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***The role of immigrants in providing elderly care services  
for an ageing Polish population:  
complementary or substitutionary<sup>2</sup>***

***Summary***

The paper features a discussion on selected results of research conducted among 42 migrants working as elderly caregivers. The purpose of the research was to obtain information about the scope of provided care, among others: running the home, medical help, accompanying an elderly person.

The studies were of exploratory nature, based on individual in-depth interviews (IDI). The sampling of respondents was done using the snowball method and Respondent Driven Sampling (RDS). The data was analysed using the MAXQDA program.

The research problem in the article was to determine the role of immigrants in elderly care. Whether they are complementary or substitutionary to the family. Based on the conducted research, it was established that the duties of elderly caregivers mostly included preparation of meals, cleaning, making laundry and shopping. Foreign workers were responsible for their hygiene, medical care, e.g. giving injections, rehabilitation.

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Their task also involved spending time with the seniors—taking them for a walk, making conversation, eating meals together or watching TV.

It was determined that the scope of duties of an immigrant taking care of an elderly person was mainly affected by two factors: the elderly persons' health status and work mode. Somewhat different duties applied to caregivers living with the elderly (so-called *living-in*) than persons renting an apartment and providing hourly care (so-called *living-out*).

**Key words:** immigration, elderly care, foreigners, ageing population, Individual In-depth Interview, Poland

## *Introduction*

Employment in the personal services sector increases in the European Union (Abrantes, 2012, p. 231). This results from the ageing population (Börsch-Supan, 2013, p. 398), causes an increase in demand for care services, the coverage of which is a big challenge to the insufficient number of native-born caregivers. It also results from EU's policy which assumes an increase in women's participation in the labour market and it is women who undertake informal, often unpaid care over dependent persons (Viitanen, 2005, p. 1). The development of home services and participation of immigrants in the sector is a widely discussed notion in the "old" EU countries (Anderson, 2000; Ehrenreich, Hochschild, 2002; Lutz, 2008; Dahl et al., 2011), and in Central and Eastern Europe as well, i.e. the Czech Republic, among others (Ezzeddine, 2014). More attention is being paid to the elderly care model's transformation from the family model to the migrant in the family (Bettio et al., 2006).

The process of demographic changes and ageing population is also observed in Poland (Rokita-Poskart, 2016). According to the Central Statistical Office's (CSO) forecasts, in 2035, people at the age of 65 and more in Poland will be doubled (*Population Projection...*, 2014), which is a huge challenge in terms of elderly care. Elderly care can be formal (institutional) or informal, i.e. performed by family, friends, neighbours and caregivers hired by relatives, including immigrants (Colombo et al., 2011; Pavolini, Ranci, 2008). Institutional solutions of the elderly care system in Poland does not meet the needs for now (Wojszel, 2009). The situation is parallel to the insufficient institutional children's care system (Maj, 2014). In consequence, the duty of elderly care is a burden for the family which hires caregivers (Krzyszowski, 2006, p. 150). More often, the caregivers are immigrants, mostly from Ukraine, who are becoming increasingly more present in the Polish labour market (Organiściak-Krzykowska, Piotrowski, 2015; Solga, Kubiciel-Lodzińska, 2017). In Poland, this is a completely new phenomenon, which results in gaps in literature.

The paper features a discussion on selected results of a qualitative study conducted among 42 foreigners working in Poland (Opolskie Voivodeship) as elderly caregivers. The purpose of the study was to determine the scope of their duties, among others.

The aim was to determine whether they dealt with housework: cleaning, cooking, laundering. The study also featured an attempt to determine the extent in which the care over elderly people also covered nursing and whether the foreigner-caregiver is also the elderly's companion and spends time with him or her, e.g. during walks or conversations. The research problem undertaken in the article is to determine the role of immigrants in elderly care: whether they are complementary or substitutable to the family. The following research questions were formulated:

1. Do migrant duties cover elderly housekeeping (cleaning, cooking, laundering)?
2. Do migrant duties cover medical services provided to elderly people (medicine administration, giving injections, changing dressings, rehabilitation exercises)?
3. Do foreigner-elderly caregiver duties cover accompanying the elderly person (e.g. mutual walks, conversations, spending time)?
4. What other, additional duties do foreigners taking care of elderly persons have?

The paper's second section features a review of the literature on the elderly services sector in Poland and around the world. Afterwards, the paper includes characterisation of the study group and the adopted method. The study results are discussed in the next part. The paper ends with conclusions including recommendations for further research.

### ***Literature review***

Immigration for work in care services is the subject of broad analyses in global literature. Foreigners constitute an important element that supports the care system, including elderly care, in many countries (Hochschild, 2000). It was noticed that female immigrants play especially important role in this scope by undertaking mainly illegal work (Triandafyllidou, 2013). This part of the article analyzes the literature related to research on immigration to the elderly care sector in Poland, Europe and other selected regions of the globe, which are characterised by a large scale of immigration, Australia, USA, Canada and Japan among others.

The review of the literature began with the presentation of selected studies carried out in regions with a significant migrant inflow to the care sector. Foreigners play an important role in Australia which similarly to other developed countries experiences the lack of personnel specialised in elderly care (Goel, Penman, 2015; Negin et al., 2016). According to research carried out in Melbourne, approximately 50–70% of elderly caregivers home staff are immigrants. Many are university graduates who, due to the status of a migrant, perform the simplest work (Montague et al., 2011). In the United States, immigration to the elderly care sector was also the subject of research. It included analyses of the scope of immigrant duties, countries of origin, employment legality, among others (Martin et al., 2009). In Canada there is a temporary admission class for immigrants who work in private homes as unskilled elderly caregivers (Spencer et al., 2010). Also, the Japanese system of elderly care depends to a large extent on immigrants. To facilitate the work of South Asian caregivers, work programs have been adopted for the training and employment of nurses and elderly caregivers (Ford, Kawashima, 2013). The research

carried out in Ghana shows that foreign migrations of natives are one of the factors influencing the development of home nursing agencies (Coe, 2017). Research conducted in China has confirmed the important role of migrations in the sphere of support for the elderly changes. As a result of the young generation's emigration from the countryside to the cities, the system of care provided by families has been broken, as only parents who require institutional support stayed in the villages (He, Ye, 2014).

Research on migration to elderly care sector were also conducted in Europe. In Great Britain, among others (Gordolan, Lalani, 2009), where caregiver working conditions were analysed (Cangiano et al., 2009). Research shows that in Germany nearly 1/3 of families rely on paid elderly care (Pew Research..., 2015) and the main burden of care falls on women (Keck et al., 2009). It was determined that elderly caregivers in Germany derive mainly from Eastern European countries, including Poland (Elrick, Lewandowska, 2008; Lutz, Palenga-Möllnbeck, 2010). Ezzeddine (2014) studied the conditions of employing female migrants working as elderly caregivers in the Czech Republic, among others. Immigration to the elderly care sector was also studied in Spain (León, 2010; Morales-Moreno et al., 2015). Analyses conducted in Portugal (Abrantes, 2012) also confirmed an increasing importance of migrants in the home services sector, including elderly care. The studies conducted in the Mediterranean Basin confirmed that the increasing role of immigrants in the elderly care sector is related to the changing role of the family (Bettio et al., 2006). The phenomenon is of such significance that it contributed to changes in the migration policy, e.g. in Italy (van Hooren, 2010). Van Hooren (2012) shows that differences in the importance of migrant workers in social care can be explained primarily by differences in social care policies and care systems. He argues that a familial care system induces a 'migrant in the family' model of care, while a liberal care system leads to a 'migrant in the market' model of employment and a social democratic care system creates no particular demand for migrant workers. Comparisons made in 11 European countries by Da Roit and Weicht (2013) showed that the presence of migrants in the elderly care sector can take two forms: employment by organisations and institutions providing long-term elderly care and direct employment by families of elderly people to take care over them at home. The first method is specific to countries with a developed formal elderly care system, e.g. Sweden, whereas the second method applies to countries without a developed formal elderly care system. The marketisation of elderly care in Switzerland was pointed out (Schwiter et al., 2018). Agencies are founded that sell packaged care services to the elderly. The role of commercialisation of care services and their transformation into a market product is underlined.

Until now, Poland has been treated as a country which has been sending employees to elderly care. The Polish caregivers were employed in Germany, Ireland and Great Britain (Spencer et al., 2010). The research conducted in Poland rather concentrated on the situation of elderly people and that was the subject of numerous analyses and studies in Poland. The studies featured a discussion on the elderly's activity (Szukalski, Kałuża-Kopias, 2014; Szukalski, Szatur-Jaworska, 2014), support for elderly in their place of residence (Szatur-Jaworska, Błędowski, 2016), the role of family in elderly

care, including changes in caregiver relations (Jaźwińska-Motyłska et al., 2014) or their situation in the labour market and in enterprises (Maj, 2015). The conducted studies concerned, among others, access to environmental forms of care (Stypuła et al., 2011). The latest deliberations concerning the elderly care sector, including global deliberations (Harmo et al., 2005), more often cover the issue of using new technologies in elderly care (Ejdys, Halicka, 2018). However, studies on the role of foreign labour in elderly care in Poland are sparse. Admittedly, analyses featured the home services sector (Kloc-Nowak, 2007; Kindler, 2008; Lasota, 2008; Kindler et al., 2016), but care services dedicated to elderly people are only now becoming a subject of research (Sobiesiak-Penszko, 2015).

An analysis of literature has shown that migration has important impact on changes in the way how elderly citizens are treated. It was recognised that this is an important contribution to the research in Poland, which from inhabitants have for many years emigrated. It is important to determine the role of migrants in the labour market in the context of their employment in elderly care. It is important to determine whether the care provided by the migrants is complementary (they complement the family) or are substitutionary (they replace the family) towards care provided by the family members. My hypothesis was that foreigners' work in elderly care in Poland has complementary functions to care provided by families.

### ***Profiles of respondents and applied research method***

The paper is based on the analysis of empirical material collected in the qualitative study. Forty two in-depth interviews were conducted among foreigners working as elderly caregivers. In these studies, they were defined as persons who take care of an elderly persons and of his or her household permanently (they live with the dependent person) or periodically, e.g. several hours a day or several times a week.

The interviews were conducted between December 2017 and April 2018 in the Opolskie Region (Voivodeship) in Poland, which according to GUS' forecasts will feature the highest share of population at the age of 65 and more in the years 2014–2050. The previous studies confirmed the existence of demand for elderly care services in the Opolskie Region (Rostropowicz-Miśko, Zagórska, 2014, p. 108).

Two sampling methods were used in the study: the snowball sampling and the Respondent Driven Sampling (RDS). The snowball sampling is based on non-random selection of respondents. After each interview, the interviewer asked the respondent to specify another person (or more persons—there is no limit to the number of persons enlisted by the respondent) with whom it was possible to make an interview on the same topic. Using this method may cause group homogeneity. Therefore, the Respondent Driven Sampling (RDS) method was additionally used, which is based on sampling controlled by the respondent (Heckathorn, 1997). This is a modification of the snowball sampling method supplemented by a double incentive system. After each interview, the respondent was able to specify a limited number of persons to interview (maximum of two persons). This method allows for using the double incentive system based on rewarding

the respondent for both taking part in the interview and for recruiting other people for interviews. The incentive system is meant to include hard-to-reach respondents in the study. In contrast to the snowball sampling, it allows to obtain unimpeded estimators (Napierała, Górny, 2011). Half of interviewees were reached through snowball sampling method and the other half by using the RDS method.

In interviews a structured questionnaire was used which concerned several areas, including the respondent's profile, motives for migration and reasons for undertaking work in the elderly care sector, specification of competencies, specification of the scope of duties, conditions of stay and remuneration. The in-depth interviews were conducted in the Polish language and all respondents were able to communicate in it. It was assumed to conduct the studies both in the formal (retirement homes) and informal (elderly care at his or her home) sector. However, during the studies, it was only possible to reach respondents working in the latter sector. The final group of interviewees consisted of 31 women and 11 men. The vast majority were originating from Ukraine, two from Belarus and one from Russia. The youngest person in the group was 18 years old and the oldest—57 years old. Thirteen respondents admitted to having Polish roots. Most people worked illegally, which confirms that employment in the home services sector, including care related employment, is usually illegal (van Hooren, 2010, p. 23). This makes research difficult (Piotrowski, 2018). Only 15 respondents had various agreements (employment agreement, contract for work, contract for services) and one person conducted a one-man business. Nearly half (20 respondents) are people living with the elderly (so-called *living-in*). Others were persons renting an apartment and providing hourly care (so-called *living-out*) (Gallotti, 2009).

Four female respondents were also students of a Polish university. They treated elderly care as an additional source of income. Students' employment in the elderly care sector is also observed in the so-called old immigration countries, e.g. in Great Britain. Some retirement homes give part-time agreements to social care students who use labour market incentives provided by their student visa (Cangiano et al., 2009, p. 42–43).

## ***Results of research and discussion***

### *Housekeeping and care*

As a result of the study, it was determined that the main duties of foreigners providing care to elderly people feature housekeeping, including cooking, cleaning and shopping. The respondents' narratives indicate that helping the elderly person in everyday activities and enabling senior citizens' independent functioning was their main of duty. Without help in small activities such as preparing meals, cleaning or shopping, the elderly person would not be able to live alone.

“My duties include cooking, making laundry (...).” [R 2, woman, 49 years old]

“I must cook for the elderly woman, wash her and clean the apartment.” [R 6, woman, 20 years old]

“I go shopping and buy medicine in the pharmacy”. [R 12, woman, 43 years old]

“I must prepare meals and clean the house, because she lives alone”. [R 19, woman, 24 years old]

Elderly who use the help of immigrants don't always need 24-hour care. It is frequent that older people are basically independent, but still require small support, which is not always guaranteed by the family. The care is not always provided around-the-clock in the retirement home. Some foreigners taking part in the study admitted that they provide care casually by helping in specific activities, e.g. preparing a meal or shopping.

“I cook at home and bring dinner or supper to the senior, just as when I am at home myself, then I sometimes take the meal to him, and he asks me to go to the shop and buy something for him”. [The respondent lives in the same apartment building as her charge.] [R 16, woman, 39 years old]

The collected material shows that an important duty of foreigners providing care to elderly people is helping seniors with washing, dressing up, using the toilet (or changing nappy) and looking after medicine. One of the respondents describes his daily duties as follows:

“I make food, clean and give her medicine on time. I also wash the elderly woman when she needs it, because she has to lie and it is hard for her to go to the bathroom by herself”. [R 19, woman, 24 years old]

Elderly caregivers also pointed out that their duties include supervision over seniors' medical procedures and medicine.

“(...) giving medicine, looking after all procedures related to diabetes”. [R 2, woman, 49 years old]

“If the woman forgets to take the medicine, I remind her of it”. [R 27, woman, 18 years old]

Providing care to an elderly person is much more than just housekeeping and caregivers sometimes provide aid, e.g. in other every day activities resulting from the chargee's living conditions/random situations. This can include help in heating up the furnace in case of elderly people living in urban areas or gardening work. The respondents' statements show that seniors, if it was necessary to do minor work, could not count on the help of someone from the family. Usually this was due to the fact that the children of elderly lived in a considerable distance from their parents, often abroad. So they did not have the possibility to help older parents at home. Some seniors were childless and that was the reason for the lack of family support.

“I must heat up the furnace, chop wood, cut the grass”. [R 3, man, 30 years old]

“I bring wood, because he can make fire to heat his home, but needs someone to bring in the wood”. [R 13, man, 63 years old]

*Medical / physiotherapeutic support*

Nearly 30% of the respondents had a nursing education and took up additional activities, such as giving injections or changing dressings. Others had no formal competencies in terms of elderly care. However, formal recognition of qualifications is a complicated and time-consuming procedure. Work in informal elderly care is characterised by a low entering barrier and enables migrants to find employment quite easily. Employment in this sector for people with professional qualifications often means depreciation of qualifications. However, it is a bit of a learned profession and gives the feeling of constant education. One of the respondents says:

“I could not find a job in my profession, and I wanted to work in a hospital. It was not always appreciated that I had education and experience in Ukraine. In order to work in a hospital, I would have to finish my studies here, and that’s why I worked with the elderly. For me, it is something similar, I could say that I am a private doctor”. [R 17, woman, 26 years old].

As shown by the studies conducted in Australia, elderly caregivers are mostly of the opinion that they are skilled enough for such work (Martin, King, 2008, p. 29) and immigration to the elderly care sector is often referred to as “care drain” (Bettio et al., 2006). In the studies conducted in Great Britain by the Kalayaan organisation, it was determined that foreign elderly caregivers participated in training courses on elderly care (Gordolan, Lalani, 2009). As shown by the British studies, the demand for caregivers who are able to provide minor nursing treatments is increasing (Dench et al., 1998, p. 24), especially that adequate competencies increase the safety at work (Bębenek, 2015, 2016)—in this case, the safety of the persons taken care of.

Respondents spoke about their duties related to medical care provided to the elderly as follows:

“For example, I can give injections and apply dressings”. [R 7, woman, 44 years old]

“I have a certificate to give injections. My scope of work also includes rehabilitation exercises”. [R 9, man, 32 years old]

“I am a professional nurse and I know my work. I can give injections, I can administer medicine, I can examine the patient and this is why they chose me. The chargee is an elderly woman and has health-related problems, as it usually is with person this age. My employers were looking for someone who is a nurse, because something can suddenly happen to the senior and then I can give her an injection or pills”. [R 17, woman, 26 years old]

“I attended a nursing course in the past, so I also help with injections. My duties include a health aid, rehabilitation exercises, changing dressings, among others” [R 15, man, 32 years old]

*Emotional support / accompanying an elderly person*

Sometimes, care does not include performing activities for the elderly person, but focuses on accompanying the person during those activities, which gives him or her a sense

of safety. Such statements emphasise the bonding character of care work in which mutual trust is very important. Sometimes, as the respondents emphasised, they were entering the intimate sphere. Working in private homes as caregivers to elderly persons is a huge responsibility. It usually takes place outside of institutional supervision and with limited supervision of the family. Therefore it requires honesty and discretion, because the caregiver has access to many confidential information.

The respondents' reports show that their role often goes beyond the sphere of help at home, preparing a meal or help in the toilet. It is also connected with accompanying him/her. In some cases, replacing family to some extent. Studies have shown that accompanying an elderly person, talking with him or her, taking a walk or even watching TV, is an important task for caregivers. Elderly people are often lonely and need closeness of another person. The respondents emphasise in the statements, the meaning of spending time together, carrying out certain activities such as watching television together.

"We talk, mainly. We also watch TV. It is even more important than cleaning. Watching TV and talking to the lady". [R 41, woman, 30 years old]

"I spend time with the lady, so she doesn't feel lonely". [R 27, woman, 18 years old]

"We watch *Wheel of Fortune*, *Teleexpress*, then we watch *Korona Królów*, and on Saturday and Sunday, I don't know the name, but children are singing". [R 42, woman, 36 years old]

Studies have shown that caregivers support the elderly in physical and intellectual activities. They make sure the elderly person is active.

"The person must be very active, so we go for walks. The gentleman tries to maintain his fitness, because I, as a nurse, always repeat that it is unhealthy to lie in bed all the time". [R 17, woman, 26 years old]

Working as an elderly caregiver is also very emotional. One of the female interviewees spoke about how she spends time with the person. Studies show that the one caregiver's roles is to create a good atmosphere, maintaining optimism, so that the elderly person feels good at his or her home.

It was confirmed that in the elderly care sector, it is important to know the language of the host country and the so-called cultural proximity, which facilitates contacts between the elderly person and the caregiver. As shown by the experience of other countries, these are very important factors in mutual relations between the caregiver and elderly person (Xiao et al., 2013, p. 427). The vast majority of the sample group featured people from Ukraine, who know the Polish language to a communicative degree and are culturally similar. Foreigners did not report any communication problems with the person in charge during the conducted studies, which is a usual problem indicated by foreigners working in the elderly care sector in other countries (Spencer et al., 2010, pp. 35–36).

Foreigners also paid attention to the fact that they must be good listeners, because elderly persons have the need to make conversations. This is confirmed by the Irish studies, which determined that empathy and sensitivity to the elderly needs were appreciated

equally as professional competencies (Spencer et al., 2010, p. 37). On the other hand, studies conducted in the Czech Republic demonstrated that the elderly care sector often seeks people with a suitable profile: loyal, open, hardworking (Ezzeddine, 2014, p. 224). This confirms that working with elderly people requires possessing so-called soft skills. These include empathy, patience, kindness, among others. These features are sometimes more desired than professional competencies. These requirements can translate into the urgent demand for people with specific traits and attitudes on the labour market. Interestingly, studies conducted in Great Britain, among others, show that migrants view themselves as having a better work ethos and being more eager to help others (Cangiano et al., 2009, p. 90).

Some respondents emphasised that they've established a close relationship with their employer.

“(…) it is not an elderly woman, but an aunt”. [R 39, woman, 27 years old]

### *Duties and responsibilities of the family and migrants*

Respondents, when assessing the family's commitment to care, noted out their interest in the fate of the senior. They emphasised that the family members are working, so they cannot take care of the older person on a daily basis.

“The family helps as much as they can. The son has a job and children, but they still often visit grandmother. The son wanted to take the grandma to him, but my ‘grandmother’ wanted to stay in the family home and did not want to move to his place. Overall, this family helps grandma a lot”. [R 19, woman, 24 years old]

“They are involved, but they work and don't have much time. The family tries to help but cannot because of work”. [R 29, man, 30 years old]

“They help as well, but they do not have much time because they work a lot. When they can't come, I do, and when I'm gone, they look after him”. [R 32, woman, 20 years old]

In such situations, immigrants became supplementary to families. One of the most common reasons that prevailed in the stories of foreign workers was the absence of children caused by foreign emigration.

“‘Grandma’ understands that her daughter has found a job abroad, that she has a better life there. She talks to her every day. Sure, she would like her daughter to live with her, but she understands everything and will stand for it”. [R 26, woman, 25 years old]

At the same time, the important financial support role of the staying abroad family was pointed out. As said by one of the interviewee:

“The family of this senior lives in Germany and she is here alone but they help her financially”. [R 7, woman, 44 years old]

“They are involved. Whenever they can, they come and help. They also send money, because ‘grandfather’ has already retired, but is unable to live out of this pension. They also send money for expenses, fees and my salary”. [R 17, woman 26 years old]

It should be emphasised, however, that criticism was also found in some respondents’ statements. About 1/3 of the respondents claimed that the family does not care about seniors at all or cares very little. They do not call, they do not visit the older person. Their role was limited to transferring money to an immigrant. One of the respondents described the situation and her thoughts as follows:

“The family gave him to me, exclusively”. [R 15, man, 32 years old]

The lack of relatives’ involvement—children and distant family—was underlined. One of the respondents said simply:

“I noticed that the elderly are neglected by the family in Poland”. [R 15, man, 32 years old].

Elderly caregivers acted as substitutes for the family in such situations, replacing it—both in the sphere of caring as well as providing emotional support.

## ***Conclusions***

Migrants start to fill up the demand gap on the elderly care services market in Poland. They are an addition to the care provided by families and public institutions. It can be expected that the demand for foreigners will increase, especially since the Polish market of elderly caregivers is drained out. Poles have been migrating abroad to work in this sector for many years mainly due to more attractive salaries (Spencer et al., 2010, pp. 30–31).

The study allowed to formulate some practical conclusions. Firstly, the scope of foreigners’ providing care to elderly people duties can cover several areas: domestic care (cleaning, laundering), personal care (aid in hygiene-related activities, medicine administration), medical care (giving injections, changing dressings, rehabilitation exercises) and social care (accompanying the elderly person). Secondly, the scope of duties and performed activities is usually determined by the elderly person health condition. Thirdly, the scope of duties is also affected by the work model. In the case of living with the elderly (living-in), the scope is usually broader than in the case of migrants providing care to elderly people that live separately (living-out). In the first case, there is no clearly specified time and scope of activities which is confirmed by other studies (Sobiesiak-Penszko, 2015, p. 95). These findings have practical implications.

The hypothesis made in the study could not be unambiguously verified. In the surveyed group, some of the immigrants were complementary to the families of seniors. They helped performing duties that could not be provided by their relatives. However, there was also a group that clearly indicated playing the role of a replacement for the senior’s family, because they were not interested in the elderly. The role of relatives was limited to

the employment of a caregivers and they were not involved in the fate of the senior. The caregivers from this group played a substitutive role for the family. The group of people whose children have migrated abroad is growing, so it can be assumed that they will not support them in their daily duties. That's why, the nature of the foreigners' presence in the sphere of elderly care in Poland may change. It can be assumed that the substitutive nature of immigration to the elderly care sector may become more and more important. Immigrants will replace the absent families.

Furthermore, the studied group has demonstrated that working as an elderly caregiver requires huge flexibility and often around-the-clock accessibility. More important for this work (e.g. nursing education) is the possession of certain personality traits, including empathy, patience, openness, optimism, among others than having professional competencies. Employment in the elderly care sector is related to emotional engagement. Working with an elderly person requires versatility, because the caregiver's duties can include activities not directly related to elderly care, e.g. help in maintaining the garden, starting up the furnace. It can be concluded that a migrant-caregiver should possess certain resources: professional and personal, because the scope of his or her duties also derives from the "migrant-elderly person" or "migrant-elderly person-elderly person's family" interaction (Sobiesiak-Penszko, 2015, p. 76). Trust is even greater requirement in the case of migration to the elderly care sector, than in the case of other economic migrations (Łukaszewska-Bezulska, 2017). In addition, on the basis of the conducted research, it can be concluded, that in today's Poland, care sector immigration relates mainly to people from Ukraine who, due to their linguistic and cultural proximity, are easily accepted in this role.

Qualitative nature limits the conducted study. It was a preliminary study the purpose of which was to recognise the phenomenon of economic immigration to the elderly care sector. Due to the increasing demand for foreigners in the elderly care sector, the studies should be continued to broaden the knowledge of the factors related to immigrant inflow into the elderly care sector, foreigner competencies, quality of care, wage conditions and employment perspectives, among others. It would also be important to examine how migrants live—whether they are isolated by their specific work environment and the often provide round-the-clock care, and to trace the paths of migrants who work in elderly care. It seems that the demand for care services for elderly people in Poland will increase and its satisfaction without the use of foreign labour can be difficult. It's therefore worth making sure that foreigners become a part of the elderly care system, i.e. their participation should be planned. The studies can also contribute to improved professionalisation of care services. Further research could concern the change of the care model for the elderly in Poland from the family one to the migrant one.

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***Rola imigrantów w opiece senioralnej  
wobec starzenia się polskiego społeczeństwa:  
komplementarni czy substytucyjni***

***Streszczenie***

W artykule omówiono wybrane wyniki badań przeprowadzonych wśród 42 cudzoziemców pracujących w Polsce w charakterze opiekunów osób starszych. Celem badania było m.in. uzyskanie wiedzy o zakresie świadczonej opieki odnoszącej się do: prowadzenia domu, pomocy medycznej, towarzyszenia osobie starszej.

Prezentowane badania mają charakter eksploracyjny. Polegały na realizacji indywidualnych wywiadów pogłębionych (IDI). W dotarciu do respondentów wykorzystano metodę kuli śnieżkowej (*snowball sampling*) oraz Respondent Driven Sampling (RDS). Dane analizowano z wykorzystaniem programu MAXQDA.

Problemem badawczym podjętym w artykule jest rola, jaką w opiece senioralnej sprawują imigranci – badania służyły m.in. ustaleniu, czy pełnią oni funkcje komplementarne czy substytucyjne wobec rodzin podopiecznych. Na podstawie przeprowadzonych badań ustalono, że do obowiązków opiekunów seniorów należy najczęściej: przygotowanie posiłków, sprząatanie, pranie oraz robienie zakupów. Pracownicy z zagranicy odpowiadają także za podawanie leków, robienie zastrzyków i rehabilitację podopiecznych. Większość badanych imigrantów przyznała, że ich zadaniem jest też spędzanie czasu z osobą, którą się opiekują – np. pójście na spacer, rozmowa, zjedzenie razem posiłku oraz wspólne oglądanie telewizji.

Określono, że na zakres obowiązków imigranta opiekującego się seniorem wpływają przede wszystkim dwa czynniki: stan zdrowia podopiecznego oraz tryb świadczenia pracy. Nieco inne obowiązki miały osoby mieszkające ze swoim podopiecznym (tzw. *living-in*) niż osoby samodzielnie wynajmujące mieszkanie i świadczące pracę opiekuńczą na godziny (tzw. *living-out*).

**Słowa kluczowe:** imigracja, opieka nad osobami starszymi, cudzoziemcy, starzejące się społeczeństwo, indywidualne wywiady pogłębione, Polska