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Unseen and Unheard: The Experiences of Immigrants Who Work as Low-Level Healthcare Providers

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Unseen and Unheard:
The Experiences of Immigrants Who Work as Low-Level Healthcare Providers

Daniela Belice

Submitted in Partial Completion of the
Requirements for Departmental Honors in Sociology

Bridgewater State University

May 4, 2018

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Abstract

This research investigated the experiences and aspirations of low-status immigrant healthcare workers in Massachusetts. Using snowball and convenience sampling, I conducted 50 interviews with immigrant Certified Nursing Assistants, Personal Care Assistants, and Home Health Aides about their daily work, compensation, and workplace culture and conditions. Massachusetts' low-status healthcare positions are disproportionately filled by Caribbean and African female immigrants, so my sample was comprised of Haitian, Nigerian, and Cape Verdean women. Most had not worked in the healthcare sector in their native countries. Their experiences show how Caribbean and African immigrants get funneled toward particular low-skilled sectors of the labor market, how race and gender factor into employment options, and how immigrant laborers are treated by supervisors and clients. Participants most often noted issues of low wages, racism, and other forms of discrimination. Secondary themes were job instability, workplace injuries from lifting patients, employers' rejection of their career qualifications from their home countries, lack of possibilities for advancement, and economic distress. This study enhances understanding of immigrants' significant contributions to the lives of the elderly and disabled for whom they provide care.

Acknowledgements

I first want to thank all the 50 participants who dedicated their time to participate in this study. All of my participants were helpful and without them this grant would not have been possible. Some of them were interviewed after midnight, some of them were interviewed while on break at work and others were interviewed during their commute from one job to another job. This research has really impacted me as a researcher. I want to dedicate this research for all these immigrant care workers who are working really hard so that their children can have a better future. Their hard work, sacrifices and endless love help their children to achieve the American dream. I also want to thank the Office of Undergraduate Research for giving me the Adrian Tinsley Program (ATP) grant for making this research possible.

Health care titles and accreditation

- CNA- Certified Nursing Assistant (certified).
- HHA- Home Health Aide (certified).
- CCA- Clinical Care Assistant (certified).
- PCA- Personal Care Assistant (not certified).
- Residential Counselor (not certified).

In the following tables I have included the pseudonyms, job titles, sexes and nationalities of the interviewees. The first table, or table A includes the interviewees who are younger than thirty years old. Table B includes the interviewees who are older than thirty.

A)

Names	Job titles	Sexes	Nationalities
Abina	HHA	Female	Ghanaian
Lidia	CNA	Female	Cape Verdean
James	Residential Counselor/ currently a Nurse	Male	Haitian
Sheila	CNA/ currently a Nurse	Female	Haitian
Joceline	Residential Counselor	Female	Haitian
Casandra	Residential Counselor/ currently a community Health worker	Female	Haitian
Tamara	HHA	Female	Haitian
Emmanuel	Phlebotomist	Male	Haitian
Khadra	HHA	Female	Somalian
Love-Darling	PCA/ currently a Nurse	Female	Haitian
Alondra	PCA/ currently a nurse	Female	Cape Verdean

Waceera	Residential Counselor/ currently a Biologist	Female	Kenyan
Ines	PCA	Female	Cape Verdean
Billy	Residential Counselor	Male	Haitian
Anna	HHA	Female	Cape verdean
Teodora	Residential Counselor/ currently a nurse	Female	Cape Verdean
Fabiola	HHA	Female	Haitian
Kimberly	Residential Counselor/ currently a clinician	Female	Haitian
Obeng	HHA&CNA	Male	Ghanaian
Deborah	Direct Care Worker	Female	Brazilian
Ramira	Direct Care Worker	Female	Cape Verdean
Myou	Phlebotomist	Female	Haitian
Adelma	HHA	Female	Cape Verdean
Tika	HHA/ CNA	Female	Haitian
Natacha	HHA	Female	Haitian

B)

Names	Job titles	Sexes	Nationalities
Minenhle	Home Maker	Female	South African
Silvio	Residential Instructor	Male	Cape Verdean
Ngozi	CNA	Female	Nigerian
Jonbosko	CNA/ currently a Social Woker	Male	Nigerian
Samson	Residential Counselor	Male	St Maarten
Fatmata	Residential Counselor	Female	Sierra Leonean
Ailene	Housekeeper	Female	Cape Verdean
Gabriel	Residential Counselor	Male	Nigerian
Paz	CNA/ currently a Head Nurse	Female	Bajan
Obed	Direct Care Worker	Male	St. Croix
Marie	CNA	Female	Haitian
Janette	HHA	Female	Haitian
Amboise	HHA	Female	Haitian
Beatrice	CNA	Female	Haitian
Roselore	CNA	Female	Haitian

Watson	Pharmacy Technician/ currently a Nurse	Male	Haitian
Guerlande	CNA	Female	Haitian
Judith	CNA & Phlebotomist	Female	Haitian
Mimose	CNA	Female	Haitian
Nancy	CCA	Female	Haitian
Cousin erns	CCA/ currently a Nurse	Male	Haitian
Nadege	CNA	Female	Haitian
Yanique	HHA	Female	Haitian
Ronald	License Practical Nurse (LPN)	Male	Haitian
Yolette	CNA	Female	Haitian

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Chapter 1: Introduction

“I used to work at a nursing room with two white nurses on my shift. One of them used to go inside the patients’ room and hide their dentures, then she will say it’s the Haitian workers that take them to go sell in Haiti. I never paid her any mind until one day. So, there is this racist patient who does not want to work with any black people, in fact his family said that. So, this patient put on his light and I decided to go to his room to know what he needed. He said “How come they sent me a black person? Get out of my room nigger! I can’t stand black people!” then he slapped me. The nurse that I mentioned above was passing by at that time, she didn’t say anything, she didn’t even make a report. She came to the patient’s room to take him out and she was laughing. I spent two weeks with a swollen face, the Director of Nursing (D.O.N) didn’t know about what happened.

Later that month, I went to the patient’s room to take care of him and he didn’t want me to be there. I left immediately and fortunately for me the D.O.N. was there so I took the opportunity to talk to that white nurse. I ask her why she keeps allowing the patient to insult me when she knows that he doesn’t want black people to enter his room. I told her that Martin Luther King died so that I didn’t have to go through all this. I went to the D.O.N. and told her that if she doesn’t take any measures I am going to write a letter to the President (Obama) so that he knows what’s going on at the nursing home.

Whenever something happened to the black workers at the nursing home, the head nurse and D.O.N. never found out. I wanted to speak for all the black workers because it seems like they always stay silent when something happens to them. So, I told the D.O.N. everything that happened to me and what I observed since I started working at the nursing home. She told me that she didn’t know I was that mad. She was shocked that my face was swollen for 2 weeks and I never told her. She said that I should have spoken to her and filed a report. The nurse didn’t get fired because it’s not easy to find nurses who want to work in nursing homes. What do you think they did to her? They just give her a warning. Because of that, I left the job after 3 months.”

I began with Marie’s story because it shows what so many of the interviewees discussed: indifference toward them, outright racism and hostility, even physical violence they experience on the job. Though Marie was physically marked by the patient who hit her, her supervisor never found out. It is easy to blame Marie, as the D.O.N. did in her story above, for not reporting the incident immediately, but low-status healthcare workers have few job protections and fear losing their jobs. This may be even truer for immigrants who are often supporting people back at home as well as in the U.S. The majority of care workers I spoke to were not protected against false

accusation and abusive behaviors, whether it is the use of vile language, insults, lies against them, or racial discrimination. This story reflects the work culture of many caregiving jobs as described by my respondents.

According to the U.S Bureau of Labor Statistics (BLS), there were 2.1 million immigrant healthcare workers in 2015, 24 % employed as low-skilled direct care workers (Altorjai et Al. 2017). These share of immigrant workers continues to increase. I wanted to learn about their experiences because while our health system depends heavily on them, current political rhetoric about, and administrative action toward, immigrants is making their lives more insecure.

Because baby boomers are aging, scholars have studied the role of immigrant workers in elder care. In fact, collaborative research has been done in the U.S but also in Canada, Ireland, and the United Kingdom (Bourgeault, 2010). Unfortunately, relatively little research has focused on the lower-skill employment of frontline caregivers. Most research has instead emphasized high-skilled employment such as RNs or health care technicians. Among lower skilled workers, there are those who are certified, such as Nursing Assistants and Home Health Aides, and some who are merely trained, including Personal Care Attendants and Residential Counselors. Moreover, there is a variety of workplace settings for care workers, including nursing homes, hospitals, adult day cares, individuals' homes, and assisted living facilities. Among the paid care occupations, these lower-skilled care workers are the most influential direct care workers because they have greater contact with care recipients.

Researchers' inquiries of immigrant care workers have been rather broad. My study investigated a segment of the immigrant population that most other scholars have overlooked, starting with variation across job settings. Immigrants, as defined in this study, are people who are born outside of the United States and may be legal permanent residents, undocumented

immigrants, naturalized citizens or temporary migrants (Orrenius and Zavodny, 2009). Some researchers have explored the experiences of care workers but studies do not explore whether and how their work experiences and feelings are relevant to their job performance or their lives beyond work. Sociologists try to push against taken-for-granted understandings of the social world. By doing research with immigrant care workers in low-status healthcare jobs, I tried to make the contributions of these immigrants more visible and push against taken-for-granted assumptions about low-status immigrants.

In this study, I analyzed workers' experiences in the care work sector. I was interested to do this work because of personal experience. When I moved to the U.S, I saw many new arrivals and other immigrants working as care workers or attending courses in order to become caregivers. I become curious to know more about their jobs. My research interests included questions such as: What is the experience of Caribbean and African immigrant care workers? How do their experiences influence their job performance and aspirations? The importance of this research is directed at understanding the workers themselves. Many, if not most, care workers were not care workers or even working in the health sector in their native countries, but are now doing these jobs. How did they end up in this field? What are their experiences as frontline care workers? What are their career/job hopes five to ten years from now? This information can show us how immigrants get funneled toward particular sectors of the labor market and how race and gender may play a role in their choices and experiences. Second, it is important to know what challenges they are facing in their work and how their work affects their lives generally. Challenges can include issues like race or gender, mentioned above, but may also include things like job instability, career advancement, or economic distress. Finally, given that we are currently living in an era of real anti-immigrant sentiment, I hope to assess the extent to

which care workers are affected by certain rhetoric. For example, public approval is often expressed for higher skilled immigrants because they are supposed to contribute more to the economy. Given our current political and social climate, as well as the needs of our healthcare system, it is important to turn our eyes to the contributions of lower-skilled immigrants in the care work labor force.

A major theoretical component of my thesis is emotional management. Immigrants experience emotional management in three ways: through their immigration challenges, in their jobs and outside of their jobs. When immigrants come to the U.S, they learned to adjust in a new culture and get jobs that are below their skillsets in order to make a living. Until they go to school to get an American certification or degree, they find themselves stuck in low level jobs. This is how the care workers that I interviewed encounter emotional management through their migration. When they found jobs, they experience new dilemmas. They experienced racism, discrimination, and they were mocked because of their inability to speak English properly. Outside of work, they have to deal with immigration and integration issues. In chapter two and four I give more details about how the care workers practice emotional management in each case.

Hochschild defined emotional labor as “the process of managing feelings and expressions to fulfill the emotional requirements of a job.” (1983, p. 184). In other words, emotional labor requires people to hide their real emotions or show emotions that they don’t really feel in like the saying “fake it until you make it”. In the book *Global Woman* (2002), Barbara Ehrenreich and Hoschild tell stories of immigrant women in first world countries who work as nannies caring for child (ren) of wealthy families while they leave their own kids behind. They end up being attached to these children to the point that some say they love the children they care for more

than their own kids. Even though this statement might seem genuine, the workers say it while fighting their distress and guilt.

Kang (2003) goes further with the concept of emotional labor. She personifies different dimensions of emotional labor and shows how race, gender, and class help to shape its performance. She argues that emotional labor relates to gendered bodily display in service interactions. Hence, she defines body labor as work that involving the exchange of not only body-related services but also physical and emotional labor for a wage. Nail salons remain a niche for Asian immigrant women in the United States and daily these workers have to deal with many emotional stressors that come with customer service. Her ethnographic study involves nail salons that serve white middle-class customers, those that serve working class, mostly black customers, and those that serve lower income of various races. Depending on where their work is located, the manicurists have to be aware of the customers' emotional attentiveness, the customers' preferences, maintain interactive conversations, and have high technical skills. (Kang, 2003) These are necessary in order to satisfy customers' needs and earn tips.

In this chapter I have given a little background on research on immigrant care workers and my interview methods. In Chapter Two I discuss the struggles that immigrants face in and outside of their jobs. In Chapter Three I analyze what I consider to be the positive experiences of immigrant care work. In the last chapter, I mention other themes I found in my data and my perspectives about this research

Research Methods

To gather my data for this thesis, I conducted semi-structures interviews. Qualitative data, including interviewing, lets us consider meaning and symbols by analyzing people's experiences. I contacted semi-structured interviews, asking questions that touch on topics such as

race and gender. Semi-structured interviews use one interview guide for all respondents but give interviewees a lot of freedom to focus on things that matter to them. The interview questions led each discussion but participants had flexibility to bring up topics that were most important to them. I asked questions such as: what motivated you to do this job? What aspect of the job do or don't you like and why? What relationship do you have with your coworkers, the family members of your care recipients, and your care recipients themselves? These questions are broad to allow responses that are guided by participants based on what is most important to them. As they talked, I paid careful attention and probed for additional relevant details. For instance, one of my respondents told me that they preferred to work with white people instead of people of color although she does not speak English very well. I asked her how did her care recipients manage the language barrier and how tolerant are they towards them? This helps to understand how workers manage to get the job done while having to deal with the lack of English skills.

I divided my participants into two groups: workers younger than thirty years old and older adults. My original plan was to interview 20 to 25 workers but after I did my first ten interviews I decided to have a proportional representation of both groups to specifically look at school attainment. This is important, because one thing that I realized when I came to the U.S is that not only do immigrants tend to do these jobs but they also tend to stay in these jobs for an indefinite amount of time. I wanted to see if younger immigrants, those who tend not to have as many responsibilities, like raising children, are more likely to move up the healthcare ladder and, if not, what factors might contribute to that. Most of my younger interviewees were recruited through Facebook. Before I started my field interviews, I messaged all my high school classmates whom I know work in those jobs or those that I know are studying nursing, for their participation. For the adult interviewees, I started with family members then I decided to ask

multiple people for referrals. Some of my adult interviewees are people that I saw coming to my job this summer wearing scrubs. The uniform gave me a hint that they are healthcare workers, however, I asked them what their job titles were. Those I asked who worked either as CNAs, nurses, phlebotomists, residential counselors, HHAs and PCAs whether they would participate and asked those who did not to recommend people they know.

I started by using convenience sampling to reach out to contacts I already have, then used a snowball sampling method, asking interviewees to recommend others who could speak to me. Snowball sampling is useful for difficult to find populations because each respondent helps you widen the research field. I focus on immigrants from the Caribbean and Africa because they populate these jobs but they were also the most convenient to me. All the interviews were done over the phone and were recorded. Because of their work schedules, I did not have a specific time set up for the interviews. When I found my participants the first thing that I did was taking their number, then I asked them for their availability and I wrote their availability in my calendar. Some of the interviews were done while my participants were on break or working alone at home with their care recipients or while they are coming from work, sometimes around midnight. Not all the interviews were done the day that they were scheduled for but the participants were eager to help, therefore will give me other availability. Most of the interviews lasted for about twenty five minutes but the others did not exceed more than sixty minutes.

Although my participants were equally divided between ages, they were not equally divided among sex or nationality. For example, most of the interviewees were Haitian females. Seventeen of the interviews were done in Haitian Creole. What I found is that the younger workers were eager to talk and most of the Haitian adult workers whom were interviewed in Haitian Creole had a lot to say. Some of them did not fully understand certain questions because

of the English term associated with it. Therefore, I had to break my question down so that they understand.

I had the intention to interview only low skilled workers, however, at some point I decided to also interview higher skilled workers such as nurses. I wanted to see if, as immigrants, higher skilled workers experienced the same things as the lower skilled workers and learn about the interactions they have with the lower skilled workers. There were instances when people agreed to be interviewed but once they know that they will be recorded they declined. I cannot really say what the reason might be.

There is a misconception that people who wear scrubs are nurses or CNAs, especially in Brockton. Although it partly true, since the city is populated by a lot of immigrants, people do not really know about the different occupation within the nursing field. That being said, I was mistakenly referred to other workers that did not fall into the categories I was interviewing. In my proposal I did not include phlebotomists as one group of low skilled workers that I wanted to interview. After I was mistakenly referred to a Certified Nursing Assistant who was actually a phlebotomist, I learned that phlebotomists are indeed low-skilled workers. It is important to mention that they performed different tasks than other caregivers. In my sample there is only one interviewee who is not considered as a healthcare worker: this person works as a housekeeper.

Some participants asked me if this research is going to bring any changes to their experiences. I find this question very difficult because while I am making people aware of these workers, it's not like I am creating any policies to raise their wages, or change immigration laws, or mandate that all employers provide Workers' Compensation to help them when they are injured at work. My long-term goal is to become an immigrant rights' advocate.

Given that the Trump administration has decided not to renew the Temporary Protected Status for Haitians who mostly came after the earthquake, I can foresee a shortage of caregivers in the near future.

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Chapter 2: Transition and Workplace Dilemmas

In this chapter I focus on care workers' experiences with coworkers, care recipients, and the parents of their care recipients. I begin with immigration issues to understand how the workers are impacted by immigration policies. I also mention how they get into their jobs and the difficulties that they face as care workers both physically and emotionally. Lastly, I discuss the lack of benefits and training which make the care workers more vulnerable to exploitation. By focusing on the care workers, I want to demonstrate what are the most concerning aspects of care work according to the interviewees.

Economic Integration of Immigrants

Through various immigration programs, receiving countries benefit from the cultural richness and diversity that immigrants bring, as well as their work ethic and skills. The U.S is known for offering a better life to immigrants fleeing economic despair, war, and other forms of

violence and oppression. It is believed that they can achieve the American dream if they work hard. At the same time, a current narrative surrounding immigration is that immigrants depress wages because they arrive without employable skills. In reality, there is no federal mechanism that streamlines immigrants' credentials, and this leaves immigrants with no other option but to take low-skilled and low-paying jobs. This chapter will discuss how immigrants access the job market and their sentiments regarding the job that they do.

Among advanced nations, immigrant skills have been seen as a great way to ensure productivity, high employability, and economic competitiveness. Researchers that study migration and settlement often refer to the deskilling and reskilling which are two processes that most immigrants experience once they immigrate. Deskilling happened when someone loses their skills and qualifications because they don't find jobs in their respected fields. As a result, the person takes on other trades and skills in order to be employed, a phenomenon called reskilling. The deskilling and reskilling of immigrants hinder their integration in their host countries. For example, back in their home countries, many immigrants did not have exposure to institutional settings that provide care to the elderly and disabled. These tasks are usually performed by close family members. Coming here, immigrants have to become culturally acquainted with the care work system in order to be competent to do the job.

Many immigration analysts reach different conclusions regarding the effects of immigration; some say it helps the receiving countries and others say it hurts the receiving countries. Immigration critics usually say that immigrants from poor countries hurt American workers. Using the Mariel Boatlift as a case study, George Borjas, an economist from Harvard University, suggested that the influx of Cuban immigrants into Miami in the early 1980s decreased the wage of native workers (Clemens, 2017). One of the controversies about this

report is that Borjas focused on immigrants who did not finish high school to make his point. Other studies have indicated immigrants' low level of education and social capital unable them to have full knowledge about their jobs. It was not until recent years that researchers have taken into account immigrant skills.

A growing body of literature have focused on the economic integration of immigrants in Canada. In order to attract high skilled immigrants, Canada has adopted what is commonly referred to as a points system since the 1960s. The merit-based system accounts for immigrants' education, skills, and language proficiency. Canada has six organizations that investigate whether foreign credentials including degrees, certificates, and diplomas, are equal to their Canadian counterparts. However, immigrants still face hardship. Guo uses a glass gate, glass door and glass ceiling as three barriers immigrants have to endure. Even when internationally trained immigrants' knowledge and skills are legitimized as valid employers considered them as inferior and often treat them with suspicion. Furthermore, employers use soft skills, which includes communication skills, behavioral skills and interpersonal skills, as a defense mechanism for not hiring immigrants of color.

When looking for jobs, immigrants use both formal and informal means to find employment. Most care workers tend to find jobs through friends, family, and other personal contacts. Word of mouth, which is another method of recruitment, is the best and fastest way that immigrants integrate into the labor force. In a study conducted by England and Dyck (2011) of care workers in Canada, they find that care work attracts a lot of immigrants because it is a job that is readily available to them and it discounted their lack of work experience and language skills. Moreover, the job helps them with their families financial struggles. Given that most of

these workers have dependents abroad they also have to send remittances to them. The money is necessary even if the job is low-skilled.

Understanding the definition of skills in immigrant studies is important in order to understand immigrants' adaptation. Skills as Guo analyzed it, "is socially constructed, it is not a thing" (Guo, 2015). The deskilling of immigrants is the devaluation of their prior learning or work experience. The practice of credential devaluation exclude immigrants from their desired occupations. To secure employment, immigrants learn to reorient their aspirations and skills by re-training and re-educating themselves (Guo, 2015). The low-value of immigrants' skills do not only affect their job placement but also their work experiences.

With the devaluation of immigrants' skills comes the question of how they find dignity in their work. For care workers, the societal stigma that comes with the job reminds them that they are at the bottom of the social hierarchy. It contrasts more socially fulfilling professions they often held in their home countries such as business owners, medical doctors, school teachers, and engineers. Parrenas (2001) found that in Rome, where providers of elderly care are held at a higher standard, just like other domestic workers they are considered maids. One childcare worker revealed the humiliation that she has to endure. The child that she cares for will sometimes call her "stupid, idiot" in public when she tries to hold on to him (Parrenas, 2001, p163). Although these sentiments can be generalized, some workers take comfort on their class mobility compare to poorer workers back home. For example, one college graduate from the Philippines, working as a domestic in Rome, stressed the rewards of her migration because she makes more money than what she would in the Philippines (Parrenas, 2001, p173). Even if it might be hard for the workers to accept their status, the material benefits can help them to see the brighter side of the job.

Workplace problems

When in their jobs, immigrants realize that they have to improve their English skills in order to communicate well. They are often criticized for their inability to speak effectively. Care recipients sometimes say that they do not understand what immigrant care workers are saying because of their accents. For example, the care workers mentioned being yelled at when they are being talked to by their care receivers because the care receivers believe that they do not understand English (Ehrenreich and Hochschild, 2002). Some immigrants reported they had to repeat themselves multiple times because others could not understand their accents (Ehrenreich and Hochschild, 2002). This demonstrates that accents are often used to compare with work competence and efficiency. Speaking with a non-native accent already pointed out that the individual is an “other”. In Canada, there are accent reduction programs that help to eliminate foreign accents. Guo commented such strategy is a “pathological approach and colonial mentality that renders native accent superior to non-native accents” (Guo, 2015). The language skills of immigrants indeed influence immigrants’ perception of belonging.

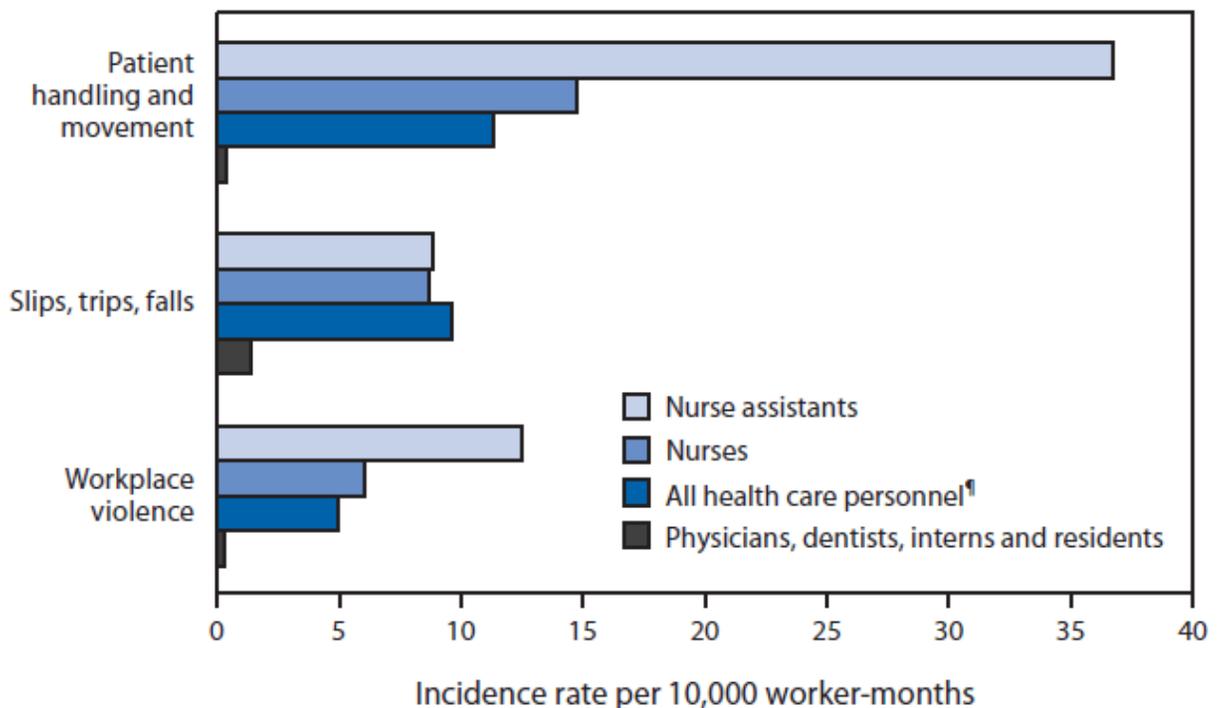
Aside from language discrimination, immigrants often experience problems that come directly from an organization’s behavior. Organizational behavior is a field of study that focuses on the interface between workers and the organization that they work for. There are multiple aspects of organizational behaviors such as how problems are addressed, how an organization is structure, organizational culture, and leadership. Together, these factors determine whether or not an organization is effective and how workers are affected. For instance, when workers are not satisfied with their jobs, they have low task performance, which implies higher employee turnover for the company (Bal and De Lange 2014). Employees needs now go beyond just earning a paycheck, they want to feel that they are part of the organization. Employees who feel

supported by management or who participate in decision-making that is related to their care receivers feel that their roles are meaningful to the organization (Andre, Rannestad, Ringdal and Sjøvold 2013). Additionally, good communication and conflict resolution strategies are found to create a strong work culture (Andre, Rannestad, Ringdal and Sjøvold 2013). However, the policies and practices that are often implemented do not support immigrant workers.

In a qualitative study investigating immigrants' experiences of workplace problems, researchers found that most workers' problems were related to work organization (De Castro, Fuhishiro, Oliva and Sweitzer, 2006). Work organization encompasses hiring and firing practices, the compensation system, trainings, and other work-related elements such as vacation, days off, and work hours. These workers were employed in construction, healthcare, and manufacturing. They received little to no training, had to work long hours, sometimes with no break, and had no or few days off. When workers ask for changes or complain to management, the employers responses can include retaliation, termination or indifference. For example, a Mexican male was fired unfairly after requesting time off to take care of his wife who had cancer (De Castro , Fuhishiro, Oliva and Sweitzer, 2006). After his employer finally granted him two weeks off after multiple requests, as soon as he returned he was fired based on an unreasonable explanation. When employers focus more on production and less on workers' necessities, the workers may leave the job because of exploitative work conditions, but only if they are able to.

While care workers are helping others, they are themselves at risk of being injured. In a study carried by Markkanen and colleagues (2015), they find that the most common injuries among care workers was musculoskeletal injuries. This includes back, shoulder, and chest pain. According to Seavey (2011), direct care work is "one of the top four most dangerous work" in the country because of the occurrence of injuries. She further explains that these workers lack the

support, trainings and supervision which allows these incidents to happen. Workplace incidents seems to be very prevalent in jobs that are populated by immigrants. Compared to native born, immigrants usually hold jobs that have poor working conditions. For example, the National Institute for Occupational Safety and Health (NIOSH) reported the story of a migrant farm worker who died of heat stroke in North Carolina after picking tobacco. It was in 110 degree weather which caused his internal body temperature to raise to 108 degrees (Orrenius and Zavodny, 2009). Similarly, those who work in the meatpacking industry are subject to amputations, skin diseases, amputations and the most extreme, death.



This graph shows the incidence rate per 10,000 worker-month as well as the types of incidences. According to the Bureau of Labor Statistics (2016) and Centers for Disease Control and Prevention (2015), nursing assistants have more workplace injuries than any other

profession--more than construction workers, firefighters, law enforcement, etc., and many more than other healthcare workers. These injuries are often debilitating, painful and ongoing.

Workplace violence, which includes biting, scratching, black eyes, and other bruising are related to aggressive residents. The policy implications are clear; there should be laws that are implemented to prevent further injuries. Back in 2015, the Massachusetts Nurses Union proposed a bill to state law makers requiring nursing facilities to buy equipment to do all the heavy lifting. This moderate partisan bill was passed in the senate and is currently being discuss in the House of Representatives.

Workers who are employed through agencies or informal networks experience these and different types of problems. Hondagneu-Sotelo (2001) highlighted issues related to the control of labor in home settings. Some employers use surveillance cameras to monitor the workers around the house in order to get the services they want. The nannies and housekeepers that Hondagneu-Sotelo interviewed often voiced that they need more autonomy and authority. For instance, when asked to describe her ideal employer, a Guatemalan housecleaner focused on an employer that will not constantly supervise her. She further commented "...you feel pressured that way, and no one works well that way" (Hondagneu-Sotelo, 2001, p 159). The statement indicates that domestic workers do not only have to deal with the social isolation of their jobs but also their employers' distrust.

Given today's healthcare costs, health care facilities are downsizing, restructuring, and cost cutting in order to deal with smaller budgets. Based on a study of Canadian nursing staff, Al Singh and Burke (2016) found that job insecurity was correlated with lower work engagement, lower job satisfaction, and the intent to quit (Al Singh and Burke, 2016). The workers expressed

that their jobs did not inspire them and they were looking for jobs in other organizations. Job insecurity not only negatively impact the employees but also organizations. It prevents organizations having a stable and productive workplace. Even when there is job security, poverty is an issue. Because care workers are paid low wages, almost half of them live near or below the poverty line (Price-Glynn and Ravoski, 2015, p36). This can explain why care workers, whether employed in facilities or private homes, various hours or multiple jobs, further endangering their health and social insecurity. The retaining nursing staff is very dependent on organization structure.

Emotions and job duties

The daily jobs of care workers involve both physical and emotional labor. The job setting of care workers often dictates what kind of labor they perform and their experience. The content of care also carries with the type of patients that the workers are dealing with. Working in often fast- paced settings, care workers need to be physically and mentally ready in order to provide sufficient care. Moreover, they have to deal with certain stresses in the workplace. They have to make sure that their personal feelings do not interfere with the way that they do their jobs. This chapter covers the toll of care work in the sense of emotional and physical labor on the workers as well as their emotional management.

The job of caregivers is emotionally and physically demanding; it requires physical tasks such as repositioning, lifting, and transferring their care receivers. Compared to other care work jobs, elder care involves patients that are sometimes overweight and those that requires specific medical attention. Home care workers often have no other workers to assist them. Unlike in healthcare settings, residential settings are less structured and organized. In addition to other

medical facilities, home care workers also perform tasks such as cooking, grocery shopping, and cleaning.

When in the field, these workers find themselves overworking. For example, the immigrant care workers that Wrede and Lauren (2008) interviewed reported that they sometimes feel used by other native-born care workers and other higher nursing staff. They give immigrant workers other tasks to perform which they were not assigned to do. The immigrant workers often have to request help from other workers. Given that inpatient settings value team work, care workers have to collaborate with each other in order to get their jobs done. At the same time, because of the fast pace of nursing facilities, sometimes workers are unlikely to wait until another worker is available to ask for help (Price-Glynn and Rakovski, 2015). This means that they are at more risk of being injured.

Because care workers work under extreme stress and a high workload, they are more likely to experience job burnout. Burnout is interpreted as “a syndrome experienced in response to chronic on the job stressor and has both consequences of organizational factors and a driver of suboptimal well-being and productivity” (2016). The workers can be mentally and/or physically fatigued at the end of their shift. This can even have spillover effect in the family. To demonstrate this, a study carried out by Gassman-Pines showed how immigrant parents’ work environment can affect child’s behavior and family functioning. The parents’ moods were coded as being often “exhausted”, “angry”, “hopeless” and “frustrated” (Gassman-Pines, 2015). As a result they took their frustration out on their child. They might interact less warmly with them or they withdrew interacting with them. This suggests that parents experience significantly affect their family development.

Race and ethnicity are two major problems that immigrant care workers have to deal with. Tasks that are unacceptable for certain groups of people are rendered acceptable for minorities. For example, in Italy, domestic workers, who are mostly women of color and immigrants, are supposed to scrub the floor on their knees instead with a mop (Parrena, 2001, p174). As immigrants, workers are often belittled for their skin color, their language skills, and sometimes their credentials. Although not every worker experiences discrimination first hand, it is something that they might see in their work environment.

The racial division of work is well noted. Evelyn Nakano Glenn, who was among the first to write about this issue, analyzed the contrast between the jobs held by white women and women of color. She stated that women of color tend to do “heavy, dirty, back-room chores” while white women hold supervisory and professional position (Dyck and England, 2012). Women of color often work undesirable jobs which produce unfair wages. Immigrants also find themselves in these narratives as they are more likely to hold jobs that natives do not want.

Not all immigrants are treated the same. Compared to other immigrant domestic workers, Filipina women are praised for their work ethics as well as education. They are held at a higher standard and also get paid more. Moreover, they are more respected and are considered as a “status symbol” (Parrenas, 2001, p 177). At the same time, other employers prefer to hire women from other developing countries because they tend to be deferential. Here, not only their level of education matters but also their cultural background. In societies that have rigid gender roles, women have to be submissive and compliant even when they are facing marital abuse. Therefore, they are less likely to speak up against discrimination and injustice in the workplace.

In health care settings, there are hierarchical structures that divide the labor of nurses, nurses' aides, and other health care providers. In nursing practices, task shifting is one way that

health care professionals assert their power. Task shifting is defined as “the delegation of or transfer of tasks from regulated health care professionals to care workers” (Barken, et. Al, 2014). Although this compromises the care receiver’s well-being, because these professionals are the ones who assigned the tasks, workers obey them. There is little literature on the relationship between nurses and aides. Despite their job titles, both aides and nurses are responsible for providing the best care to patients. It should be noted that many nurses work their way up from beginning as aides first since these positions give them a foot in the door to the nursing sector. Murphy and Roberts (2008) noted that nurses learned to promote the intrinsic values of nursing, which are fairness and equity, when working with others. As leaders, nurses are supposed to create an ethical work environment. Without the nurses’ aides, the nurses would not be able to do their work effectively.

The gendered nature of care work is also important to consider. But care work is described by feminist scholars as the task of caregiving “which is traditionally a taken for granted female activity and regarded as the natural life work of women” (Natsuko, 2011, p9). Similarly, in their study, Wrede and Lauren (2008) conclude that care work is rooted in social and cultural hierarchies. Therefore, it is labeled as women’s work and dirty work. The lack of attention paid to male care workers is surprising because men certainly contribute to this workforce. Care work reinforces the gender-role assumptions that women are supposed to take care of, and nurture, others at the expense of their own self-interest.

In the next section I will discuss what I found in my data. I use my data to either compare or contrast what other researchers have found. I use direct and indirect quotation to personify the themes and when it is necessary I paraphrase. Some of the names that are introduced in this

chapter will also be mentioned in chapter three and four. The quotes give a direct representation of the themes that I discussed.

Findings

Immigration limbo

I want to start with the ongoing immigration experience of one of my interviewees. It highlights the current immigration dystopia that the country is facing. Silvio, an older male residential counselor from Cape Verde, was worried about his status in the U.S after President Trump announced he would cut the amount of H1B visas awarded every year. Silvio came to the United States to get his masters in education after having years of experience in teaching back in Cape Verde. He was awarded a F-1, or non immigrant student visa, then he was able to obtain an Optional Practical Training (OPT). OPT is a benefit that allows students with F-1 status to work legally in the U.S. up to a year. After the OPT is expired, Silvio told me that one can continue to work as long as their employer can sponsor an H1B visa for them. On the other hand, if the person does not get a job after that one year, or their job does not sponsor them, they will need to leave the country. Another possibility might be to re-enroll and start the F-1 visa process all over again. I interviewed Silvio ten days before the expiration of his work authorization.

Although his employer sent his H1B sponsorship application to the immigration office, Silvio was very impatient to know whether or not he would be approved. He was not the only worker who was facing this problem. He works with various residential counselors from Sierra Leone , Uganda, and Cameroon who are also under the H1B visa. Fortunately, they work with a well-known disability school in Massachusetts that is willing and able to sponsor them.

Silvio was one of the first five participants I interviewed. Before I began the project I was curious to know how immigrants are impacted by recent changes in immigration policies. I was

attentive to their personal stories and how they are able to find fortitude. Emmanuel, a young male pharmacist, who moved to the U.S. legally and had to wait one year until his papers were finalized is able to use his immigration story to comfort his coworkers and patients. During that one year period, he told me he was technically undocumented because he was not able to work, go to school, or participate in certain programs. However, he had faith that his situation would not last long and he also took the advice of his friends to volunteer and make connections with people in his community such as the Brockton Public Library and Career Work, an employment agency. Last summer, there was an Immigration and Custom Enforcement (ICE) raid in Brockton after a lawmaker made a post on Facebook. I asked Emmanuel about his personal encounter at the clinic during that time and this is what he told me.

That day nobody came to the clinic. It was predicted that the officers will come to the clinic and get the patients. So, a lot of them freaked out. I never knew that most of the people that I was serving are undocumented. I was just shocked! This was not a pleasant situation for anybody at work that day. A few of my coworkers also have family members that are undocumented so they were all afraid. Everyone who are undocumented stayed at home that day, they didn't went to work, school or do anything.

What we can draw from Emmanuel's story is that immigrants are influenced by immigration tension. Since that day, Emmanuel told me his clinic as well as other organizations in Brockton, organize meetings where they invite immigration lawyers and activists to educate people about their rights. Patients who come to the clinic are given a card which includes a lawyer's contact in case they are stopped by any ICE officers in the future. Although this situation was a one day event, it is worth nothing that recent shifts of immigration policies have created occurring tension in many immigrant households. Many employers constantly ask that their employees show their legal documents or work permits. It is very common now, the employers very strict. One of the interviewees from Cape Verde told me that at the nursing home where she works, if a worker does not show his or her documents, they will get fired. If the person says that they are in

the process of getting their papers, the managers will ask them for proof. Not only are workers under attack but those pursuing a degree, are facing similar difficulties.

The President's decision to end the Protected Status of many immigrants who were granted legal status based on humanitarian grounds has shaken the Haitian community. Many are shocked, disappointed, and fear losing loved ones or being forcibly relocated to Haiti. Some who have established lives here said they feared losing their dreams. For example, Ronald, an older Haitian who works as a Licensed Practical Nurse (LPN) stated that nursing students are at the center of this chaos. Having to personally being undocumented and going to nursing school, he knows what is like to be rejected because of his immigration status. He completed three classes at Quincy College, then he was kicked out of the nursing program. The way he explained it to me is that because of the demand, it's easier for those who are undocumented to get kicked out of the program and harder for them to get in. Whenever a student who was already in the program drops out, the school then reaches out to other potential students. With their uncertainty about the students that are TPS beneficiaries, the school does not want to risk accepting those students into the program.

The current immigration dilemma is not only a political issue, it also has emotional ramifications for the care workers. Imagine being at work and having to worry about your immigration status and your job duties. Would you not be tormented knowing that there is nothing you can do other than hoping for the best? Ronald, the LPN mentioned above, said that he has seen the effect of the TPS news on the Haitian nurses' aides he works with. He told me at times he can just look at the aide and know that the news has taken their joy. At times he will see them in the living room sharing anything they notice in the news in regards to immigration. Some of them are just not motivated to work (not that they do not want to), others will just take it

out on the patients if the patients annoyed them. Experiencing elevated levels of anxiety can have long-term impacts. Kimberly, a young Haitian clinician who works with adolescents with behavior issues, mentioned that since the election she has been receiving a lot of visits from her clients. They often voice their concerns about their parents and friends whom they are afraid might get deported.

When I asked the interviewees if they ever discuss immigration issues at work, forty out of fifty immigrants, those that work in facilities, told me they have talked only with their coworkers but not the patients. I was fascinated to hear that nursing homes as well as hospitals do not want the healthcare workers to discuss any controversial issues with their care recipients. This includes religion, immigration, and others. Even if it is the care recipient that brings any of these topics into a conversation, the care worker has to stay neutral. Natacha, who works in private homes, jokingly told me by not discussing immigration she is able to save her life because some caregivers might have firearms in their house and if they see that her opinions opposed theirs, they might decide to kill her.

Transition, job finding and routes

The quotes and stories I shared previously mostly focus on the immigration status of some caregivers. I also want to discuss the social status that these caregivers acquire once living in the country. Before migrating, immigrants pictured a beautiful life in the U.S. However, when they come they see it is not the kind of life they had hoped for. Career wise, they become a failure because they do not hold prestigious jobs. I identified four main issues that care workers face; adaptation, adjustments, lack of proper information, and orientation into life in the U.S. All these dilemmas are common for any newcomers. They have to settle in a new country without the knowledge of what to expect, or who to call when they have problem. Because of their lack of

knowledge, abusive and unfair treatments often follow. Unlike the young interviewees, all the adult interviewees experienced the phenomenon of deskilling. From being teachers, lawyers, or nurses in their home countries, they now work as low skilled care workers.

The most common reason why people migrate is to better their economic prospects and opportunities for their children. I did not ask any questions regarding the cause of their migration, however, I did ask interviewees what motivated them to their jobs. As I was recruiting participants, I remember someone telling me that it will be very easy to find people to interview because almost everyone in Brockton (a city largely populated by Cape Verdeans and Haitians) is a caregiver. She is not the only person who makes this assumption. Veronique, an older CNA from Haiti, mentioned how she was frustrated by something a patient told her and went into detail about what he said. ““How come all Haitians when they come here they either work as CNAs or nurses?” He asked if we got selected to do these jobs before we got into the boat to come to the U.S.” Well, why do the interviewees work as caregivers?

When immigrants come to the U.S many do not have abundant career options. To begin, they are not able to use their degrees once they come here even if they were nurses and want to work as a nurse here. They have to start all over again and find any jobs in order to make a living. Thus, they end up in low skill or low level jobs such as taxi drivers, caregivers, construction, and agricultural workers. The two most common answers I got from the interviewees on why they decide to work as caregivers were; they took it because it is a demanding job or a friend or family member advised them to start as a caregiver in order to get their foot in the door for a potential career in nursing. Whether or not they will like the job does not matter. Especially for people who are not used to caring for a family member or sick patient it can be hard to adjust in the job. For example, two interviewees mentioned that at first they

faced difficulties to take care of the patients because it is a very nasty job. They also mentioned throwing up after the first few days of work and thinking that they would not be able to do the job. “Ewww,” said Isabella, a young Cape Verdean PCA “I know it’s going to sound stupid but I didn’t expect that I was actually going to wipe people’s behind. Even though we talked about it in class, once they throw you on the floor it is a different concept”. Fighting between their guts and financial needs, they concluded that as they do the job (helping patients with their bowel movements) they will get used to everything.

The two interviewees that I just mentioned are females caregivers. If this is their experience, what is that of male caregivers? Out of the eleven male care workers I interviewed, only three mentioned the gender differences and issues that exist in the care work sector. What they found is that the oldest female patients are more likely to prefer female care workers. In some facilities, not all, the male care workers are assigned to work with only male patients and the female patients are assigned to the female care workers. In instances where a male care worker is assigned to a female patient and that patient does not want any male to take care of them, that care worker just exchanges the patient with a female care worker. By doing this, there is a small possibility for the patient to say that they were sexually abused. One of the interviewees recalled an incident that happened to a male CNA nine years ago. Apparently, the patient was racist and she was raped at a young age; she did not want any males in her room, including nurses. Unfortunately for the CNA, after he went to check the patient’s vital signs she reported that she was abused. The CNA was placed on temporary leave while the nursing home conducted an investigation. Though he was found not guilty, when he came back to work he was placed to work on a different floor so that the patient could not see him. To tackle this issue,

now, many facilities have included the patients' personal histories and preferences in their admission files.

From the perspective of a female Clinical Care Assistant (CCA) which is equivalent to a CNA, she believes that the nursing field needs more male care workers in order to deal with violent patients. She pointed out that the female CCAs can't even take a punch or restrain the hits. Whenever there are male CCAs on shift, the combative patients listen to them, even if the worker is black, and act up a bit less. Obeng, one of the three male care workers mentioned above, uses this particular situation to his advantage. He is able to get some favors from his supervisor, because there are not a lot of males at his job, which they really need. At the same time, he mentioned the only part of that he does not like is having to do personal care for the female patients. "I knew what I signed up for but whenever I am heading to the bathroom with the patient, I'm like danm!". Luckily he works during the night, therefore he performs personal care for only three patients.

Because the care workers usually have children who are dependent on them and they have to be financially independent, caregiving jobs maybe within their reach. Some got recommendations by friends and family members, others find employment through agencies and word of mouth, and there are also those that find alternate. They are self-employed, they refer themselves to friends and associates as caregivers. With this option they are able to negotiate their wage with the family members of the care recipients. What sometimes make the care workers's job search are experience and job location. For example, Guerlande, an older Haitian who now works as a CNA, told me how hard her job search was. When she came to the U.S she went to a pharmacy technician program and got her certification. Unfortunately for her, she

couldn't find any jobs. Places like CVS and Walgreens, which were her last resort, did not want to hire her. After one year of being jobless she decided to go and get her CNA certification.

Workers' perceptions of the job

People often look down on caregiving jobs because the job involves a lot of dirty work. It is a job that requires a lot of humility, they are at the bottom of the nursing poll. Caregivers deal with a lot of bodily fluid, they deal with the care recipients' feces, and they have to clean them up. They do the dirty work of the nurses. This is why they are often humiliated and insulted by the nurses as well as the care recipients. Caregivers are not often seen as helpers but rather as "butt wipers".

Betty, an older Haitian CNA who has been working at the Veterans Affairs hospital (V.A) since 2003, compared her job to that of *bayakou* in Haiti. Some patients at the V.A would call her just to clean them up. They would tell her that she should do as they say because they put their lives on the line for the country [as prior military personnel] and she did not. These cases usually happened between white care receivers and immigrant care workers of color, both in nursing homes and in hospitals. *Bayakou* is a Haitian Creole word which describes a job that involves manual labor to empty septic tanks and pit latrines. Given societal views of this job, referring to someone as a *bayakou* is most undignified. Betty said "You will find patients who tell you that they pay you to clean them so do your job. As a result of that I call the job *bayakou*. When someone talk to you like this they really consider you as a *bayakou*." The reason behind her claim is that because the job involves tasks such as "wiping people's behinds," as Anna, a Cape Verdean HHA said, the society views this job as disgusting, low-down, and dirty. Even when the patients can do a task by themselves, they would rather call the CNAs to do it for them.

Usually the tasks are those that no other health care workers would like to do or would help to do.

Similarly, Marie, another older Haitian worker, compared her job to that of a maid. She works as a CNA at a nursing home and as a phlebotomist at a hospital lab. She prefers the phlebotomy job because it is not a stigmatized job. Also, she mentioned something a few of the participants said: in hospitals nurses' aides do more than just routine chores. Because hospitals are superior to nursing homes, nurses' aides gain more experience when they work at hospitals. They take the blood pressure of the patients and other clinical things. They are put on the same pedestal as the nurses, they are able to go in meetings with healthcare professionals they work with, including physicians.

If it is true that immigrants are doing jobs that native Americans would not do, could natives' unwillingness to do caregiving jobs be associated with the social stigma of the job? Isabella said since she stated working in the field as an HHA back in 2006, she realized that white people are less likely to work as low level care workers and if they do, they do not stay for long. I was curious to know her opinion on why they often leave the job. Based on her perspective, white people do not care about the job. First, they do not like the duties associated with the job. In addition to that, the white workers do not like to overwork themselves because the nursing facilities often operate with short staffs. This is what Isabella said, "if they see there are only three CNAs during two days, they will not show up on the third day because they think the same thing will happened again." This can explain why most care workers are often immigrants and one of the common themes found when asked about their jobs is that they overwork.

Racism, discrimination, and indifferences

I did not specifically ask the interviewees how people perceive their accents or their English skills, however, some of the interviewees said their accent can cause problems for them. Beatrice, an older CNA and HHA from Haiti, mentioned that after she received her certification it was hard for her to get a job because she couldn't successfully conduct an interview. Now, although her English skills have improved, she still has a strong accent. She went further to say that her clients are very patient with her and that her work skills make up for it. She has been doing the job for so long that she is proficient at her job. "My clients accept me the way I am, if I go to their house and I tell them that I have decided to stay with them and not go home, oh my God, they will be so happy!".

Care workers also get ridiculed for their English skills by other care workers. For example, another older Haitian CNA named Rachel told me a story of her encounter with a white CNA.

There was a patient who came to the nursing home and I went with this Haitian nurse in his room to do his admission. The patient has a problem, he can't really hear when you are speaking to him. After that, I left the room. As I was leaving, I saw one of my coworker who is white standing by the door. She told me that I don't have to bother speaking with the patient because if he couldn't understand what she was telling him, the patient wouldn't understand me either. She told me that she is American and she is the one who speaks "pure English".

The literature often refers to patients who are racist and make unnecessary comments but so do other coworkers. In the example above, the real problem was the patient's inability to hear when people talk to him which is probably linked to his age. However, the white worker took advantage of the situation to comment on Rachel's ability to speak English. Coworkers can indeed surprise you; at times they can be as mean as the patients. A Nigerian CNA mentioned that she is a minority where she works because most of the CNAs are either Haitians or Cape Verdeans. They are always speaking in their native tongues and when they do she does not know if they are talking about her or sharing important information.

In my data, 43 of 50 interviewees mentioned that they have experienced racism, either directly or indirectly, at work. Despite the emotional rewards that come with care work, being a person of color and an immigrant greatly influences what they experience in their work environment. They are often called “nigger”, they are reminded that they are immigrants and that they are the minority.

I interviewed a young Brazilian named Debra, who works as a direct care worker. She shared how she saw racism manifested in her workplace. In the house where she works, the family members are very racist. On her shift, she works with another direct care worker who is Haitian whom she described having “dark skin”. The family members will say things to the Haitian worker such as “Yeah, I should have hired you to clean my bathroom, I should have hired you to clean my house or hey, look at your skin, you have a dark color”. The worker will always get mad and go off on the family members. At times, they will come to the house and they only greet Debra. When I asked Debra why she thinks she receive a different treatment, she proceeded to say it’s because of her skin color. Although she is an immigrant herself, her light skin favors her. This shows that even though some care workers do not directly experience racism, they do indirectly. One thing that my participants commonly said they do not like about the job is finding racist care receivers who see them simply as workers.

Those who work overnight shifts and have fewer interactions with the patients or clients praised their shift choice. Apart from doing routine checks in every room, the only time they face the patients is if patients call them for something (or by putting the call light on) which means they are less at risk of racist and demeaning comments. This is common for workers who work in private homes as well as those who work in institutional settings. For those that experience racism from the care recipients they mentioned that this type of racism is generational. They

believe that based on how and where their care recipients were raised, they carry those same beliefs into their adulthood.

Conflicts between care workers

Nurses depend on the CNAs in order to take good care of the patients. Like one of the CNAs told me, CNAs are “the eyes and the ears” of the nurses. They spend more time with the patients, and they are more likely to see a change in a patient’s health. It is important to note that care workers who work in hospitals are less likely to have a close relationship with patients because they admit and dismiss different patients every day. Regardless of this fact, there is no difference between the experiences with superiors of CNAs who work in hospitals or other settings. Many of the interviewees mentioned that they get belittled by the nurses because they do not have a proper degree. They are often reminded that the nurses are the ones in charge. An older Nigerian female CNA said this about the nurses who work at her nursing home: “They think that they are the boss, they want to control you. They boss you around, they want you to do this, and they want you to do that.” This was not relevant for those who provide care at the clients’ residence because there are no other health care workers around when they are working with the clients. Two older male nurses told me that it is very common to see disputes between the nurses and CNAs at hospitals and nursing homes. What usually happened is, unlike in the case of the patients, they report each other to the manager who most of the time is the head nurse. Some of the CNA interviewees complained that the judgement is never fair because most of the time the managers are white. Therefore the CNAs do not really feel like they have a voice. This shows why race and ethnicity are important in how we view care workers. Also, when it’s very busy or the patients have their lights on, most nurses do not want to help the CNAs out. They would rather sit on the computer and act as if they are too busy.

I interviewed two head nurses, an older Haitian male, and an older Bajan female who first started as a CNA in the 1970s and now works as a head nurse. They both mentioned that they practice fairness and whenever they cannot settle a dispute they hand it over to someone who is their superior. Surprisingly, the Bajan head nurse did mention that she has had some misunderstandings with CNAs. One time, she asked a Haitian CNA to shave a patient but the CNA did not want to do it because she believed that the head nurse could have asked someone else to do it and from there the situation escalated. The nurse said, “She said that I personally don’t like certain people at the job which was definitely not the case. I get along well with all Haitians, in fact, my daughter’s godmother is Haitian. I never let where someone is from to be a problem.” As it can be seen, the issue between the two Caribbean workers was not about race but rather power. In every health care institution, nurses are at a higher level than the CNAs. They have the power to delegate different tasks to the CNAs. For those who were once CNAs too, they may try not to abuse their power.

Shella, a young Haitian nurse, voiced the disadvantages of having to be a CNA then working as a nurse at the same job. Given the CNAs’ familiarity with her, they tend not to listen to what she says. Asking them to do something as a nurse is tricky because they know that Shella used to be a CNA just like them so she will not ask them to perform additional tasks even when it’s needed. Shella feels like the CNAs are taking advantage of the relationship she has with them as well as her kindness. She realizes the tougher a nurse is, the more compliant the CNAs are.

Care workers do not only have problems with nurses and superiors, they also have to deal with other caregivers. Sometimes they find themselves working with people that only cause drama. For example, Deborah, a Cape Verdean PCA, mentioned that she is tired of her

coworkers because they always include her in their drama. Whenever her coworkers are bored, they start talking about each other's lives. At times things get out of hand, and the house managers have to step in to resolve the problem. Another problem that causes tension among care workers is lazy coworkers who do not perform their duties. Some care workers make a big deal about that because they have to pick up the slack of their coworkers.

Benefits, policies, training, and workplace incidents

Care workers face multiple workplace hazards including physical injuries, violence, and musculoskeletal pain. Since these risks are well known to employers, I wanted to know if workers were educated enough about policies regarding medical coverage when it comes to workplace incidents. The care workers reported that they learn to protect themselves because their employers are careless. Whenever staff gets hurt and they do an injury report, they claimed that nothing ever gets done about the issue. For example, Edwidge, a Haitian CCA, hurt her back after landing on the floor while she was transferring a patient to her bed by herself. She filed an incident report immediately and she was sent to the physical therapy department inside the hospital where she works. The physical therapist did an examination and made her do some exercises. Once she got home, she realized that she couldn't lay down, she was not able to sleep and her body was getting weak. She had to fight with her supervisor to get two days off.

In my data, only six participants mentioned that their employers provide Workers Compensation. I do not know if the rest of my participants read their employers booklet and actually understand all the rules and policies related to their job. Most of the answers that I got from the participants were that they only know they have to file an incident report when an incident happened to them at the workplace.

Among the participants who mentioned that they have been injured while at work, three interviewees voiced their concern about the use of their employers' doctors. The issue is when it is the employer's doctor they will tell workers that they are ready to go back to work before they are healed. Samson, who was injured after a patient hit him, shared his own experience. Part of his injuries included a black eye, a few cracked ribs, and a dislocated shoulder. He was sent immediately into an emergency room. After being admitted he found out that the doctor worked for the company, he left right away, and went to his personal doctor. The company's doctor told him that he would be all set to go back to work within four weeks. Yet, when he went to his own doctor, he was told that he will need two months of therapy before going back to work. He was glad that he made a smart choice by going to his doctor. Another participant who was injured at work mentioned why employers provide their own doctors. The employers want to cut costs and at the same time have a working labor force. When a worker goes to their personal doctor, the employer will be suspicious about the worker's intention. The employers are always looking out for their own benefits even if it is to the detriment of their workers. Guerlande, an older Haitian CNA, explained the hypocrisy within the workplace.

They will never tell you all the policies, you will know only know what they shared with you. When you come back to work after something happened to you, they will assigned you the light assignments at first so that you can get ready. However, if they see that you can't work for a long time they will fire you. Mchui (sucking her teeth) if while you are working with a patient an incident happened to them, they will take your CNA certification and fire you right away. They will not think twice about it.

Ramira, a young Cape Verdean who works as a direct care worker, told me the story of her coworker. What happened was, a direct care worker was working with a client and the client took a hole punch and smacked the woman's head with it. She ended up having a bad

concussion. She was not able to work anymore but the company did nothing to help her with her health. Instead, Ramira said she heard the company just gave her “hush money”.

In this line of work, workers learned not only to protect the patients but also themselves. Those who are certified go through extensive training. However, those who are not certified, such as PCAs, Residential Counselors and direct care workers, were trained by their employers once in the job. I asked my participants if they think they received enough training for the job. Most of my participants believe that they received enough training, however, they also said that they can never be ready. Alondra, a nursing student from Cape Verde, who works as a residential counselor stated that the company expects a lot from them while they don't receive proper training. “I am literally doing the job of a CNA. When you get thrown into a house, you have to know how to use all the equipments. They don't tell you what to watch out for and whatever happened they will held you accountable.” The lack of communication and organization put the care workers at risk.

Wages, short staff, unions and work-family spill over

On the issue of short staff, I was curious to know the reasons why most nursing facilities operate with short staff and what managers were doing to fill this gap. I asked Watson, who works as a charge nurse, about his opinions on this issue and this was his answer:

There are many reasons for this problem. Sometimes if they know a floor need four CNAs and they schedule four CNAs, you will find one that call out sick or that decide not to come last minute like they might pick a shift at another job or they know the shift will be hard so they just don't show up. At the same time, sometimes the managers don't care. Hospitals and nursing homes are big business, it's just how they are. Patients are no longer patients, they are clients, and they are accounts. Employees are no longer people, they are profits. As an employee you have accept things how they are, there are no way around it

The key problem is when there is a shortage of staff the other care workers are expected to work at the same level they would work with a full staff, which is impossible. Having three care

workers for five patients is not the same as having two for the same number of patients. The workers cannot perform magic to get the same result. When things go wrong, the care workers get the blame. Their bosses would say that they did not follow the steps or use the equipment properly, knowing for a fact that the workers are not at fault.

People who work for agencies face two problems. The first issue is the agency takes part of the workers' pay for their fees. Because the workers are employed through them and they are the ones that "find" jobs for the workers, they take their portion from the paycheck. The reason why people often use recruiting or staffing agencies is because these agencies generally find a job within a short period of time due to contracts they have with different companies. Another problem care workers experience is that the job is not guaranteed. Anytime their client dies or is hospitalized, the workers lose that client. For example, Tika, a Haitian who used to work for an agency as a HHA, told me why she decided to get her CNA certification. "I can spend one month where I go to work almost every day and other months where I barely go to work. As a CNA, you are able to work anywhere and let's say you work full time at a hospital or nursing home you know those forty hours are guaranteed." Similarly Emi, an older Haitian who works as a HHA for an agency, told me that because of the instability of her job she also does Uber to cover part of her bills.

In general, care workers are employed by for-profit organizations which means that they are not unionized. One of the participants, Ines, a young Cape Verdean who works as a residential counselor for an autism center, stated that her company has a union, however they do not want the employees to join the union. In fact, Ines said this is a strategy the company uses so that they can have more control over the workers. By making them scared of the union, they will have no one to go to when something happens or they get fired "over stupid stuffs". Therefore, it

works for the benefit of the company. Mercy, a young Kenyan who used to work as a residential counselor, was wrongfully terminated from her job after the parents of her client falsely accused her of abusing him. Because her case went to court and her employer “washed their hands clean,” she had to deal with her legal proceedings by herself. She mentioned that if she were part of a union organization, they would have referred her to a lawyer. Her narrative demonstrates that non-unionized workers are put to extreme disadvantages.

Moreover, care workers are not compensated the wages that they deserve. In my data, forty eight of the participants believe that they should get paid more. A few of the participants mentioned that there is a difference in pay based on the location someone works. For example, a person who works as a CNA in Brockton might be paid four dollars less than someone who works in Boston. Also, the more experience one has the more they pay them compared to someone who is new to the job. However, the pay still doesn't reflect the amount of work they do. This is why many care workers work multiple jobs and pick up multiple shifts. Guerlande mentioned that overworking does have a spillover effect into the family. She mentioned that some kids end up doing drugs and become pregnant at an early age because their parents were not around to look after them. The parents had to do many jobs in order to pay the bills. Therefore, the children are left unsupervised.

Balancing family and work can be very difficult for care workers. Jiselle, a nurse from Barbados, told me about her experience as a young mother struggling with work as well as nursing school. At times, she had to leave her young daughter with strangers in order to go to work. It affected her a lot because she wanted to really bond with her daughter but her situation did not allow her.

Encounters with family members

During the interviews, I asked all the participants what relationships they have with their care recipients' family. Based on the answers of the participants there are two types of family members. The first type are those that are not grateful, who see the caregivers as just someone who got paid to do the job. They might visit the patient and see that the CNAs are busy, they will still call them to assist the patient. Some of the family members cause trouble when they come to visit the patients. Whatever the workers do, the family members are never satisfied. For example, Anna, a young CNA from Cape Verde, described the family members as "a pain in the ass". She used to work at an assisted living facility and the daughter of one of the patients always had something to complain about when she visited her father. She complained to the charge nurse, and to the floor manager about the CNAs. As a result, the management team came with a lot of new rules that everyone had to follow.

The second type of family member actually appreciates the job of the care workers. They realize that the job can be difficult at times but the workers are always dedicated. They might show their appreciation by buying gifts or food for the care workers. These gestures show that they are grateful for the work of the caregivers. Care workers are told by their supervisors not to take anything from the patients and their family members. When the family members come with gifts they give them to the care workers' managers or get their approval in order to give the gifts to the care workers. I also find that having any special relationship with the family members can actually be a problem. The family members will want the care worker to pay more attention to their own patient. They want to impose things on the workers for them to do as favors. The care workers have to treat everyone equally, they cannot take only one patient into consideration and forget about the others.

Physical and emotional labor

Low skill health care workers understand their employers' expectations regarding emotional behavior. They have to suppress their real emotions and at times keep silent in order to please everyone around them. To begin, workers learn not to bring their outside problems into the job. When they enter a patient's room they are told to smile, say "Hi", and have a little conversation with the patients and their family members if they are present. They must keep a positive attitude or the family members might say that they are rude or they didn't say hi or they were speaking in their maternal tongue to another care worker in their presence. They often find patients who call them names, make racist comments at them, or even hit them. Despite some emotional rewards that come with care work which I will discuss in Chapter Three, care work is extremely challenging and being a person of color and an immigrant greatly influences what they get from their work environment.

People do not often recognize the impact that caregivers make in the lives of their care recipients. The care workers do not feel encouraged to do their jobs because often, people who are supposed to acknowledge them do not pay attention to them. They go over and beyond to make sure that their care recipients receive good care. Unfortunately, caregivers feel like they are taken for granted and that their efforts are unseen. For instance, Amboise voiced her irritation about the lack of understanding of the family member of one of her clients. She always stresses herself to get to the client's house on time but if she arrives one minute late the daughter of the client complains. When her car broke down, the daughter told her that she is negligent for allowing her car to break down. The daughter does not realize that Amboise takes her job seriously.

Caregiving is a very tiring job and many care workers experience burnout. Burnout not only leads to poor quality of caregiving, but also causes job turnover, habitual absence from

work, and low job motivation. Burnout contributes to deteriorating health and well-being of workers, causing physical and mental problems and diseases. The workers don't really have time to sit down, they are very busy, and even on their break they find themselves busy doing patients' logs. Even if they are not clocked in, they still find things to do. They are assigned more patients that they are capable of taking care of. On top of caring for the patients, care workers also have to monitor the patients to make sure they do not leave the facility or take the stairs or elevator. If they make a mistake and something happens to a patient, the care worker would be accused of neglect which can cause them to lose their jobs and even go to court. It's very risky!

For those who work in nursing homes, it is very difficult to take care of multiple patients and help other coworkers. Because the job is physically demanding, care workers work in collaboration with their coworkers to get tasks done. Unfortunately those who work at the patients' residence do not have anyone else to help them with their tasks. This often puts them at risk of hurting themselves. For example, Tamara, a young Haitian HHA, wishes that she had a coworker because she is petite and sometimes she is not able to transfer her clients. One day, she fell on the floor while transferring one of her clients and until this day she still has back pain.

I asked all my participants what personal characteristics one needs to have in order to do their job and I found three popular themes which are self-control, caring, and patience. For instance, a patient might put on his call light and the care worker will leave whatever they are doing to go assist that patient thinking that the need is urgent. When they go to the patient's room and ask what he wants, the patient will say "I was just bored and I needed to talk to somebody. You don't have to tell the nurse anything". This is what Beatrice mentioned. One young female Haitian who has been working as an HHA for three years said, "This job can be very stressful, you will feel like you want to quit. The Americans always say 'don't make your

problem my problem.”” Considering the population that they are working with, the last thing that they can do is lash out at the patients.

As we have seen, this chapter speaks directly to the topic of emotional management. The care workers suppress their feelings when they experience racism, indifference, injury, and inconsiderate family members. The care workers are not supported by their employers. They do not receive enough training, wages, and benefits. Hence, high turnover is a common problem in health care facilities. Moreover, the care workers are greatly affected by current immigration issues.

Chapter 3: Positive Experiences

In Chapter Two I described the dilemmas that the care workers face at work. In this chapter, I will talk about the care recipients and their interactions with the care workers. I wanted to not only mention the negative aspects of the job but also the positive sides as well. I will highlight other features of care work job such as patient care, job satisfaction, personal attachment and karma, the care workers understanding of their care receivers, nursing ethics and caring, rewards, satisfaction, and advocacy. These themes help to explore other feelings about care work based on the perspective of the caregivers.

Patient Care

Being a care worker requires more than providing close, physical attention. Direct care workers provide support and information to the families of their care recipients; they prevent hospital readmissions, and they contribute to the management of chronic disease (Seavey, 2011). Paid care work is a job which requires workers to give their undivided attention to someone else. The main duty of caretaking is the act of “pouring love” (Parrenas, 2001, p183). The care sector

includes different types of care receivers. Some are chronically ill, suffer from Alzheimer's, dementia, others are totally dependent people.

The concept of caring is culturally seen as part of women's identities. It involves the act of caring for and caring about another individual (James, 1992). Thus, it differentiates women from men. Women are responsible for the taking care of children, dependent relatives, and the needs of their husbands. Similarly, caring for the frail and disabled is easily compared to the nurturing of children even when it is unpaid work. Considering the fact that most carers are women, they play two different roles. Caring can be either direct or indirect. It is direct when it involves "personal and emotional engagement" and indirect when the activities performed require minimal human interaction as in the case of house cleaners (Anderson and Hughes, 2015, p43).

One aspect that is very distinctive about care work is relationality (Armenia and Clare 2015): care workers have a genuine relationship with the people that they care for. Aides are encouraged to see the care receivers as their family. This model of family "builds a morally obligated and emotionally devoted worker" (Dodson and Zinavage, 2015, p198). The job demands that workers have affection, love, and patience. Employers who consider their domestic workers part of their family usually treat them better. Domestic workers considered "being part of the family" as being "treated like a human being" which allows them to get away with occasional mistakes (Parrenas, 2001, p181). This phenomenon also has its downfall, it can also be used to exploit workers. The workers will sometimes have additional unpaid labor, which employers viewed as a "labor of love" (Parrenas, 2001, p180). This demonstrates that the use of intimacy gives employers more leverage in the relationship and creates work behaviors that meet their own interests.

James (1992) mentioned that one of the problems that many nursing staff have to deal with is the pressure between “organizational priorities and individual patient care” (James, 1992). This means that a lot of times the worker’s enthusiasm to help an individual can interfere with other tasks. Also, there is not enough time for them to provide the care patients need. A patient might request for a task to be done but might end up doing it themselves because the care workers would not have the time to do it for them. The individual might feel like she or he does not want to be a burden to the busy care worker.

Many scholars who research care work observed the notion of dependency that exists in care work. The problem with this conception is that it characterized “care recipients as objects rather than actors in their own care” (Duffy et. Al. 2015, p9). Being dependent reminds us of the care receivers’ inability to take care of themselves. This in fact can affect their feelings of self-worth. For example, William, who suffered from a condition that caused him to lose his bodily control, did not allow anyone to bathe and dress him. Doing these activities would allow someone else to see his nakedness, which he would be ashamed of (Dyck and England, 2012). This means care workers have to be mindful of their care recipients’ wishes which can be hard to accommodate. The care workers that Dyck and England interviewed noted that treating the patients with dignity and respect are important aspects of nursing. By working with a patient over time, care workers will learn more about the individual in order to preserve their self-esteem.

In the nursing field, healthcare workers are encouraged to maintain patients’ dignity, especially those who are in end-of-life care. From a study done on how nursing home staff promote the dignity of the residents in their work, one of the dignity-conserving practices the

workers used was treating the residents as they would like the residents to treat them (Gennip et. Al, 2013). When this is applied, care workers take their own values and preferences and project them on the residents or in a particular situation. The care workers also mentioned treating them decently, such as calling them Mr. or Mrs. and listening to them attentively (Gennip et. Al, 2013). These examples are actions that contribute to residents' sense of self and personal identity.

Job satisfaction

On the part of the caregivers, it's important to know if they are happy and contented and fulfilling their desires and needs at work. One factor that drives job satisfaction is motivation. Employers first have to make sure the workers have an interest in the tasks that are associated with the job. People may have the skills but if there is a lack of passion in the job they will not do the job as happily and as good as they would. There are two types of motivation: intrinsic and extrinsic. Extrinsic rewards are external factors that provide incentives such as money, bonuses, and praise from others. Intrinsic rewards are internal, and they are related to the value of what we do. At the organization level, non-financial rewards are often associated with workers' intrinsic rewards. Non-financial rewards can be appreciation, job recognition, and other non-monetary recompense.

In a study conducted by Meyer (2015) interviewing immigrant workers in the care work sector, immigrants reported that relationships with both clients and their family members were essential for rewards, and positive experiences. They quickly learn to understand residents' preferences in order to provide the most efficient care, but also to make their own experiences more pleasant by avoiding conflict. Not to mention, some care workers also advocate for their patients. They raise alerts when patients receive inadequate care, abuse, and neglect. This can be

described as whistleblowing which is “any reporting of misconduct in the workplace or the disclosure of wrongdoing that threatens others” (Hammervold, Malmedal, and Saveman, 2009).

Care workers provide solutions to issues that the patients are not able to vocalize. With these themes in mind we will see what the interviewees have to say.

Findings

Personal attachment and karma

Over the years caregiving has taken a different shape; it is no longer completed by family members and friends. It has been commodified into paid labor. The caregivers become a second family for those they take care of. They provide social, physical, and psychological assistance to the care recipients. By seeing each other every day, a bond is formed between the care workers and their care recipients. They joke around with the care recipients in order to cheer them up. The interviewees said that their care recipients see them as their daughters, best friends, and sisters. Some care recipients go as far as sharing their secrets with their caregivers. These relationships help caregivers to better know their care recipients as people.

In the previous chapter I talked about the advantages and disadvantages of having good relationships with the family members. In a like manner, care workers find themselves in the same situation with their care receivers. Some patients or residents prefer to be cared for by particular nurses' aides, even if the caregiver is busy assisting other people. For instance, Ngozi, an older Nigerian CNA, vocalized how her work is becoming too much for her. She has a friendly personality and a lot of residents at the nursing home like her. There is one resident who does not want to work with any other CNA than Ngozi. She does take pleasure in working with that resident, the problem is, on days that she doesn't work, the resident waits until Ngozi comes back to work to take a shower and do her hair. In addition, when the resident knows that Ngozi is

on her floor she will put the call light on just so that Ngozi can come check up on her. Ngozi sometimes tells her that she will tell the nurse that doesn't allow her to do her job. The patient will tell her that she will tell the nurse that Ngozi deserves the employee of the month award because no one takes care of her like Ngozi does. Similarly, those that work in residential programs told me that some clients want them to live with them. Whenever they are leaving the house, the clients will ask when they will come back. The advantage that they gain is that if they got fired, some clients call the agency and ask that the care workers be hired again.

The story of Natacha, a young Haitian HHA, stood out as an example of the benefits of having good relationship with care recipients. She was hired by an agency to take care of a ninety two year old woman. This was the first and only case she had since she moved from Delaware to New York. As she worked with the woman, her husband became frail and needed care too. She ended up taking care of both the husband and the wife even though she was getting paid only for the wife. The wife always told her daughter how Natacha takes good care of her and that she is a good worker. The daughter was amazed at how her mother praised Natacha and she referred her to work for two of her friends' parents. One thing that stuck in Natacha's mind was the fact that the wife gave her a car after her own car was crashed and she wasn't able to come to work.

Some care workers feel more connected to the job when they are taking care of their own family members. Not that it happened consciously, but because it's very personal to them, they put in more work. Khadra, a young Somalian female HHA who was motivated to get her HHA certification in order to take care of her disabled brother, mentioned that there is a very big difference when she is working with her brother compared to strangers. "For my brother, I go above and beyond because I want him to get the best care. I do want the best for everyone..."

where for other people I just do what is on the paper.” Even though she mentioned this personal element, many care workers said that they can only perform the tasks that they are assigned to do for the patients. They cannot exceed their job’s requirements because that might put their jobs in jeopardy. For example, if a client requests to drink some juice and the care worker gives it to them while it is not written in their work assignment, they will be held accountable for anything that happens to the client.

In my data I find that one thing that makes immigrant care workers overlook whatever the patients might say or do is relationality. In African countries as well as Caribbean countries, people are taught to respect their elders and not talk back to them. In those cultures, the elders have significant importance. Moreover, back home, many of these immigrants took care of their elderly parents and grandparents, who most of the time lived with them. Now, even though they are taking care of complete strangers, they still hold the same ideologies. A younger Haitian HHA named Fabiola described her relationship to her patients this way: “I always tell people that, just treat them just like you will treat your grandparents, think of them as your grandparents because I don’t think anyone will treat their parents or grandparents bad.” Many immigrant care workers share this sentiment. If you treat the elderly badly, you will definitely face the consequences because my respondents strongly believe that they have the power to curse you.

There is a contradiction between relationality and indifferences. The care workers are thought to treat their care recipients as their own family members meanwhile they are discriminated by the same people they show love to. One thing about reproductive labor is that it cannot be monetarize perfectly. Despite the indifferences they experience they suppress their emotions in order to provide emotional and physical support to their care recipients.

Equally important is the notion of fate. Everyone that is born will one day get old and therefore is subject to have any illness related to aging. Immigrant care workers believe that the way they treat their care receivers will dictate how they will be treated in their old age. Both the older and the younger workers express that no matter what the patients do to them, what's important is the care that they are providing to them. Many of these care receivers need assistance to do activities of daily living such as cleaning, eating, combing their hair, etc. because they are unable to do it themselves. While the patients can be difficult to work with, care workers I interviewed remind themselves that one day they will be in that same position and therefore they should be kind and considerate towards their care receivers. A younger Ghanaian male named Obeng, who worked both as a CNA and HHA, said "We all need to get the best care or we will want to get the best care so in order to have that, you need to give that care out to someone that needs it so you receive it." He realized that by being there for his care recipients and giving back to them, in return, he will receive much more in his old age. There is a saying "you receive what you give", and this is why most care workers see their work as an opportunity to shape their own dying years.

Care workers also find it hard to deal with the death of their care recipients. Several interviewees mentioned that one of the hardest parts of their job is seeing their patients passing away. Although it is something that they should expect, the emotional part is cleaning the patient's room or entering the room without seeing or hearing the patients' voices. Furthermore, when some patients die there are no family members that come to take care of the funeral. One of the interviewees mentioned that she wishes that nursing homes allowed caregivers to go to the residents' funerals. Because of the relationship that they build with the residents, it make sense to pay tribute at their funeral.

The interviewees who work at the care receivers homes either as PCAs, HHAs, or residential counselors, have more interactions with their care recipients compared to the interviewees who work in nursing facilities. Not only do they have a limited amount of clients to take care of, but they also have authority over the social activities they prepare for the clients. For example, the interviewees mentioned that they bring their clients to the zoo, to Foxwood casino, to the movie theater, and to the mall. The care workers find these activities beneficial to the clients because they are able to experience what most people do on a daily basis. The interviewees also said that they familiarize their clients with their own culture by cooking their food and listening to their music.

Understanding the care recipients

Many of the care receivers that the immigrant care workers work with suffer from dementia, Alzheimer's, and mental illness. People with these issues do not act the same way as people who have only physical disabilities. Care receivers who have mental illness have diminished brain control. There are different behavioral and psychological symptoms of mental illness including aggression and violence and many can be verbally abusive. The interviewees mentioned that whenever the patients lost their lucidity they say and do things at no fault of their own. A patient might say a CNA stole their glasses when in reality they don't even wear glasses. An older female Haitian CNA mentioned a patient was looking for her money and could not find it so the patient ask her what she did with the money. For anyone else listening to this, they might decide not to work with that particular patient anymore because of the way he insulted them. However, the CNA mentioned that although at that time she was mad, they all learn that the patients might say and do things they don't really mean when they are not in their "normal state." A younger female Cape Verdean who works as a residential counselor said, "It's not them

acting willingly, but it's because of their sickness, that is why they are acting like that. So you got to be patient with them." This is why learning about the patients' mental illness helps care workers to evaluate each of patients differently.

Just like most immigrants struggle with their identity when they immigrate abroad, the elderly` have similar experiences. Before reaching their current stage, the care recipients were contributing to the society and had a normal life like everyone else. Now they see that they are at a stage where they depend on someone to take care of them (the workers are seeing their private parts), they have no friends and some of them are bedridden. Some of them are not happy when a care worker is doing their personal care because it shows them that they have lost their independence. This really affects them psychologically and at times, many of them have suicidal thoughts. This is why to better serve their care recipients, care workers need to have sympathy for them. When Natacha, the HHA mentioned previously, lived in Maryland, she worked with a client that had suicidal thoughts and that was a hard experience for her. The client used to tell her that he feels abandoned and no one likes him. One day, while she was at the client's house, the client said that he will officially put an end to his life using a rope or a knife. Natacha quickly alerted the agency and had to hide anything that the client could use to do the act. Though not every care worker might have this experience, nursing facilities and agencies educate care workers on what steps to take when they are working with suicidal care recipients.

Besides mental illness, there are also those care recipients that have challenging behaviors such as aggression. These behaviors can upset family members and intimidate and endanger the staff. Caregivers learn how to prevent aggressive behaviors from occurring. If not handled properly, the care recipients can escalate, and this will make the situation worse. According to the interviewees' responses, one can never be ready for these situations because they always

happen unexpectedly. Some facilities use Electroconvulsive Therapy (ECT) which is a shock treatment to treat agitation and aggression; however the interviewees who work with combative patients mentioned that they do not use ECT. Instead they restrain the patients as a last resort. The restraints decrease the care recipients' activity level and their ability to function independently. Restraining can be physical, chemical, or environmental. The interviewees understood that aggression and violence are a manifestation of underlying psychiatric disorders. A patient can hit a CNA without being aware of what they are doing. At times, it is an expression of their emotions.

There is a saying in nursing facilities that "the patients are always right". A person living in any care facility maintains the same rights as an individual in the larger community. To name a few of these rights, there is the right to complain, right to be fully informed, and right to privacy. The care workers cannot force their care recipients to do anything unwillingly even if it is for their wellbeing. Watson, mentioned that he always advised the nurses' aides to leave the patients alone whenever they do not want to comply. This is what he thinks of the patients "The patients are our boss, they are the ones who are paying their money. Without them, hospitals and nursing homes will be nonexistent and I wouldn't be able to get a job. " This is important especially for long term facilities such as nursing homes because they often seem scary and depressing for the residents. It is reassuring to know that care facilities have rules and guidance to help surging numbers of care recipients to live with grace.

Nursing ethics and caring

The mistreatment of care recipients is not always physical. Care recipients are often ignored by staff members because they are too busy to handle the demands of the facility. Care recipients often need help to accomplish basic tasks, like getting dressed. Refusing to help them

get ready for the day or not helping them with toileting and hygiene could isolate them from the other patients. I mentioned before that these facilities keep staffing at a minimum to increase profit. Nadege, an older Haitian CNA, explained her frustration about what she saw while she was doing her clinical work at a nursing home. She observed a lot of times when the CNAs give the patients food but they do not wait until they are done eating, they just go to another patient. When the time is over, and they see the patient didn't eat the food, they do not ask the patient why they didn't eat the food, they just throw it away. When her clinic was over she concluded that she will never work in nursing homes. Instead, she goes to the care recipients' residence which gives her the ability to be closer to them.

Watson shares the same sentiments as Nadege. He believes that nursing homes do not really care about the residents' well-being, they are interested in the profit that the patients bring to their organizations.

When you work at a nursing home you are not really going to take care of the patients because you do not have time to do anything. Some family members will come and ask me how the patients are doing meanwhile I do not know who the patients are, what their names are. I don't know anything about them. I start passing out medications once I start my shift at 3 o'clock until 11 o'clock. I can't take a break even when I want to. I have 25 patients. I am supposed to check the blood pressure of every patient who suffer from high blood pressure before I give them their medications. You think I can check their blood pressure then give them the medication? You can't.

Watson ended up in a cycle and he felt like he was not practicing what he took an oath for. In nursing school, they learned that the patients' health should always come first. However, when in the job, he has to prioritize other things. The patients are the ones who suffer the most from this situation.

Rewards, satisfaction and advocacy

During the interviews one of the questions that I asked the care workers was what part of their job they like the most. Almost every participant said that they are happy that they can help

someone who depends on their assistance. Whenever their care recipients are happy, they are happy. It is not like a traditional job; care workers help their care recipients to achieve their goals as well as to improve their health or quality of life. Despite the difficulties they face in the job, the care workers believe that they are actually making a difference in their care recipients' lives. Ten out of the fifty interviewees complained that some care workers do the job for the pay but their heart is not in the job.

Four out of the fifty interviewees mentioned the mistreatment of care receivers by other care workers. For those who work in nursing facilities, they said that they have seen other care workers being rude to some patients either because the patients did something to them or because they are dealing with their own personal problems. At times they witness care workers who hit the patients after being hit. As Guerlande described these situations, "it's like giving them a taste of their own medicine". For the residential care workers, they said there are care workers who go to the clients' house and only spend two to three hours then leave. The clients stay by themselves, sometimes with a diaper full of poop or pee, and no one is there to change them. However, none of these four care workers said that they ever report their coworkers.

From the information I gathered from some of the care workers, especially those who are home-based workers, some clients do not get what they deserve. Apparently, there is a social system which allocates money based on clients' financial capability. Those that have money are given the most funds and those that do not have money receive less funds. It makes it difficult for the care workers to provide for their daily living. Moreover, the care workers do not necessarily get the things that they request for their clients based on upper management. The interviewees complained that they are the ones who work with the clients, therefore they know what things are effective and what they are not. They feel like whenever they have to file a

request, it is like filing an argument for why they think the client needs are. If the managers do not see their request as a valid case, their request will not be granted. Three of the interviewees said one of the reasons they are furthering their education is to advocate for patients so that they can receive proper care.

Despite the fact that the care workers get mistreated by their care recipients, they are able to understand their illness and treat them as they would treat their family members. They forgive all the wrongdoings of their care recipients to better care for them. The caregivers do not like when they are not able to take good care of their care recipients due to other duties assigned to them. Though care workers do not earn a livable wage, their care recipients motivate them to do their jobs.

Chapter 4: Conclusion

In the previous chapters I discuss the prevalent themes that I found my data. They emphasize writings on commodified care work. However, there are other things that I found interesting that did not fit within any of the sections. They highlight other complexities and topics that are not in the literature reviews. Although these topics might be somewhat unrelated, they help to complete my analysis about the experience of immigrant care workers both in and out of the workplace.

Resentment and competition among care workers

One of the questions that I often asked the interviewees as a follow up question based on the relationship they have with their coworkers is what is the race of their coworkers. Knowing about the race and ethnicity of their coworkers. I was hoping to gather information about the advantages or disadvantages of working with people like them. For example, because of the language barrier that many immigrants experience, working with people of their own ethnic

group certainly makes the job easier because both parties are able to communicate freely while with other people they might not be able to express themselves the way they want. But a few of the Haitian interviewees mentioned that they did not like to work with other Haitians either as patients, employers, or coworkers. One of the drawbacks that was mentioned is that when they work independently for Haitians, they are not compensated the proper wage. Moreover, some feel like there is a hate tendency that exists within the workplace especially when it comes to career advancement. Guerlande, who is soon to be a nurse, said that she never tells anyone she is furthering her education, especially Haitians, even though they know that she goes to school. Whenever someone asks her what she is going to school for she tells them that she is taking a few English classes. Laughingly, she proceeded to say "...it's not hard to believe because I am trying to improve my English skills". The other care workers might think that they will be left in the same position, doing the same job, while their coworker got their nursing degree and might come back to be their own nurse supervisor or nurse manager.

This actually happened to Watson, an older Haitian male who is a former medical doctor, when he used to work as a pharmacy technician at a hospital. Because he is trilingual, the hospital promoted him as an interpreter but he decided to keep the pharmacy technician position because he explained to me, in that position he was actually using his medical skills. Due to the fact that he was getting paid more than all the other pharmacy technicians and his supervisors (most of them were white), they all started to treat him differently. As a result, he was not motivated to be a pharmacy technician for long.

Competition over the accumulation of capital is a hidden reality of immigrant communities. Care workers become the victims of competitive care work, especially those who are jealous of their success in the labor market. Amboise, an older Haitian worker from Haiti,

told me that she would rather work independently all her life instead of working at any nursing facilities. Based on her observation, care workers in nursing homes and hospitals do not like when they see their care workers picking up too many shifts. When she was living in Florida, she knew someone who worked as a CNA at a nursing home that was poisoned by one of his coworkers. The CNA used to pick up so much shifts that some of his coworkers were not able to work additional shifts when they needed. Because of this reason, a lot of people did not like him. This is how Guerlande see the CNA's experience applies to her "I love to work a lot of hours, as long as there are available shifts I would sign up to work". She is implying that if she was to work at a nursing home people can become jealous of her and poisoned her too.

Another factor that creates competition in nursing facilities is management. Some jobs provide incentives for care workers to report other staff members. The care workers can write up their coworkers whenever they see them mistreating a client or not doing their jobs. Some care workers might make up lies and report their coworkers to get ahead. James, a young Haitian nurse, said that this issue creates mistrust among care workers. Someone might be a good worker but make a mistake one time and get reported.

Religiosity

Immigrants tend to be more religious than the U.S born population (Pew Research Center, 2013). For religious people, all aspects of their life are impacted by their faiths. I did find a connection between some care workers' faiths and how that helped them manage their feelings. An older Haitian CNA named Lourdes, who works at a nursing home, told me about an experience she had with a patient and how she struggled with her own faith. The patient wanted to smoke and Lourdes decided to take him outside. However, she was very busy so the patient was being impatient and started to swear at her. Lourdes got mad and didn't want to bring the

patient to smoke. As a result, the patient put feces on his bed and lied to the nurse manager, telling her it was Lourdes that put it there. Knowing that she was innocent, Lourdes wanted to defend herself and confront the patient. Throughout her years of work, she said this is one thing that she will never forget. She said “I know that God says that we have to forgive so I try to forgive the patient. There are certain things that you can forgive, but you can’t forget.” In order to work with that particular patient Lourdes had to get rid of all her bitterness and anger and relied on her faith to help her.

Religion offers guidance on how people should work and live with one another. I did not ask any questions about the participants’ faiths, but many of them mentioned “God” or talked about their beliefs in the interviews. Two other Haitian female interviewees stated that God can reward the care workers depending on how they treat their care receivers. They believed that they should put their hearts into the job, not just when a supervisor is around but at all times. There are multiple Bible verses that urge followers to excel in the job that they do because at the end their labor will not be in vain.

Regulations, rules, and respect

Elder abuse is a serious problem and law makers have tried to take measures to prevent what is occurring in many nursing facilities. In 2015, a federal bill that aims to allow nursing home patients or their family members to install surveillance in rooms didn’t pass the Senate Medical Affairs Committee. With the use of video monitoring, family members can observe care workers and see how they are caring for senior or disabled family members. On the other hand, the care workers who are innocent can be interrogated whenever something happens to the patient. In Chapter Two I mentioned a Kenyan residential counselor, Waceera, who was falsely accused of being an accomplice to abuse. The parents of one of her care recipients put a video recorder at

the house without anybody's knowledge because they believed that their disabled son was being physically abused. The company for which she was working handed the matter over to the Department for Developmental Services (DDS), and the police got involved. The police charged everyone that was working with the client and they all lost their jobs. What is even worse is that they could not work anywhere because anyone who ran their CORI would see that they have a pending charge. Unfortunately for Waceera, she was working for another organization that provides care to people with disabilities and she ended up losing both jobs. What bothered her most was the fact that even though she is not guilty she is at risk of not being able to attend medical school because of her CORI. Her story shows that surveillance cameras have their benefits and drawbacks.

Not many family members use surveillance cameras, but many control the care workers by bossing them around. I have found caregivers who are annoyed whenever the family members or the patients are ordering them around. Natacha told me that she has a particular client she still struggles to get along with due to their excessive commands. The problem is the family members want to show her that they are paying for the client, therefore they want Natacha to do what they say. Natacha always reminds them that she is liable only to the agency and that she will only follow the care plan the agency gave her for the client. Comparably, Myou, a Haitian phlebotomist, encounters the same problem with her clients. They will tell her how to perform the tests as if she does not know what she is doing. Myou complained that they are minimizing her and trying to teach her what she went to school for.

Different names, different connotations

Throughout the interviews I realized that the interviewees were using different terms to refer to their care recipients. For example, those who work in nursing homes call them residents, those

who work in hospitals call them patients, and the others who go to the care recipients' homes call them clients. I was eager to find out why there was so much variation in the titles. I found that the names were associated with the location and the health state that the person is in. Hospitals called those for whom they provide care patients because they are sick. Nursing homes called care recipients residents because the nursing home represents a home to the residents. These facilities provide a safe environment for the residents until they pass away. Many of the residents never have family members come to see them, all they know are the care workers and other residents that are in the nursing home. Because they are there for an indefinite amount of time, nursing home make sure that they know the residents' needs and preferences. Those served at home are served with greater independence. As clients, care recipients are buying the service of caregivers. The care workers are not allowed to wear scrubs when they are visiting them because that will make them feel as if they are being cared for as people who are at hospitals and in nursing homes.

Concluding thoughts

My research shows that frontline caregivers experience a great deal of satisfaction from their jobs but experience even more racism, fear of job loss or mistreatment, and general insecurity at work. Many of their stories are difficult to hear. Immigrant healthcare workers are vital to the U.S. economy, their patients, and their local communities and we should be looking for ways to help them stay and take care of the most vulnerable, rather than trying to push them out. The stories of the interviewees can help policy makers make informed choices when it comes to laws regarding immigrants. A current narrative surrounding immigration, though, is that immigrants depress wages because they arrive without employable skills. In reality, there is no federal mechanism that assesses immigrants' credentials, leaving new arrivals with few

employment options. Despite other challenges that they have to face outside of work, these workers devote their work to the betterment of the elderly and aging population. The experiences of these immigrants reflects colonial oppression that they experience in their home country. Under colonial powers, their parents and grandparents had to work under slave-like condition either in sugar cane fields or plantations. This research allowed the voice of immigrant care workers to be heard. It applies to a range of disciplines including social work, public health, management and political science.

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