as well, in order to care well. If a situation continued wherein the family assistants were pushing their own limits while feeling not to receive care themselves it would eventually come to a breaking point. Taking the well-being of the caregiver into account does not always seem to be self-evident in working as a family assistant. Kittay describes the well-being of the caregiver is a social responsibility, but what if no one feels responsible?

A final aspect of interdependency considers the notion of Kittay 'everyone's a mother's child'. Olga says: *'You have to care for someone with a lot of love, these persons. Because the sick ones arrive. It is no one's fault, this sickness. And we have to think everyone has a grandfather, a mother, a father, it could be ours. You see, you have to do it with your whole heart, with a lot of love'.* This delineates the notion of being connected through relational webs in dependency and vulnerability.

5.3 Intimate strangers

The findings show a strong connection to the description of Van Heijst (2011) of a caring relationship, considering the simultaneously distance and closeness that is going on between caregiver and care recipient. 'Both are strangers to each other and still there is more intimacy

and distance than between friends or family' (idem, p.188). Some of the family assistants describe their relation with the elderly as being friends or family, but several have a more distant perspective on the caring relation. In both ways it becomes clear that the relation they have with their care recipients is of a special kind. Even if the family assistant prefers a more formal relation, the care recipient and caregiver are still sharing their lives together. They live together, eat together, talk with each other and spend all their time together. This creates a relationship where, as Van Heijst (2011) describes, simultaneously distance and closeness is going on. This bond of intimate strangers partly relates to Pulcini's (2017) description of the 'Distant Other'. The distant other can be distant in time or space but becomes, despite the distance, important to us. She explains the distant other emerges in our interdependent world as a consequence of the global dimension of care (2017, p.68). The idea of intimate strangers or distant others is affirmed by the experiences of the family assistants.

5.4 Self-sacrifice

An important theme that emerged from the data is committing oneself. Part of this commitment is self-sacrifice, which also relatively recent came up as a theme within care ethics. Van Heijst (2011) states that caregiving requiring self-sacrifice comes from a long Christian tradition in which self-sacrifice was connected with self-loathing and a lack of respect for the self. In this tradition humility was considered to be a virtue. It is notable that one of the family assistants defines herself as a humble person. It is plausible that she has the same Christian roots. However, the idealization of self-sacrifice does not fit into Van Heijst's idea of loving care: 'It is ethically inconsistent to promote the view that professional caregivers should consider themselves as complete nothings. Such a lack of self-esteem and self-love was once considered essential within the Christian ideal of self-neglecting caring, but this way of thinking must be discontinued' (2011, p.197). Van Heijst implies that self-sacrifice always opposes self-care, but this does not emerge from the findings. The family assistants who exemplify to (self-)sacrifice do not consequently ignore their own needs but are still capable of setting their own limits. Consequently, self-sacrifice does not necessarily exclude self-care.

Inge van Nistelrooij (2014) has a different perspective on self-sacrifice than Van Heijst, and her conceptualisation of self-sacrifice seems to be more in accordance with the findings of this thesis. Van Nistelrooij radicalizes the intersubjectivity of humans and the way our identity is shaped by others. 'Caring is a continuous practice moving back and forth

between different parts of the self's identity, (..) as having incorporated 'otherness' into the self, being and becoming a self only in relation with others' (2014, p.223). Therefore she considers self-sacrifice to be a common part of caregiving by defining self-sacrifice as giving up something in order to care for others (idem, p.213). This view on self-sacrifice is an extension or radicalization of the relational self and applies to the way family assistants describe their own commitment or self-sacrifice. Working as a family assistant in Italy comes forth of the need to care for their own families. This seems to not necessarily mean they have a lack of self-esteem or self-love.

5.5 The radical importance of context

Because of the specific and special circumstances wherein family assistants are giving care, some aspects of the discussed care ethical theories need to be reconsidered. First of all I would like to discuss the third element van Heijst (2011) adds to a caregiving relation, 'gratitude'. Gratitude creates a triadic relation of caring and makes caring more than an economic transaction of giving and receiving in return for a salary. The third element of gratitude shows that caregivers get more than only money for the care they give, meaning feelings of gratitude and joy. This is recognizable in the experiences of the family assistants, and several would agree with Van Heijst, by saying that caring only for money cannot be considered good care. I argue though that one should be careful with automatically adding or expecting this third element of gratitude. The family assistants do get more than 'just' a salary in being a family assistant but because a consequence of caring for the elderly in Italy is leaving their own family, they also get a lot of 'extra' negative feelings in being a family assistant. Van Heijst states as well: 'Professionals who have nothing extra to give, who are only obeying orders, or who try to compensate for a feeling of meaninglessness in their own life, fall short' (2011, p.198). I think statements like these do not necessarily apply to the caregiving of family assistants. Many of them compensate with the elderly what they are missing because of being far away from their family. Lena tells for example how difficult it was to leave her two-year old daughter behind in Peru but how much it satisfied her that elderly are like children, who she could wash, feed and give affection. She seemed to project and compensate her feelings of missing her daughter and of regretting she could not care for her daughter on and with her care recipients. I argue this is not something to be judged but something related to the circumstances of their care practices, of being a family assistant in Italy. This shows the importance of contextuality and how context should be radically

considered in caring situations.

5.6 Double loop of self-sacrifice

Even though there seems be a connection between Van Nistelrooij's description of self-sacrifice and the way the family assistants experience this aspect of committing themselves, it can be questioned towards whom they are sacrificing themselves. Van Nistelrooij (2014) focuses on self-sacrifice as a part of caring relations between care recipient and caregiver. In the situation of the family assistants the self-sacrifice is more directed towards their families far away than as an aspect of the care they are giving to the elderly. Thinking through on the idea of self-sacrifice, it could be possible that the family assistants conduct a double loop of self-sacrifice. First they bring a sacrifice in order to care for their loved ones by emigrating to Italy and support their family financially. The second sacrifice is directed towards the care recipients by fully committing themselves to the needs and interests of their care recipient. In being a family assistant they bring a double self-sacrifice in order to care well for others.

Although self-sacrifice does not necessarily exclude self-care, I argue that in conducting this double loop of self-sacrifice there is a risk of not attuning enough to their own needs. Especially considering working on a fixed base I doubt whether there is sufficient time and space for self-care. It is not without reason five respondents decided they do not want to work fixed anymore. It is an exhausting care practice of constantly giving and not always receiving much. However, even though the conditions of working as a family assistant are intensive and heavy, all respondents note they also have feelings of satisfaction and appreciation in giving care. The experiences of the family assistants underline an essential element of what is needed in good caring, namely that persons should not only attune with others and the environment, but also with themselves (Leget et al., 2017; Tronto, 1993, 2013). If this does not happen, their self-sacrifice opposes self-care.

6 Conclusion

In this thesis I have sought to get a more profound insight in how family assistants in Italy experience being a family assistant and what these experiences mean in terms of good care. Care is defined as a relational, moral and political practice, taking place in a particular context and as directed towards something. By conducting a phenomenological, empirical research several substantial similarities have been found in the experiences of eight different women. In the caring relations they try to build they experience to have alternating positions towards the care recipient. Sometimes the feeling of dependency is predominant because without their care recipient the family assistants would have no job, no income and therefore no possibility of taking care of their own family. On other moments they feel in control and confident in their caregiving, which gives a feeling of satisfaction or happiness. In both roles or positions the family assistants have a very strong drive and a sense of being responsible since they fully commit themselves in their caregiving. Committing oneself and having perseverance are not only aspects of giving care, but these are also characteristics they identify themselves with. They are not 'just' giving care to the elderly but in a way they are giving themselves. Their identity is part of the caregiving and the caregiving is part of their identity, which makes the experiences of commitment very persistent. The family assistants experience their own needs and limits as well, but that does not necessarily mean they listen to these limits. Sometimes they push their own limits and sometimes they draw a line, often after a specifically negative experience. In all these aspects it seems like the family assistants are trying to find the right balance. They are balancing between distance and proximity.

The movement of balancing touches the idea of good care because both are not stubborn or predefined but situational and influenced by nuances. Good care does not only apply to good care for the care recipient but as much to good care for the caregiver. As emerged from the findings the family assistants highly commit themselves which some describe as self-sacrifice. Self-sacrifice does not necessarily oppose self-care because of our radical intersubjectivity; through others we become ourselves. However, in this intensive domestic elderly care it is highly important that the caregivers attune to the care recipient's needs **and** to their own. This is a very critical point in terms of good care for the family assistants, especially for those working on a fixed base, because of the additional circumstances putting them in a highly dependent position. The fact that they are dependent and vulnerable too, and are therefore also in need of receiving care, emerges from the data but the responses they get

seem to be sometimes insufficient. It is not always self-evident the care recipient's family takes the social responsibility of caring about the well-being of the caregiver. If the social and political responsibility for the well-being of the family assistants is not taken, I argue it is difficult to view these care practices as good care. I conclude that it is necessary that the double loop of self-sacrifice of the family assistants should be always combined with the family assistants attuning with themselves, and others taking responsibility for the caregiver's well-being, in order to define these caring practices as good care.

7 Discussion

7.1 Devaluation

As a sequel to the conclusions I want to line out one of central subjects that emerged from the societal scope in order to exemplify the limitations and insights of this thesis. This subject of discussion is devaluation. As stated in the Introduction many family assistants are devalued on a personal and professional level. The findings show that most family assistant get recognition from the care recipient and the care recipient's family. The children of the elderly express they could never do what the family assistants do. It seems like people are willing to understand and value each other once they take part in each other's lives, but how could migrant elderly home care workers be valued without directly being close to them? As a first step I would like to suggest to completely reject the term 'badante' and substitute it for a more neutral word as 'assistenza familiare' [family assistant]. By referring to the caregivers as 'badanti' they are already downgraded in the word itself. The same applies for authors defining the family assistants as 'modern slaves'. Even though these terms might be used to raise awareness for the critical circumstances wherein some family assistants give care, these words devalue family assistants. Whether used out of pity or empathy I argue these words make them 'smaller' than they are. None of the participants described her practice or identity as near to slavery, so why would others?

7.2 Contribution to care ethical field of inquiry

This study contributes to the field of care ethics in several ways. Care ethics views humans as relational and care relations as an interaction and attuning of caregiver and care recipient. Therefore care ethics is highly interested in how these relations start, evolve and maintain and what meaning is given to these care practices by the concrete people involved (Leget et al., 2017). This thesis focused on domestic elderly care given by migrant caregivers in Italy. By studying the lived experience of the caregivers a more profound insight is gained in what aspects are important for them, what meaning they give to these events and what is the morally good in their care practices.

Additionally, the conceptual exploration and ethical reflection of this thesis contribute to the theoretical field of care ethics and more specifically to the care ethical discussion of

self-sacrifice and self-care. In thinking through these concepts by bringing them into dialogue with the empirical findings of this research, the importance of contextuality and interrelatedness is underlined as a contribution to two critical insights of care ethics. Within this phenomenological study I tried to develop a moral view on migrant elderly care, and by studying this from a care ethical perspective I added a new view on this already broadly studied phenomenon, simultaneously showing the value of care ethics.

7.3 Recommendations for further research

As an addition to my earlier suggestion of referring in neutral terms to migrant family assistants, I would like to recommend to conduct further research on the experiences of care recipients. The elderly care recipients form the other indispensable link in this caring relation and the way they experience the care they receive from a family assistant is underexposed in literature so far. A similar phenomenological study on their lives experiences can give more insight in the phenomenon as a whole and the care recipients' perspectives in specific.

A second recommendation considering further research is to study the political context of migrant elderly home care from a care ethical perspective. Due to time and extent limitations of this thesis, it was not possible to critically reflect on the political context but this is highly relevant to gain further insight in the power dynamics and larger structures of this topic. As stated earlier caring is both a social and a political practice, and therefore the political context should also be taken into account.

8 Quality assessment

Within this research I aimed to collect the data and present the findings as accurate as possible, therefore a few quality criteria need to be assessed (Creswell, 2013, p.196). The general criteria in qualitative research to enhance the quality of the study are internal and external validity, and reliability (Visse, 2012).

8.1 Internal validity

The data of this thesis has been collected in Italian[6], while the presentation of these data is in English. Considering this additive phase of translation and the fact that both languages are not my mother tongue, there are a few extra challenges in order to meet the quality criteria. Interpretation is the core of qualitative research, but as translation is also an interpretation there is an extra interpretation step that needs to be taken, which might result in a loss of meaning (Van Nes et al., 2010). Especially the internal validity - the degree to which the findings correspond with the perspectives of the respondents (Visse, 2012) - could be threatened by the existing language differences. An extra limitation in order to enhance the internal validity is that there are no member checks included, which means my interpretations are not explicitly verified with the participants (idem). This is due to the difference in used languages; since the participants do not speak English, it would be useless to verify with them the English written findings. To minimize threats to the internal validity I used rich descriptions and fluid formulations, and avoided one-word translations. This stimulated the reflection process during analysing, and also makes it possible to check interpretations and adapt translations if necessary (Van Nes et al., 2010).

8.2 External validity

External validity refers to the degree of generalization, whether the findings of this particular study are applicable to other contexts (Visse, 2012). As I elaborated in Chapter 3 this study does not aim to generalize, but rather to deepen out certain experiences. Because of the specific context of each experience or event and the unique way every person gives meaning to events, one should be careful with wanting to generalize the findings directly towards other similar situations. Despite the intentional restraint considering direct generalization, the

[6] With the exception of one interview that was held in English.

findings of this thesis could be transferable (a ‘soft’ generalization used in qualitative research) to a certain extent, because of the use of rich descriptions. If the results apply to other contexts is left to the readers to decide, whether they consider certain aspects to be recognizable or applicable.

8.3 Reliability

Since this research has been done by one researcher, there was no possibility of researchers-triangulation, which influences the (internal) validity and reliability of this study. How reliable a study is, is partly dependent on how independent the results are of the researcher’s propositions (Visse, 2012). Therefore it is of the utmost importance in doing qualitative research in general, and phenomenological research in particular, to have an open and reflective attitude (Van Der Meide et al., 2015). A reflective attitude supports an awareness of own assumptions and stimulates a dialectical process of going back and forth during the data-collection and analysis (idem; Visse, 2012). To stimulate my reflexivity as a researcher I created a document filled with reflections, thoughts and feelings about this research. Furthermore, the reliability of this study is enhanced by making use of multiple coding which gives more insight in the different analysing steps that are followed (Creswell, 2013; Visse, 2012).

8.4 Social desirability

The last aspect I want to reflect on is the degree of social desirability in the shared stories of the participants. As described in paragraph 3.6 many interviews were held after the family assistants had an intake at the Family Assistance Desk. In conducting the interviews I often wondered what influence the setting and timing of the interview had on the answers of the participants and whether they felt free enough to also share negative or difficult experiences in this specific setting. I noticed that it took time before the participants felt comfortable and became more personal in the experiences they shared. Eventually I have collected very personal and diverse stories, telling both positive and negative aspects of being a family assistant which makes the ‘truth’ value of the findings more plausible. However, the non-neutral setting of the interview might influence the reliability of the findings (Visse, 2012).

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