

Changes in Attitudes Toward Aging, Older People and Elder Care From the Perspective of Former Migrant Care Workers

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Abstract

Research on migrant home care workers has focused mainly on working conditions in the recipient countries and on the relationships between care recipients and their family members. However, because migrant care workers often are transnational, going back and forth between countries, some return to their home country, bringing with them newly acquired attitudes and practices. Based on a theoretical model of the transfer of innovation, this study aims to explore changes in attitudes toward aging and elder care among former migrant care workers. We conducted 13 in-depth interviews with migrant care workers who permanently returned to Lithuania. Data were analyzed thematically. Findings revealed changes in workers' perceptions of aging, including perceptions of their own old age, older people, and elder care. These changes were mainly attributed to their personal connections and encounters with different cultural attitudes and practices in the host country. Our findings indicate that returning migrant home care workers may act as potential innovators who bring back to their home country new ideas about aging and elder care.

Keywords

attitudes toward aging, migrant care workers, care chain, elder care

Introduction

Migrant home care for older people in more affluent countries is becoming increasingly common worldwide (Anderson, 2000; Browne & Braun, 2008). This has been attributed to changing demographics, including increasing lifespan and decreasing childbirth, which result in large numbers of older people with care needs and dwindling numbers of adult children able to provide care. This shortage is further intensified by the entrance of women, who traditionally served as carers of older family members, into the workforce.

Much has been written about migrant home care workers from the perspective of the family that has to adjust to the new, paid “member of the family” as well as from the perspective of the migrant care workers, who often experience below adequate working conditions (Ayalon, 2009a, 2009b; Franzosa & Tsui, 2020). But the impact of caring for older adults in a foreign country on migrant home care workers' attitudes toward aging, older people and elder care has not yet been explored (Ayalon, 2021). Studying this impact is important for several reasons. First, it spotlights the workers' own voices. Second, it examines unintended consequences of care on the carers. This study moves beyond the concepts of burden, burnout, and certain positive aspects of caregiving previously outlined in the literature to explore complexities that occur as a

result of the encounter between caregivers and care recipients of different cultural groups (Ayalon & Green, 2015). Third, it opens the door to examining transnational influences associated with elder care, while acknowledging these influences on the entire network (Ayalon, 2021).

Migrants as Innovators of Change

There is a strong body of knowledge on migrants within the care chain/care drain literature (Bettio et al., 2006; Isaksen et al., 2008). The overall premise behind these concepts is that shortages in the host country are being fulfilled by migrant carers. Although beneficial to the host country, this results in or amplifies shortages in the sending countries (Kaelin, 2011).

Traditionally, the focus of studies about migrant care workers has been the care drain associated with leaving young children and older parents behind (Piperno, 2007; Vullnetari &

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King, 2008). In some countries, such as the Philippines, the issue of care drain has been extensively explored. Women, who often serve as migrant carers, have been seen on the one hand as heroes, taking care of their families by going abroad and sending back remittances, and on the other hand as unfit mothers, leaving their children behind (Parreñas, 2001). Research has primarily reported negative outcomes related to the children left behind (Asis, 2006). Research has been less critical of the effects on older parents left behind, finding that migrants are able to provide many of the caregiving roles even when they live miles apart (Baldock, 2000; Kodwo-Nyameazea & Nguyen, 2008). Much of the care provided in these situations is either financial or emotional in nature, with physical care being provided only when the migrants return to their home country for short visits (Baldock, 2003). Possible gains associated with the return of migrant care workers have not been examined with regard to non-professional return migrants (Ayalon, 2021).

The present study examines the notion of return home care migration as a source of innovation. The study was inspired by the idea of transfer of innovation from the host country back to the sending country upon the return of migrant home care workers to their home country (Venturini et al., 2012). Although studies have supported the notion of migration as a source of innovation both in the host country and in the source country, past research has focused primarily on entrepreneurs and highly skilled migrants (Choudhury, 2016; Sternberg & Müller, 2005). Much less attention has been given to migrants of lower socioeconomic status as potential innovators.

The impact of the encounter with elder care in the host country has not previously been examined in relation to attitudes toward aging, older people, and elder care among migrants (Ayalon, 2021). It is expected that attitudes toward aging, older people, and elder care are largely affected by the encounter with older care recipients in the host country. The present study aims to examine subjective reflections on change in attitudes among former migrant care workers toward aging, older people, and elder care. Although these three concepts represent somewhat different topics, they are interrelated.

The study was conducted in Lithuania, a country known for its steady flow of migrants (Thaut, 2009). In fact, Lithuania is considered as one of the top sending European countries, with an expected decline of 17% of its population in the near future, partially attributed to migration (Birka, 2019). As a result of the proximity of Lithuania to prosperous European countries, many of its migrants go back and forth between countries (Zaiceva & Zimmermann, 2016).

The care drain impact on Lithuania is quite pronounced and is further exacerbated by the relatively lengthy life expectancy and low birth rate in this country (Kasnauskienė & Vebraite, 2014). Long-term care services are under-developed in Lithuania (Blažienė & Žalimienė 2020; Tamutienė & Naujanienė 2013). Therefore, informal support provided by relatives or friends is very prevalent, and long-term care is primarily limited to institutional care (Marcinskowska, 2010; Poškutė & Greve, 2017).

Lithuania, like other post-communist countries, is characterized by a significant level of old age discrimination and stigmatization (Rapolienė, 2015a, b). Because of traditional reliance on family care, lack of capacity in the formal care sector, and the high cost of private services, elder care is usually provided by informal carers (Lazutka et al., 2018). There is a strong social norm in Lithuania that children are responsible for the care of their older parents (Gedvilaitė-Kordušienė, 2013). A study found that 68% of the Lithuanian population aged 50–65 chose the help of close relatives as their preferred form of care (Blažienė & Žalimienė, 2020). Consistently, 47.9% of those entitled for long-term care benefits opt for cash-for care benefits (Lazutka et al., 2018). Care homes are commonly regarded as institutions for older people rejected by their families (Žalimienė, 2019). For this reason, the share of older adults aged 65+ residing in care homes in Lithuania has remained at around 1% since 2001. The share of home care recipients increased from 0.6% in 2007 to 2.8% in 2016 (Lazutka et al., 2018).

Methods

Recruitment

Our sample consisted of Lithuanians who returned to their home country after spending time abroad as home care workers of older adults. Inclusion criteria were working abroad as an elder care worker and subsequently returning to Lithuania. The diversity of the sample with regard to the host country, number of years in the host country, and number of years since their return aimed to reach maximum variations. We relied on personal networks (acquaintances of friends, colleagues, and relatives of the interviewer), social media (groups on Facebook), and snowballing techniques to recruit the sample. Interviews were conducted in person or over the phone depending on the location of participants. The study was carried out in November–December 2019.

The study was conducted in line with fundamental ethical principles of anonymity, privacy, and confidentiality and in accordance with the ethical guidelines of the second author's research institution. However, because there was no ethics committee at the research institute at the time of the study, no formal ethical approval was obtained. Before participating in the study, all participants gave their verbal informed consent after receiving detailed information about the study. Study participants were assured that their information would be kept confidential and anonymous and that they had the right to quit the interview and/or not to answer questions at any time.

The Sample

The sample consisted of 12 women and one man. The average age was 59 (range 39–75). Two worked in Italy, two in Germany, and the remaining nine interviewees worked in the United States. The time spent abroad ranged between

8 months and 17 years. The number of years since their return ranged between one month and 25 years. Nine respondents had a university education (two had both university and professional education), three had professional or higher non-university education, and one had secondary education. Their average number of years of education was roughly 16.

Procedure

The interviewer was a Lithuanian sociologist (GR) with extensive experience in qualitative research. Interviews lasted between 40 minutes and one hour. Interviews were recorded and transcribed. Respondents were asked about their experience in the host country and reasons for migration. They were also asked about their relationships with other migrants, reasons for return to Lithuania, and care provided to children, grandchildren, and parents (if relevant) while abroad and upon returning to Lithuania. Respondents' learning experiences while abroad and how lessons learned about care abroad possibly influenced their caregiving experience in their home country were also explored.

Thematic Analysis

The second author read each interview several times, familiarizing herself with the data. Initially, each interview was coded into small units of meaning. Next, codes were grouped into larger themes by grouping and regrouping them to represent larger units of meaning (Miles et al., 2014). The coding process shifted from initial descriptive codes (e.g., older people are a burden) to more interpretative codes (e.g., attitudes toward older people). Once the initial analysis was completed, the two authors consulted with each other and discussed the identified themes to develop a coherent storyline. Although multiple themes were identified, including paid versus unpaid care, reasons for migration, work conditions, family relationships, and reasons for return migration, we discarded some of them to present a more comprehensive and coherent angle on the topic at hand, namely, perceived changes in attitudes toward aging, older people, and elder care. Reasons for migration and return are detailed in a different paper.

Findings

In this study, we focused on migrant care workers' perceived changes in attitudes toward aging, older people, and elder care presumably brought about by their work abroad. Our findings were classified according to four major themes. The first theme concerns the perceived impact of the relationship with the older care recipient in the host country on attitudes toward older people. All of the interviewees reported that the non-kin relationship with the older care recipient in the host country resulted in their seeing another side of older adults. This more distant perspective allowed for the development of

relationships that are substantially different from the often complicated and conflictual relationships the interviewees had with their older parents. The second theme concerned respondents' perception of socio-cultural differences relating to elder care between the home country and the host country. This in turn manifested in changes in attitudes toward older people and changes in expectations about elder care. Specifically, the participants in this study noted more respectful attitudes toward older people in the host country compared with the sending country. Respondents also felt that the host country's standards of elder care were substantially better than those in Lithuania. Some respondents felt that the lifestyle of older adults in the host country was substantially more joyful and inspiring. A third theme suggests that living abroad allowed the migrant care workers to develop a fresh look on their own aging process and prospects in Lithuania. Specifically, the respondents reported fear of old age and nursing homes because of their experiences with older adults abroad. They also expressed a wish not to become a burden on their children as they age. Former migrant care workers' work experiences encouraged them to better set their life priorities with a view on future care needs, with some respondents viewing old age as an opportunity to pursue their dreams. They stressed the importance of maintaining positive supportive relationships with one's children and an active engagement in healthy behaviors to ensure healthy aging.

Migrant Elder Home Care as an Opportunity to Reflect on and Develop Relationships with Older People

The exposure of migrant care workers to older adults and elder care in a paid caregiving role has allowed the return migrants to reflect on their experiences with their family of origin. Several former migrant care workers stated that in contrast to their conflictual relationships with their parents, they managed to develop adequate relations with their care recipients. One respondent said,

"I liked it because I saw that, she [the care recipient], this granny, has a really high intellect, she is clever, she had worked as a physician in Moscow for a long time...I was fascinated by her because she always said thank you...in such a very clear Russian way and with such an intellect, I was very impressed" (3W59-IT).¹

This was contrasted with her experiences in her parents' family. After describing the care recipient's relationship with her daughter as "blind love" and "worshipping," in which "everything was sacrificed, including her own life" for her older mother, she said: "I was very surprised, because I thought, well, for my own mom or parents I would never—I don't know—feel such love" (3W59-IT). Live-in care work provided this participant a unique opportunity to participate in the everyday life of another family with a multi-cultural background (Russians in Italy) and different values from

her own family's. This allowed her to challenge and revise her own attitudes toward her aging parents.

In some cases, live-in care work was the workers' first possibility to experience what old age means and to view the physical deterioration of older care recipients. One interviewee contrasts this with her experiences with her own grandparents as a spoiled child:

"Well, yes, probably it changed [my views of old age]. When I was young, I thought, well, probably, you just spend some time with your grandparents, everything was so romantic: you visit, you eat there, they take care of you. Here everything is the opposite. The older person is like a helpless person. When you're younger, you don't know what old age is. Well, you know about drugs and some physical exercises, but you didn't know simple things like you can't use the toilet and things like that. And that it gets worse very fast." (8W43-US).

The encounter with frail older people personally enriched this care worker's understanding of the difficulties older people face. This allowed her to develop deeper empathy and to grow emotionally. Hence, even though her work as a carer was mainly instrumental, it has influenced her emotional perspective.

Migrant Elder Home Care as an Opportunity to Reflect on Socio-Cultural Aspects Associated with Elder Care

Taking a broader perspective, return migrant care workers reflected not only on their family of origin, but also on norms and traditions in their culture of origin. This is compared against their experiences in their host country. Witnessing the respect assigned to older people and people in general in the host country had been sobering to some respondents:

"I used to go out with the [care recipient]. When we came to a zebra crossing and a car was still quite far away, we'd stop to let it drive by because it took some time to cross the street with the chair. The first car would stop and let you cross. If you stayed standing longer, the driver would open the door to ask if you needed help. You'd never see this [at home] for sure—it's very different... There they have respect for people, and all legislation is for the sake of the people. Here, you sometimes somehow feel that everything is against the people" (4W72-US).

The work experience abroad, even if it was difficult to verbalize, changed the participants' understanding of the standards of care in old age: what is needed and how it contrasts with the reality in their country of origin. Reflecting on her own future care needs in old age, one of the care workers said that she would like something similar to what she had witnessed in the host country, but had difficulty explaining it to her children:

"I was always somehow [of the opinion] that old people should be looked after...but when you see [how older people are being cared for in the country I've been working in], I have a completely

different picture, completely different thoughts. It seems completely different, but it's hard to explain, to say, 'That's how I would like [to be cared for in my older age]'...Neither my children nor anybody else will understand who never went there. To say, wow, this is so good, so luxurious. It is not luxurious, of course, to live in your own home, tidiness, everything. Clearly, there's still a great distance between how [elder care] is abroad and how it is here" (1W68-DE).

Another respondent reflected on the major difference between nursing homes in her home country and those in the United States, where she lived and provided care as a care worker. She felt the care provided in Lithuania was substandard compared with that in the United States. Hence, the comparison tended to portray Lithuania in a negative light:

"One family took me to a nursing home [in the United States]... Those nurses were so kind. They took me, took me to their mother's room—she lives on her own in a room with a small kitchen. We visited with her, talked; she had prepared something. Then we went downstairs to a canteen and had lunch there. There were so many people and she knew everybody...I had one acquaintance in [a particular nursing home in Lithuania], and when I still had my car, I used to go visit her all time. When I would get to [the nursing home], I would just see that everything was so neglected there, and how long the wait was to get those diapers changed, and how they didn't provide care at all. Well, to my mind, there is a huge difference between that Lithuanian nursing home and what I saw [in the US]" (7W68-US).

The lifestyle of older adults abroad and their involvement in joyful activities was also reported to be substantially different from that of people in Lithuania. One respondent noted how her previous stereotypes of older age were replaced by the understanding that older adults are like all other people, just older and in potentially more need of care:

"[In the United States], in some community centers, country music was playing. When I saw those old people [the care recipients] dancing, you know, it seemed very beautiful for me. Tables were covered in dishes, food, everyone there was so jolly...In Lithuania, there's a stereotype that older people are such complainers—you know, the stereotype that they are never satisfied. So...the examples I saw helped to change [my perspective]. For example, we'd go to a bar with the [older woman in my care] to have a drink, and her friends would be telling jokes [laughing], and you get it that these are people just like you, only older, you know... Those examples are so different from...our old people" (13W39-US).

Migrant Elder Home Care as an Opportunity to Develop a Fresh Look on One's Own Aging and Old Age

In addition to viewing one's own family relations in a different light as well as the entire socio-cultural context and societal norms, return migrants also reflected on their own age and

aging, using the acquired experiences in their host country as a point of reference. These migrant eldercarers' work experiences forced them to reflect on their own aging process and most of this thinking—regardless of the participant's age or the positive aspects of their work—was quite negative.

“I used to think [getting older] was cruelly terrifying [laughing]... Once you step over into the fifth decade, you start thinking not so much that it is scary to be getting old, but that you didn't do anything useful or meaningful, and you have already lived more than half of your life probably” (6M41-US).

Some felt threatened by aging due to their society's devaluation of older adults, especially in care settings. Most respondents emphasized the poor conditions of elder care institutes in Lithuania and identified long-term care settings as a poor alternative.

“[Growing older] is scary. It's really scary. If the brain is ok, then it's still good, so maybe that physical disability you can still ... but if the brain becomes unwell, then it's completely [bad]. And I think that older people in Lithuania are, I don't know, sort of pushed to side-lines” (12W51-US).

The financial insecurity that sometimes comes with old age also frightened respondents. One respondent talked about the way his care experience abroad helped form his understanding that you have to take care of your own finances in anticipation of old age:

“It did make me [realize] that you have to earn a lot of money and put everything into socks [save privately], because now you can't trust banks, and you can't trust institutions either...If you have a lot, then you should buy flats and houses and rent them out—that's the best business...Because if you have no money and live on only 800 euros, for example, and factor in that stupid pension [300 euros a month after 30 years at work]...then, yes, it makes you feel a bit uneasy” (6M41-US).

The study's participants seemed to have a fairly bleak picture of their own aging process and future old age—and of old age in Lithuania in general—which seems to have been especially intensified by the contrasting experiences and broader possibilities seen during their work abroad. The prospects available in Lithuania seem to them to be dissatisfying: they anticipate a lack of meaning and limited social values in old age as well as financial insecurity. The participants were concerned about the prospect of living in a nursing home, but they did not want to rely on their children to care for them either.

Migrant Elder Home Care as an Opportunity to Prepare for One's Own Aging and Future Care Needs

The final theme concerned the wishes respondents had for their own aging and future care needs as older people. Many respondents developed a belief that to be healthy in their old

age, they must adopt certain healthy behaviors. They learned to see themselves as being responsible for their own aging process: “[Old age] is just a stage of life which depends very much on your health” (13W39-US). Another respondent stated that she engages in health behaviors in order to ensure that her aging process will be adequate: “I do everything: I exercise and I eat healthily to have a high-quality old age” (3W59-IT).

Others spoke about the possibility that good health would allow them to fulfill their dreams for the future: “For me personally, I would quite like to be like that, like the examples I have seen [abroad]. It would be great to be able to afford to travel” (13W39-US). Another participant spoke about the fact that remaining in good health would allow her to continue to work:

“About old age: as much as I'll be able to, I'll work; as much as I can manage, I'll work. Even as a pensioner, I'll try to work as much as I can, for as long as they will let me” (9W62-US).

This respondent was a professional nurse, and after observing the working conditions and atmosphere as a visitor in a nursing home in the United States, she tried to bring her newly learned practices into her work environment in Lithuania. After her return, she attempted to be kind toward patients and colleagues, and, contrary to local norms, she greeted the patients first, no matter whether she knew them or not.

For the study participants, an ideal old age seemed to be one in which their health is good and they are able to engage in various activities of their choosing, where warm connections with their family members are kept, and with the hope of not burdening their children with their care needs in the future. This image of old age and its priorities were at least partially shaped by their work experiences abroad. Their experiences exposed them to new models of behavior, stimulated thinking about their own old age, and challenged some of the stereotypes they previously held. These experiences even prompted respondents to take action—to take care of their own health, ensure their financial security, and maintain close ties with family members.

Discussion

This study evaluated the perceived impact of providing paid elder care in a foreign country on attitudes toward aging, older people, and elder care among returning migrant care workers. The transfer of innovation model (Montanari & Saberi, 2010) can enhance our understanding of transnational elder care practices and beliefs (Anderson, 2001). This shows that the care chain involves not only the transfer of care workers between countries, but also the transfer of practices and attitudes between countries (Ayalon, 2021). Migrant care workers are transnational, moving back and forth between countries and care arrangements (Peng, 2017). Because a substantial portion of the world's care is now provided by

migrants (Browne & Braun, 2008), it is important to develop a better understanding of the effects of this care arrangement upon the carers' return to their home country.

The study highlights varied levels of influence on return migrant home care workers, who have changed their views on their own aging experiences, on micro-level relations within the family, as well as on macro-level practices and norms concerning elder care and older people. Hence, by going back and forth between countries, these workers have an opportunity to compare and contrast cultural experiences and practice. The first two themes uncovered in interviews with the study participants concerned relational or more broadly sociocontextual experiences in the host country. Respondents described their experiences in both spheres as substantially better than similar experiences in their home country. The first theme related to the personal relationships carers' established with older care recipients or in the wider social context in which the elder care occurred. There is ample research to show that ambivalence and conflict are common in intergenerational relations in families (Bengtson et al., 2002)—feelings that can make care relations as well as everyday life in families very challenging. With strangers, our relations can sometimes be less emotionally conflictual. Under such circumstances, it might be possible to form new experiences of care. Previous research has shown that elder care workers are expected to provide not only personal care, but also emotional and social support to the care recipient (Ayalon, 2009b). This study demonstrates the positive emotional impact the relationship between the migrant care worker and the older care recipient can also have on the worker.

The second sphere, the broader socio-cultural experience in the host country, was generally seen in contrast with the home country. Study participants viewed their own home country with a critical eye, stressing its shortcomings both in relation to manners and interpersonal relations and in relation to facilities, support, and resources. The respondents highlighted the highly positive experiences they had in the receiving countries. The returning migrants interviewed in this study had provided care to relatively affluent older care recipients in the receiving countries. They, however, were from a less affluent country, Lithuania. Moreover, Lithuania's long-term care system consists mostly of informal care (older adults tend to be cared for by younger family members). As a result, elder care in Lithuania might involve family conflicts from the past. In contrast, the long-term care systems the participants observed abroad largely relied on formal care, either in the home or in institutions. These contrasts between the backgrounds of the care recipients and the caregivers highlight some disadvantages of Lithuanian elder care compared with the receiving countries (Kazlauskienė & Rinkevičius, 2006). Our findings highlighted the tension that resulted from respondents' inevitable comparisons between the affluent host countries with varied long-term care solutions and the sending country, which has substantially fewer financial and long-term care resources.

These elder care workers' work and life experiences abroad influenced their views of their own aging process and their

expectations for old age and future care needs. Some respondents reported very negative views of aging and many reported grave concerns about their future ability to meet their care needs. Respondents were particularly fearful of becoming a burden on their children. This finding was not surprising, as many aging people worldwide go to great efforts not to become a burden on their children (Groger & Kinney, 2007). However, the contrast with the host country increased the migrant care workers' anxiety about aging and increased their expectations for better care than is usually available in Lithuania.

Respondents' preferences and hopes for their own aging were in accordance with the successful aging paradigm advocated by Rowe and Kahn (Rowe & Kahn, 1997). Specifically, they highlighted the importance of maintaining good physical health and positive social relations. Their experiences in the host countries strengthened their commitment to tailor a better future for themselves. Some stressed the importance of engaging in preventive health behaviors. They also stressed the importance of maintaining positive relationships with their children at least in part with the goal of not burdening them with their future care needs. These findings potentially demonstrate the penetration of the successful aging model more common to affluent, westernized countries, to less affluent, less westernized countries such as Lithuania, via the work of elder care.

One limitation of this study is that it focused solely on returning migrants from Lithuania. Additionally, most of the participants were women and most had worked as migrants in the United States before returning to their home country. These limitations preclude our ability to generalize the findings beyond the specific sample. Because of the small size and limited age range of the sample, we were also unable to explore whether the experiences and perceptions of the returning migrants regarding age and aging were shared by younger migrants.

Conclusions

This study highlights a previously unexplored issue of the possible effects of return migration on one's home country. Uniquely, our study of returning migrants goes beyond their possible contribution to the labor market or to the care sector in their home country, because we focus instead on their beliefs, attitudes, and perceptions. These issues have been neglected in previous research, but they potentially represent a valuable resource imported to the home country by returning migrants. Our findings suggest that returning migrants are fully aware of differences between their home country and their host country with regard to elder care practices and attitudes about older people in general. They are also observant of the social context surrounding the lives of old and young people in the different countries. When they compared their experiences at home and abroad, these respondents saw their home country as an inferior place to grow older. Although some found this fact highly discouraging, they managed to draw agency from this deficiency to actively engage in activities that would allow them and others to age in a better way than they had imagined before their encounter with the host country.

Implications

Our findings have several theoretical and practical implications. First, the study highlights the transfer of attitudes and practices from the work domain to the private domain. Much has been written about the home care profession as a setting that tends to blur the private with the public. However, most previous research has focused on the experiences of the care recipients and their family members having to adjust to a new, paid “member of the family.” Our study examines the emotional impact associated with elder care not on the care recipient and family members, and not on the worker’s burden associated with elder care, but rather on the worker’s perceptions of aging, older people, and elder care. Our findings point to perceived generalization from one’s work life to one’s personal life. The issue of work-family conflict has received little attention in the case of migrant home care workers. Our findings show the importance of acknowledging points of contact and influence between work and family life also in the case of the workers.

Our study also indicates the transferrability of attitudes and practices across countries. Although this can be seen as advantageous, as we described, it can also have disadvantages. For example, migrant home care workers who transition from a country that is highly vested in elder care might find changes in attitudes and practices following their return from a more westernized country to be disruptive rather than helpful. Our findings suggest that there might be a need to mediate attitudes and practices acquired in the host country upon the migrant’s return to the home country.

Our findings point to the reformation and transfer of attitudes concerning aging, older people, and elder care between countries. Although these attitudes may bring innovation both to the family life and to society at large, the present study suggests that at least some of these newly acquired attitudes are quite bleak. They color the experiences of return migrant home care workers in a negative light and point to what return migrants are missing in their home country, rather than to what they have or have gained. Policy stakeholders can use these insights of transnational care migrants in order to develop and improve the elder care network in both sending and receiving countries.

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Ethical Approval

This study has been reviewed by the committee of research compliance at the Institute of sociology at the Lithuanian center for social sciences. No IS-18.

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Notes

1. All respondents were given codes consisting of numerals (1–13) referring to the number of the interview, letters (W = women, M = men), the age of the respondent, and an abbreviation of the work country.

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