

Visible Minority Immigrants as Transnational Carer-Employees Amidst COVID-19

CONTEXT

This project is part of a larger five-year study on Transnational Caregiving that explores the transnational caregiving experiences of Indigenous, visible minority, and European Carer-Employees (CEs) in London, ON. Transnational Carer-Employees (TCEs) are immigrants or Indigenous populations who reside and work in Canada while simultaneously providing care to parents, adults living with a disability, and children who live in their home country. Transnational caregiving may involve long-distance moral, emotional, and/or financial support. It is also possible that, in addition to providing care, the participant is the decision maker for their family and/or friend's care, finances, and/or funeral rites.



Participant's artwork representing their transnational caregiving experience used with permission.

BACKGROUND

- One in every five persons in Canada is a visible minority (19.1% of the total population), of which 65.1% are immigrants (Statistics Canada, 2013)
- Many of these immigrants provide transnational caregiving because of an increase in global mobility and the aging population worldwide (Sharma, 2014).
- In London, Ontario, immigrants represent 21.2% of the population while visible minority immigrants represent 16% (of which 51% are female and 49% male) (MacTaggart et al., 2013; Statistics Canada, 2017).

OBJECTIVE

The goal of this project was to explore the transnational caregiving experiences of visible minority CEs pre-COVID-19 and during the pandemic.

METHODOLOGY

- Community-based participatory research and arts-based ethnography methodologies were used to engage participants in 60-90 minute face-to-face (pre-COVID-19) or virtual interviews (post-COVID-19).
 - Interviews were conducted in English, Spanish, and Arabic.
 - Purposive and snowball sampling.
 - 24 participants in total.
 - We had two samples: 8 participants were interviewed pre and post COVID-19 between October 2019 and December 2020 (M=4, F=4).
- Countries of origin: 4 Syria, 2 Nigeria, 1 Pakistan and 1 Haiti
The second sample constituted of 16 participants interviewed between January to March 2021 (M=9, F=7). Countries of origin: 9 Colombia, 1 Venezuela, 1 Pakistan, 4 Nigeria, 1 Zimbabwe
Participants were also asked to submit an art piece that represented their transnational caregiving experiences. Thematic analysis was used to analyze the interview data and the artwork.

PRELIMINARY RESULTS

- Preliminary thematic analysis revealed the following themes:
- Increased sense of responsibility for transnational-care due to COVID-19.
 - Guilt over a decreased ability to provide financial assistance.
 - Feelings of grief.
 - Increased anxiety over the economic, social and physical wellbeing of care-recipients.
 - Expressions of gratitude.
 - Caregiving and gender: male participants stated gender did not play a role in caregiving responsibilities while female participants believed it did.
 - Participants were not aware of Carer Friendly Workplace Policies (CFWPs).
 - Pre-existing transnational caregiving responsibilities, combined with the added pressures and travel restrictions caused by COVID-19, have posed unique emotional and mental health challenges to TCEs and their loved ones.

SPECIFIC PRE AND POST COVID-19 FINDINGS

A sample of participants were interviewed before and after the pandemic. COVID-19 impacted participants differently: Participants with stable employment had more options connecting with families in different time zones due to pandemic flexible working conditions. They had more disposable income due to a decrease in social expenses.

Participants who were laid off had an added stressor and financial burden. Syrian participants had a unique worry for the safety of their families due to sociopolitical events rather than the impact of COVID-19

CONCLUSIONS AND IMPLICATIONS

- Findings illuminated intersectional factors that emphasized the multiple roles of TCEs as employers, caregivers, partners, siblings, providers.
- The study highlights the need for workplace policies, such as CFWPs and health care supports geared to support TCEs manage paid work and transnational care so that they can stay healthy and employed (Ireson et al., 2016).

Acknowledgements

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