

RESEARCH BRIEF

Working Multiple Shifts: Immigrant Double-Duty Caregivers

What is the topic of this research?

Caregiver-employees (CEs) are people juggling full or less than full-time jobs while providing unpaid care to an adult family member, relative or friend at the same time. Very little is known about immigrant CEs who work in the health care sector. These CEs are known as double-duty caregivers.

The goal of our study was to understand the impact **double-duty caregiving** has on immigrant CE's economic, health and social well-being. The study was conducted in Grand Erie, Ontario, a community of 237,339 people, which includes the City of Brantford and the rural regions of Brant, Haldimand & Norfolk.

How was the study done?

A conversation-style interview was used to learn more about the lives of double-duty caregivers.

Data from thirteen (n=13) female immigrant double-duty caregivers was collected through a brief demographic survey and a face-to-face interview.

Research Question

How does unpaid caregiving & paid health care work impact the economic, health and social well-being of immigrant double-duty caregivers?

Key Points to Consider

To gain a complete understanding of caregivers' health, it is important to consider the **intersecting effects** of: sex, gender, immigrant status, education, age, employment status, ethnicity, geography, income, & other health determinants.

Key Research Findings

- **Participants were working multiple shifts**, responsible for paid health care work (sometimes working two part-time jobs), while providing unpaid family care and undertaking domestic/household management/tasks;
- As female immigrants from **male-dominated cultures**, participants were not only responsible for paid employment, but often solely responsible for domestic/household tasks & providing unpaid family caregiving post-migration;
- Participants had fewer **social supports** in Canada when compared to the family & friends they relied on in their home country;
- Participant interviews clearly highlighted the **intersecting effects** of immigration status, gender, ethnicity & geography in their caregiving experiences;

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Key Research Findings continued...

- Being a double-duty caregiver **negatively impacts** immigrant CE's economic, health, & social well-being;
- Three-quarters of visible minority participants (n=9 of 13) experienced **racism at work**;
- Coping strategies included **prayer & transnational support**, the latter which came from family, friends & relatives in their home countries

Where do we go from here?

Given that some of the participants provided transnational care (n=8), it would be useful to understand: the tensions associated with the geographical distance between the caregiver & care recipient; the cultural & gendered obligations to care; the consequences of transnational caregiving, & different care regimes across the globe.

Who are the researchers?

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Key Messages

- It would be useful to have health sector employers consider **workplace arrangements** (such as work flexibility, job sharing, etc.) to help CEs manage both paid & unpaid work
- **Issues of racism must be addressed** at multiple levels to reduce health inequalities for immigrant populations

Publications related to this research

Sethi, B. & Williams, A. (2015). The intersecting dynamics of race and immigrant status in the experiences of micro-aggressions of visible minority caregiver employees employed in the health care sector: What has social work got to do with it? *Journal of Social Work*, Under Review (Submitted May 04, 2015)

Sethi, B. & Williams, A. (2015). Working Multiple Shifts: Intersecting dynamics of gender, employment status, and immigrant status in the experiences of Immigrant Caregiver-Employees in Urban-Rural Canada, *Gender and Society*, Under Review (Submitted, May 07, 2015)

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