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Understanding of ethnic 'Otherness' in relation to elderly care provision/ reciprocity: empirical insights from Sweden

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What is this lecture going to be about?

- The social construction of ethnic 'Otherness' within the context of Swedish elderly care.
- Results from two research projects that have aimed to shed light on how ethnic 'Otherness' is understood depending on which elderly care actor we are speaking of
 - Do we understand ethnic 'Otherness' differently when we are referring to an elderly care recipient or an elderly care provider?
 - And if so, what are the implications of our understandings for the planning and provision of elderly care as well as for cross-cultural interaction in health and social care settings?
- Swedish elderly care and the specifics about ethnic relations in that context.



What is ethnic 'Otherness'?

- Term used to denote those that have an ethnic and cultural background that is different from ours.
 - Often used to denote those that belong to ethnic minority groups (and/or have foreign-born backgrounds).
- In this particular presentation – which departs from work done in Sweden - the term will be used to denote people that have a foreign-born background.
 - In Nordic countries the term foreign-born is often used synonymously with the term migrant irrespective of when people have migrated, how long they have been in the country and whether they have a Swedish citizenship or not.
 - Nordic researchers working on ethnicity use therefore the term 'migrants' to denote the specific social position that is accorded to foreign-born people in these countries
- And because foreign-born and migrants tend to be regarded as ethnic 'Others' in this part of the world (i.e. it is their non-Swedishness that is deemed interesting rather than their ethnicity per se), this is the term we often use to denote the social position that being foreign-born or having a migrant background entails.



Demographics: the elderly population in Sweden

Population in 2011: 9 million+

- Percentage of it that is foreign-born: around 14%

- Percentage of it that is 65+: around 17%
 - Percentage (of 65+ population) that is foreign-born: around 11%
 - Number of countries of origin represented: 165
 - About half of them were born in a Nordic Country and 90% in a EU country.
 - » The ten largest groups come from: Finland, Germany, Norway, Denmark, Former Yugoslavia; Poland; Estonia; Bosnia-Herzegovina; Hungary and Iran.
 - One in ten was born in a country outside of Europe
 - The majority of foreign-born older people live in the largest cities: Stockholm, Gothenburg & Malmo



Demographics: foreign-born/ migrant workers in Sweden's elderly care sector

- 20% of new recruits to community medical and welfare services in 2004 were foreign-born
 - that figure has doubled since 1995
 - 14% of employees in these sectors were born outside of the EU
 - in 1996 there were only 5% with that background.
- 15% of employees in the elderly care sector in 2007 were foreign-born
 - in 1995 there were only 9% with this background
 - the growth has consisted mainly of those born outside the Nordic countries



What do we need to know about the Swedish elderly care debate:

- Interest in migrants within the context of elderly care began back in the 1980's in Sweden.
- Up until the mid 1990's the debate about this was based on with municipality-launched reports that reviewed hypothetical scenarios of relevance to the sector
 - These were often conducted by anthropologists which is interesting as far as the debate on migrants/ ethnic 'Otherness' is concerned.
 - These reports were primarily inventories of 'anticipated' future problems that focused on what it is like to age in a foreign-country.
- The 90's were characterized by interest on non-European elders even though people with these backgrounds are the minority as far as older migrants are concerned.
- Municipality-launched empirical studies were launched in the mid-90's but most of these studies were:
 - Small-scale, ethnic-specific and late-in-life migrant-based qualitative studies.
 - Departed from samples that were neither representative for the ethnic-specific groups that were studied nor for the foreign-born population they are meant to be about.
 - And fail to differentiate between those that are aging as migrants and those that have migrated in old age.



The elderly care debate takes, however, for granted that....

- Foreign-born older people pose a challenge to Swedish elderly care since they have 'special needs'.
- Their 'special needs' require that the sector becomes more culturally-appropriate.
- The implications of int'l. migration to this sector can be reduced to the 'culture-specific needs' of foreign-born older people with non-European backgrounds that have migrated late-in-life (i.e. those that constitute the minority)
- Culture/ethnic specific initiatives for foreign-born older people are needed:
 - in 2004 the National Board of Health and Welfare carried out, for example, a survey in order to assess what different municipalities are doing to plan for this group.
 - 50 million crowns were allocated by the same this agency in 2007 for the development of initiatives for this group of older people.



What is the empirical point of departure of this lecture?

- A research project focusing on the Swedish public debate on elderly care (based on daily newspaper articles) that has touched upon issues having to do with migration, culture, ethnicity, language and religion (using content analysis)
 - This is a project that aims to unveil the understandings of ethnic 'Otherness' that underline the discussions that these newspaper articles tap into.
- Another one focusing on cross-cultural interaction in Swedish nursing homes (using ethnographic data - participant observation data and interviews)
 - This is a project that explicitly explores if and how understandings of ethnic 'Otherness' have any relevance for cross-cultural interaction within the context of Swedish elderly care.



What is the state of the arts of research on media representations of ethnic 'Otherness'?

- Research on media representations of ethnic 'Otherness' has explored how different types of media convey messages about different kinds of groups which are often regarded as ethnic 'Others'
 - Such as migrants, asylum-seekers, refugees and/or ethnic minorities.
- Most of this research has unveiled an array of negative representations
 - Which I think may be because the focus has been on specific societal problems – such as crime, drug abuse, honor killings – as opposed to focusing on the settings in which social interaction between ethnic 'Others' and ethnic majority members take place.
- The project on the Swedish public debate was designed in order to contribute to this research gap
 - It focuses therefore on a context (i.e. a welfare sector - elderly care) that has not been studied within media representations research and where debates on ethnic 'Otherness' seem to have shifted over the past two decades.



The project on the public debate on elderly care aims therefore to...

- Shed light on WHAT newspaper articles having to do with elderly care and focusing on migration, culture, ethnicity, language and religion convey about ethnic 'Otherness'
 - What topics have been discussed?
 - Is ethnic 'Otherness' *always* deemed to be a challenge?
- Shed light on HOW the media representations in question are constructed
 - Do they differ depending on who the elderly care actor in focus is (whereas the focus is on ethnic 'Others' as care recipients, providers and informal caregivers)?
 - And if so, how?
- The methodological point of departure is therefore
 - ALL of the articles published between 1995-2011 in one of the two major Swedish daily newspapers (n=123 daily newspaper articles in total).
 - Using quantitative as well as qualitative content analysis

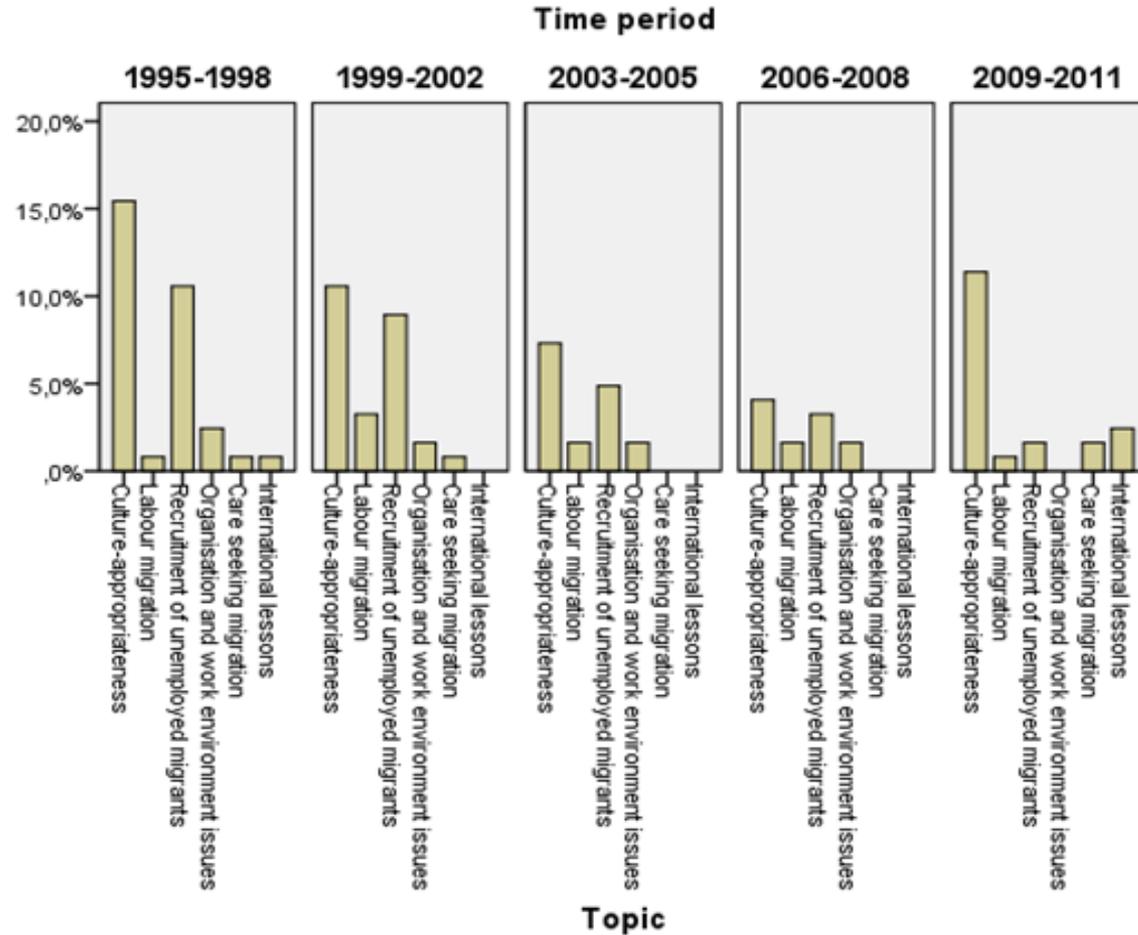


Themes discussed in the articles:

- 48.8% out of the 123 articles analyzed were about the need for culture-appropriate care
- 29.3% were about the recruitment of unemployed migrants to the sector
- 8.1% were about labor migration (the import of workers from other parts of the world)
- 7.3% were about organizational and work environment issues
- 3.3% were about the sector as an arena for care-seeking migration
- 3.3% were about international lessons (i.e. things that the sector could learn from other countries)



Focus of the debate over time:



SVD



Topics being discussed in relation to type of elderly care actor (recipient, providers, relative) and ethnicity (Swedes vs. ethnic 'Others'):

Themes		Elderly care actor				Totalt
		Ethnic 'Others' as elderly care recipients	Ethnic 'Others' as elderly care providers	Ethnic 'Others' as informal caregivers	Ethnic majority (i.e. native Swedes) as elderly care providers or recipients	
Culture appropriate care	SvD (n=60)	88.3	5.0	3.3	3.3	100
Labor migration	SvD (n=10)	-----	100	-----	-----	100
Recruitment of unemployed migrants to the sector	SvD (n=36)	2.8	91.7	2.8	2.8	100
Organizational and working environment issues	SvD (n=13)	15.4	76.9	-----	7.7	100
Care-seeking migration	SvD (n=4)	100	-----	-----	-----	100
International lessons	SvD (n=4)	25	75	-----	-----	100
Totalt SvD (N=123)		48.8	45.5	2.4	3.3	100 100



A few examples from the articles...

- “Many patients at the new Finnish-Sami nursing home in Stockholm were considered impossible at their previous residence. They yelled and swore, or sat alone and depressed in their rooms. No one realized that their anger and sorrow derived from the fact that they couldn’t make themselves understood. But research has shown that bilingual older people often forget their second language. After these aggressive patients were given the opportunity to hear and speak Finnish, they became calm and harmonious” (27/12/1995, code no. 83).
- “The sector where employment is growing the fastest is care for the elderly – and it is expected that by 2050 one in ten Swedes will be older than 80. Who’s going to take care of you when you get old? Demanding that well educated, young Swedes do it would crush their dreams and also be enormously costly to the economy and the public finances. So why not let, say, Filipinos do it? They would earn more than they would have in Manila, and Swedes – old as well as young – would benefit from it” (Article titled *More Immigrants Save the Swedish Welfare State*, published on April 5, 2008).



Some findings from the qualitative analysis :

- Culture-appropriateness is discussed but never defined:
 - These are the type of needs that the articles associate with culture-appropriateness:
 - language, social, dietary, cultural traditions, care preferences, integration and specific faith (religious) needs
- The discussion on culture-appropriateness is problem-oriented:
 - Ethnic 'Others' are extraordinarily disadvantaged.
 - They pose therefore a challenge to the sector.
- The debate on culture-appropriateness departs from differentiation and exclusion:
 - Only ethnic 'Others' have culture-specific needs.
 - Only ethnic 'Others' have the skills necessary to provide culture-appropriate care.
- Migrant care workers are described as:
 - The solution to the sector's staff shortage
 - Having exceptional caring skills.
 - Having the capacity to provide culture-appropriate care.
 - Coming from cultures that respect the elderly.
 - Being dependable workers.



This project shows:

- Media representations of elderly care treat ethnic 'Otherness' differently depending on which actor is in focus
 - Ethnic 'Otherness' + care recipients = challenge
 - because 'special needs' are taken for granted.
 - Ethnic 'Otherness' + care providers = asset
 - because the sector is in dire need of recruiting new people
 - And these workers have much needed 'skills'
 - Different argument framing logics are used in order to handle these seemingly opposing ways of treating ethnic 'Otherness'
 - The recruitment of ethnic 'Others' to the sector is framed in terms of economics WHILE the issue of culture-appropriateness is framed in terms of a cultural values logic
 - The sectors' culture-appropriateness is therefore only being discussed with respect to care recipients that are ethnic 'Others'
 - The needs of ethnic Swedes are not being considered as far as this discussion is concerned.
 - Culture-appropriateness is something ethnic 'Others' need, NOT something Swedes need be concerned with.



What is the state of the arts of research on cross-cultural interaction in health and social care settings?

- Studies that focus on the experiences care providers dominate the int'l. literature
 - Care providers who are members of the ethnic majority group have been the primary focus.
 - The perspectives of care providers from ethnic minority groups remain relatively unexplored.
- Few studies focus on care recipients (specially older ones):
 - In Sweden, for example, the little that we know is based on ethnic minorities' perspectives (i.e. elderly immigrants).
 - Ethnic-Swedes' perspectives in this respect remain unexplored.
- No study has focused on both, care providers (as providers and as co-workers) AND care recipients.
- The focus so far has been on experiences of cross-cultural interaction as opposed to the understandings of ethnic 'Otherness' that 'precedes' them.



The project on cross-cultural interaction within elderly care aims therefore to...

- Shed light on how elderly care providers and elderly care recipients perceive those that are culturally/ethnically different from them.
 - And how they relate to them.
- Analyze how the perceptions and interactions in question facilitate and/or inhibit the deliverance of high quality and user-friendly elderly care.



Methodological point and departure:

- An ethnographic study:
 - Participant observation
 - 333.5 hrs. of participant observation have been conducted during 60 days in the field
 - 30 days x 2 settings
 - 152 pages of observation protocols and an additional 30 pages of field notes (including room-planning drawings; settings descriptions and context-specific debriefing notes) have been collected.
 - A total of 125 people were observed during the course of the field work (63 were staff & 62 were patients)
 - Semi-structured interviews
 - 37 semi-structured interviews were also conducted:
 - 26 elderly care providers (7 were foreign-born)
 - 8 elderly care recipients (all were ethnic-Swedes)
 - 3 relatives to the elderly care recipients in the nursing homes (all were ethnic-Swedes)



What did the settings look like and how much data was collected in each?

Nursing home #1

- Participant observation:
 - 14 patients
 - all were ethnic-Swedes
 - 25 staff members (2 were managers)
 - 7 of them were foreign-born
- Interviews:
 - 20 interviews
 - 11 care providers
 - 2 of them were foreign-born
 - 2 staff managers
 - 5 patients
 - 2 relatives

Nursing home #2

- Participant observation:
 - 48 patients
 - 11 were foreign-born
 - 38 staff members (3 were managers)
 - 28 were foreign-born
- Interviews :
 - 17 interviews
 - 13 care providers
 - 5 were foreign-born
 - 3 patients
 - 1 relatives



Understandings of ethnic ‘Otherness’ in relation to elderly care provision:

Lack of professionalism and being a co-worker (an ethnic-Swede care worker’s perspective):

- “We Swedes, I mean native Swedes, we don’t really act that way, we are not that outspoken, we don’t use big gestures and big words but other cultures are like that. And above all, not only African women, I shouldn’t say that is only them, Chileans and other like them, they act that way...It is difficult for them, for example, to accept being criticized/.../And just the fact that they are so loud... they are so loud and they make such a big fuss about everything, a big theater show about everything”



Lack of professionalism and being a co-worker (a migrant care worker's perspective):

- "Some of the staff think that they can do whatever they want to/.../they don't think of this as a workplace, oh no/.../ and that is because of their culture, is simple is where they come from. And I don't think that it helps that much with education about going and learning how to clean...wash things...I don't think it helps. I think it is culture...and we take mostly care of Swedes so I think we should be more like the Swedes in the workplace, they know what a workplace is...those that come from other cultures they think that they are in their grandparents place and they can say what they want and do as they please/..../ but this is a workplace and some things you can't do/.../ and I think it is the bosses' responsibility to say that this is a workplace and you should cooperate with other staff"



Lack of professionalism and care-recipientcy (an ethnic-Swede patients' perspective):

- "...Of course one doesn't necessarily want to see more foreigners in the health care sector since for some reason, it becomes...one starts to feel like foreigner oneself. I think that it is enough with the ones we have but those that are here shouldn't make too much of a mark on the environment...and they don't but it is certain that if they were to grow in numbers they would more easily/.../ one would think that it can become a bit strange, it can become more rowdy, there will be more discussions, it will become loud and it will maybe be behavior-wise in a different way"



Higher expectations regarding the ability to work culture-competently and care provision (a migrant care worker's perspective)

- "There was one time when somebody died, a woman died and the whole corridor was filled with people and they started crying and screaming and one of them said "you are sitting here and they are screaming and crying and you say nothing" and I said "I forgot that we were in a hospital, that there are other people that live here that we must take care of, I forgot because I see it like my culture, we do like that too" and I don't see anything wrong with that so when they started saying to them that they have to be quiet, that they shouldn't come here and like that, I was so sad, was so sad/.../ and then they started to tell me off, that should have gone and tell them because I am an immigrant...and they maybe think that we come from the same country but I don't come from the same country like them so I was told off and reprimanded because I sat there quiet and calm and like that...because I didn't tell them off but I didn't see anything wrong with that, when they were crying and like that"



‘Being-better-at-caring-skills’ and care-provision:

- ”Those of us that come from other cultures, we don’t have a problem with sitting down with the old people but Swedes, they don’t do that, I have seen it...and some of them when they talk to them, they just...they just do their job and go...”
(a migrant care worker’s perspective)
- (They) “understand that older people can be a bit like this or like that...they have respect for old age... yes, something as old fashioned as respect for old age” (an ethic-Swede care recipient who went on to say that he didn’t think they should hire more migrant care workers in that nursing home since “there are too many already, it’s enough now)
- “They are just so good with old people, they are more used to it than us. We have to go to school to learn how to but for them is natural...that is good, it can make it easier sometimes” (an ethic-Swede care worker’s perspective)



The findings from this project suggest:

Ethnic 'Otherness' and care provision is understood in terms of:

- Higher expectations regarding the ability to work culturally-competently
- Having being-better-at-caring skills
- Lack of professionalism

Understandings of ethnic 'Otherness' were, in other words, found to be a bit paradoxically constructed

- With respect to elderly care recipients, ethnic 'Otherness' was thought to be about having *caring skills that were out of the ordinary*
- But with respect to staff relations, ethnic 'Otherness' was believed to be about *the lack of skills* to carry oneself professionally

The division of labor within elderly care teams is being affected by these assumptions:

- Swedishness = more professionalism & higher effectiveness
 - More qualified tasks are being delegated to the ethnic-Swedes and/or those that are perceived to be "almost like a Swede".
- Ethnic 'Otherness' = '*being-better-at-caring-skills*'
 - Migrant care workers are expected to care for the most demanding patients.
- Ethnic 'Otherness' = '*culture-appropriateness-skills*'
 - Migrant care workers are expected to be 'culture-interpreters' (i.e. to mediate between migrant patients and their families AND the nursing home staff).



Both of these projects suggest the following:

- Understandings of ethnic 'Otherness' can be shaped in paradoxical ways and can therefore be constructed differently depending on which health and social care actor's (i.e. care recipient, care provider or co-worker) perspective one departs from.
- These understandings are central to cross-cultural interaction in multicultural health and social care settings.
 - They can, for example, influence the policies we formulate and
 - The practices we engage on
 - They can also influence our expectations of one another (as care providers, care recipients and as planner/ policy maker)
 - And can shape the division of labor in professional teams (just to name a few).
- Understandings of ethnic 'Otherness' are therefore an important angle of investigation for studies of cross-cultural interaction in health and social care settings.
- These understandings' are interesting not only because they say something about how we understand 'Others' but also because they say something about how we understand ourselves.



THANK YOU FOR YOUR ATTENTION!!!

For more information on these projects
contact: sandra.torres@soc.uu.se

OR look for the publications which are
listed –per project - in the following
homepage:

[www.soc.uu.se/en/research/research-
fields/the-social-gerontology-group](http://www.soc.uu.se/en/research/research-fields/the-social-gerontology-group)