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**“Being a caregiver is the most sincere love you can have”:
Experienced Caregivers Discuss Dirty Work and Good Care**

By

Osmara Vanessa Osuna

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Good care is not just treating residents well; good care is reminding the residents of details again and again, to brush their teeth and you help them. You have patience. You care if they eat, if they go to the bathroom, if they smell good. You care and you worry for them so you check on them regularly. Not because of the pay, not because you *have to* do it, no, it's because you're a human being. And if you get sick and you go to the hospital, you don't want anyone to treat you badly. See, that's how you're supposed to think. If you think that way, then you know you have to give good care to your resident. I think that way. If I ever ended up in a convalescent [home], I would want the CNAs or caregivers, I would want them to treat me with respect and to treat me nicely, the way that I treat my residents. It's not just a paycheck.¹

I have been hearing stories about caring for the elderly for as long as I can remember. My mother, whose name is Yolanda Ballesteros, has been a caregiver of the elderly for over twenty-five years; in that time she has navigated the field of providing care as a certified nursing assistant (CNA), a private caregiver, and a medication technician in nursing homes, assisted living facilities, and private homes in Los Angeles County. She called Los Angeles home after emigrating from Mexico in the 1980s. It would be years until Yolanda worked in elder-care but when a friend got her a job in a rehabilitation center, she never looked back. I asked Yolanda what she believes makes a good caregiver and she replied, “having a lot of respect for the residents and not to see residents like kids.”² As the longer quotation above makes clear, Yolanda also identifies *caring* as the key component to being a good caregiver.

In *The Age of Dignity*, author Ai-jen Poo tackles what she calls, the elder boom. In her text, Poo encourages thought of our aging population as she begins with the story of her grandmother and grandfather's care. We learn that Mrs. Sun, her grandmother's caregiver,

¹ Yolanda Ballesteros, interview by author, June 2017.

² Yolanda Ballesteros, interview by author, June 2017.

has been with their family for years. Poo's mother admits that she hopes to put away enough money to find a caregiver as good as Mrs. Sun. When Poo asks her what she means, her mother, a former nurse herself, offers insight into what she believes is good care:

Mrs. Sun...she's a true caregiver. You can feel it. It's subtle, but you can feel it in every aspect of the interaction. If you have the right heart, and the passion for taking care of people, that's the most important thing you need. Caring is the most important part of care. Sounds funny, but all the other skills can be learned. But it's hard to train someone to care.³

Through personal interviews with caregivers, Poo investigates a turning point in America's care infrastructure. As the baby boomer generation ages, and scientific advances in nutrition and medicine make it so people live longer, our aging population is going to increase substantially in the years to come.⁴ Unfortunately, there is a shortage of health care professionals, especially among the direct care workforce.⁵ With a greater desire from our

³ Ai-jen Poo, *The Age of Dignity: Preparing for the Elder Boom in a Changing America* (New York: The New Press, 2015), 21-22.

⁴ Poo, *The Age of Dignity*, 24; Sandra Colby and Jennifer Ortman, "The Baby Boom Cohort in the United States: 2012 to 2060," U.S. Census Bureau (2014), accessed March 2, 2017, <https://www.census.gov/prod/2014pubs/p25-1141.pdf>; Josephine Kalipeni, *Preparing for the Elder Boom: A Framework for State Solutions*, ed. Janet Kim and Kathleen Duffy, Caring Across Generations, (2017).

⁵ National Commission for Quality Long-Term Care, *The Long-Term Care Workforce: Can the Crisis be Fixed?* (Washington, DC: American Association of Homes & Services for the Aging and the Institute for the Future of Aging Services, 2007). Scholars and policymakers are all concerned with the shortage of direct care workers as our aging population has grown and is expected to increase greatly. The long-term care workforce is unstable due to high turnover rates and the difficulty of attracting new workers, since caregivers are highly undervalued, have few to no benefits on the job and work long, poorly compensated hours. Scholars and policymakers alike, unsure of who will care for the elderly, work to find ways to increase the caregiver labor pool, but the demand is increasingly difficult to meet.

elderly population to stay in their homes as they age, the need for good caregivers is greater than ever before.⁶

The elder-care field is expansive, with a multitude of positions committed to assisting and caring for the aging. These positions range from personal caregiver to registered nurse (RN), each position requiring more training and credentials than the last.⁷ I am interested in direct care workers, the hands-on workers who clean, feed, and clothe the elderly; the people who carry out the intimate and important duties that help their patients wipe, scrub, and move their bodies on a daily basis. CNAs, home health aides (HHAs), and personal or private caregivers make up the direct care workforce. The job of a direct care worker consists of both physical and emotional labor, labor that is considered to be low-skilled and dirty work. My curiosity for this project lies in two interconnected questions: how is dirty work defined by caregivers, and how does this impact their definition of good caregiving?

In 2013, Lucy Fisher and Miliann Kang, professors of nursing and women, gender, and sexuality respectively, conducted a study that analyzed how certified nursing assistants perform “boundary making” in order to redefine and transform conceptions of “dirty work”

⁶ National Conference of State Legislatures and AARP Public Policy Institute, *Aging in Place*, (Denver, CO: National Conference of State Legislatures; Washington, DC: AARP Public Policy Institute, 2011).

⁷ Karen Smith and Reagan Baughman, “Caring for America’s Aging Population: A Profile of the Direct-Care Workforce,” *Monthly Labor Review*, (2007) accessed May 25, 2017, <https://www.bls.gov/opub/mlr/2007/09/art3full.pdf>; Galina Khatutsky, et al., *Understanding Direct Care Workers: A Snapshot of Two of America’s Most Important Jobs: Certified Nursing Assistants and Home Health Aides*, (U.S. Department of Health and Human Services, 2011); Robert Espinoza, *Immigrants and the Direct Care Workforce*, The Paraprofessional Healthcare Institute (PHI), (June 2017).

in structures of “organized emotional care.”⁸ Relying on personal interviews, Fisher and Kang spoke to CNAs to discover how they reframe dirty work as skillful and important and set boundaries between themselves and other CNAs to ensure the quality of their work in elder-care facilities. There were a total of twenty-seven participants in the study from three nursing homes in northern California; all were people of color, twenty-four were immigrants, twenty-two women and the majority Filipinas.

This study lets us hear CNAs’ voices as they share their experiences of dealing with things like cleaning and moving bodies, fears of accusations of patient abuse, and sexual harassment from male patients, to name a few. Fisher and Kang focus on how constructions of self are navigated based on the conditions and policies that govern different kinds of environments in which CNAs work, either allowing or constricting their ability to redefine dirty work.⁹ This study sheds light on the complexities of elder-care work and its workforce, as well as the necessity of approaching the subject on a multidisciplinary level. Fisher and Kang’s study analyzes the interface between dirty work and the social worlds of caregivers. They find that caregivers reinvent dirty work, according it dignity rather seeing it as does the larger society.

Fisher and Kang’s study insinuates that the care of patients is complicated by caregiver conceptions and (re)definitions of dirty work; however, the study does not

⁸ Lucy Fisher and Miliann Kang, “Reinventing Dirty Work: Immigrant Women in Nursing Homes,” in *Immigrant Women Workers in the Neoliberal Age*, ed. Nilda Flores-Gonzalez et al. (Urbana, Chicago: University of Illinois Press, 2013), 165.

⁹ Fisher and Kang, “Reinventing Dirty Work: Immigrant Women in Nursing Homes,” 174.

explicitly dive into the question of caring. Herein lies my interest and point of entry for this project. When I asked Yolanda what dirty work means to her, she said that *bad* caregiving is dirty work. Yolanda defines dirty work as a failure to take pains, a failure evident in residents' dishevelment. Here, Yolanda goes beyond the general view of caregiving as "messy, or possibly contaminated," to quote Fisher and Kang.¹⁰ Accepting that it is part of the job to deal with dirtiness, Yolanda defines dirty work in a way that stresses what it means to be a good caregiver.

For me, it's when they [caregivers] don't change them [patients]. When they change them and they don't clean them right. When they put them to bed without brushing their teeth. When they get them up and they look like they didn't comb their [patient] hair. That's dirty. It happens a lot at work. Take Mark; you remember Mark? When he's in his chair, he drools sometimes. There will be three or four caregivers nearby, sitting down, and instead of cleaning his mouth, they're too busy watching TV or looking at their phones. That's dirty, you know? They're not doing their job.¹¹

Mark, the person Yolanda is referring to, is a resident in the assisted living facility where Yolanda works. Mark has Parkinson's disease and requires extensive attention from the on-staff caregivers, more so than other residents as he is the only resident in the facility with this disease. As Yolanda observes, while there are available caregivers nearby to assist Mark as he drools, they are often "too busy" doing other things. To an extent, this could be read as evidence that this assisted living facility's staff is unqualified to care for a person with Parkinson's. Assisted living facilities vary greatly in the type of care they provide and, ultimately, not every facility's staff is properly trained to assist people with Parkinson's. The

¹⁰ Fisher and Kang, "Reinventing Dirty Work: Immigrant Women in Nursing Homes," 165.

¹¹ Yolanda Ballesteros, interview with author, June 2017.

same can be said for those with Alzheimer's or another form of dementia.¹² Alternately, or perhaps additionally, neglect of a patient like Mark could point to a caregiver's sloppy job performance—or, as Yolanda defines it, “dirty work.”

Speaking with two additional caregivers with backgrounds similar to Yolanda's, I found that they define dirty work in much the same way she does. Reina Avila immigrated to the United States from Mexico in the 1980s and settled in Los Angeles. She worked a series of other jobs, from fast food to television manufacturing, before she became a caregiver.

Vine en el '80. Antes de caregiving, trabaje por la televisión Sony y Toshiba, trabaje por Burger King, y trabaje haciendo las mangueras para la guerra. Empecé en el 2002.¹³

I came in the '80s. Before caregiving, I worked for television Sony and Toshiba, I worked at Burger King, and I worked making hoses for the war. I began [caregiving] in 2002.

For Reina, caregiving was difficult when she first began. Not yet accustomed to the realities of caring for the elderly, she found some aspects of the job disgusting. Looking back, however, she attributes this to her lack of experience.

Cuando empecé hacer caregiver, casi no comía porque, como casi no tenía experiencia, cuando los pacientes se quitaban los dientes, pues a mi me daba un poquito de asco porque yo no tenía experiencia. Después empecé a aprender que ellos dependen de uno.¹⁴

¹² Nancy Foner, *The Caregiving Dilemma: Work in an American Nursing Home* (Berkeley: University of California Press, 1995), 56; Athena McLean, *The Person In Dementia: A Study In Nursing Home Care In the U.S.* (Peterborough, Ont: Broadview Press, 2007). However, there are numerous elder-care facilities that offer specialized care in Alzheimer's and Dementia as well as Parkinson's Disease.

¹³ Reina Avila, interview with author, June 2017.

¹⁴ Reina Avila, interview with author, June 2017.

When I started to be a caregiver, I hardly ate because, since I barely had experience, when the patients would remove their teeth, well that would gross me out a bit because I didn't have experience. Later I began to learn that they depend on you.

That realization profoundly changed her outlook.

When I asked Reina if she thinks caregiving is dirty work, she replied:

No creo que es un trabajo sucio. Es como tu lo tomes, porque si te gusta el trabajo you enjoy, me entiendes? Entonces no. Mucha gente se expresa así, es el trabajo más pesado y es el trabajo más sucio pero ellos necesitan de ti y tu necesitas tambien. Y es como tu familia porque eso lo vives en la familia, es lo mismo; empiezas de niño y vuelves de niño. Así que no, yo no lo e considerado un trabajo sucio. Todo depende quien y quien.¹⁵

I don't think it is dirty work. It's as you take it, because if you like the job you enjoy. You understand? So, no. Many people express that it's a heavy job and it's the dirtiest job but they need from you and you need from them too. And it's like your family because that's what you live in the family, it's the same; begin as a child and return as a child. So, no, I have not considered it dirty work. It all depends on who and whom.

Reina's answer reveals her work ethic. She does not deny that there are repugnant aspects to caregiving, she herself has experienced them, and she acknowledges that there are people who deem it a dirty job. However, Reina focuses on the reciprocal nature of the job. In one respect, caregiving is reciprocal in purely transactional terms; the elderly need someone to care for them and caregivers need jobs. But caregiving is also reciprocal on humanistic grounds; patients receive genuine support, love and care and caregivers gain the satisfaction of doing truly meaningful work.

¹⁵ Reina Avila, interview with author, June 2017.

Elaborating on this aspect of the job, Reina explains how a caregiver needs to treat the patient:

Ser su mejor amiga. Escucharla y estar ahí cuando ella te necesita. Porque ser una caregiver es el cariño más sincero que tu puedes tener. Ellos necesitan, así como un día nosotros vamos a necesitar de alguien. Como tu los traten van a ser tratado. Según como tu la atiendes, ella te va atender.¹⁶

Be her best friend. Listen to and be there for her when she needs it. Because being a caregiver is the most sincere love you can have. They need, just like we're going to need somebody one day. The way you treat them is the way they'll treat you in return. Just as you attend to her, she will attend to you.

For Reina, being a caregiver means you care without hesitation, the way one cares for loved ones, with understanding and compassion. From our moment of birth to our moment of death, we need someone to help care for us both physically—by changing our diapers, for example—and spiritually, by providing care in a tender way. As Reina says, “that’s what you live in the family, it’s the same; begin as a child and return as a child.” This insight comes from her experience as a mother of four as well as her work as a caregiver to people at the end of their lives. The understanding that we all enter life needing assistance and affection, and we exit life just the same, generates the empathy she carries into her work. This also has spiritual-religious roots; “cast thy bread upon the running waters: for after a long time thou shalt find it again,” in other words, the universe will eventually repay whatever generosity you extend; or, what goes around, comes around.¹⁷ Additionally, the exigencies of life for low-wage workers encourage a belief in mutualism because it is almost impossible for a

¹⁶ Reina Avila, interview with author, June 2017.

¹⁷ Ecclesiastes. 11:1 (New Revised Standard Version)

household to survive without any help from other people—at least occasional help.

Ultimately, extending a helping hand has different meaning to those well off as opposed to those in need.

In 2013, Maria de la Luz Ibarra, professor of Chicana and Chicano studies, conducted ethnographic fieldwork on Mexican immigrant women who were elder-care workers in Santa Barbara, California. Ibarra's report on this study explores how Mexicana elder-care providers literally and figuratively “extend” kinship in informal private care settings as private, in-home caregivers. They extend kinship literally by recruiting their own family members to care for their patients when they are unable to do so; they extend kinship figuratively when they treat their patients as they would their own family and commit to care for their patients until their deaths.¹⁸ Ibarra dives into the question of family, what is considered family and how family is made. Pulling from the work of anthropologists, Ibarra establishes that kinship can be made through blood or biology as well as residence, ritual, adoption and other constructions.¹⁹ In Ibarra's case study, we meet Cecilia Ramos who immigrated to the United States from Mexico in 1999. Cecilia shares that when she began caring for a female patient, the woman firmly told her, “I need some help, but do not treat me like an idiot. I expect you to behave professionally, and I, in turn, will treat you professionally.”²⁰ Cecilia expresses that

¹⁸ Maria Ibarra, “Extending Kinship: Mexicana Elder Care Providers and Their Wards” in *Immigrant Women Workers in the Neoliberal Age*, ed. Nilda Flores-Gonzalez et al. (Urbana, Chicago: University of Illinois Press, 2013), 200.

¹⁹ Ibarra, “Extending Kinship: Mexicana Elder Care Providers and Their Wards,” 193.

²⁰ Ibarra, “Extending Kinship: Mexicana Elder Care Providers and Their Wards,” 195.

after a few years, she grew to love her patient and the affection was mutual. Additionally, just as Reina expresses, Cecilia exclaimed the importance of recognizing the end of their patient's lives and caring for them accordingly. Ibarra found that other Mexican care providers identify this acknowledgement as significant.²¹

Auria Santizo, the third and final woman I interviewed, also exemplifies the significance of end-of-life care as she speaks of the necessity of putting the needs and desires of patients first. Auria immigrated to the United States from Peru in 2004. She lives in Los Angeles. Having studied nursing, and with experience in hospitals in her home country, Auria quickly went to work in healthcare:

Cuidando de personas es algo que yo siempre e trabajado en mi país. En mi país, estudie de enfermería. Mi experiencia es que los residentes, tienes que darle su lugar a ellos, ellos son primero. Si ellos te dicen eso es negro, es negro, eso es blanco, es blanco, nunca contradecir a ellos. Si me dicen haz eso, ok lo hago. Si quieren consultar con la nurse, ok. Lo que ellos te pidan. Yo siempre he hablado que nunca le hables tus cosas a un paciente, lo que me paso - ay me paso esto, estoy cansada, tengo dos trabajos y vengo muy cansada - no, ellos no quieren escuchar eso. Ellos no están para escuchar tus problemas, ellos están con sus problemas de ellos. Están viviendo sus últimos días y les toca ver felicidad, cara linda, cara alegre, sonriente y que le hables bien.²²

Caring for people is something I have always worked for in my country. In my country, I studied nursing. My experience is that the residents, you have to give their place to them, they are first. If they say that is black, it is black, that is white, it is white; never contradict them. If they tell you, do that, ok I will do it. If they want to consult the nurse, ok. Whatever they ask for. I have always said that one should never

²¹ Maria Ibarra, "My Reward Is Not Money: Deep Alliances, Spirituality, and End of Life Care," in *Intimate Labors: Cultures, Technologies, and the Politics of Care*, ed. Rhacel Salazar Parreñas and Eileen Boris (Stanford: Stanford University Press, 2010), 117-131.

²² Auria Santizo, interview with author, June 2017.

talk about your [personal] things with a patient, what happened to me - oh this happened to me, I'm tired, I have two jobs and I'm so tired - no, they don't want to listen to that. They are not there to listen to your problems, they have their own problems. They are living their last days and they get to see happiness, a sweet face, a cheerful face, smiling and you speak nicely to them.

Auria currently works at an assisted living facility as a caregiver, but when she began working in the United States, she was a CNA. In my interview with Auria, I use the term “caregiving” generally, to mean caring for the elderly, but from the beginning of our conversation, Auria makes a clear distinction between a caregiver and a CNA.

La diferencia entre caregiver y CNA es una asistencia total. La caregiver hace de todo. Lavar la ropa, sacar la basura, la caregiver hace un trabajo más que una CNA. Es diferente. La caregiver prepara y acomoda, lava y camina, hace todo lo que su residente le pide. CNA es más profesional. Caregiver, teóricamente, no tiene base. CNA tiene base, ya estudió teóricamente, y como lo básico para que por ejemplo no te lastimes. Es más generalizado. Estudiando de CNA es importante porque te da exactitud y más seguridad.²³

The difference between a caregiver and CNA is total assistance. The caregiver does it all; washes clothes, throws out the trash, the caregiver does more work than a CNA. It is different. The caregiver prepares and organizes, washes and walks, they do everything their resident asks of them. CNA is more professional. Caregiver has no theoretical basis. CNA has a basis. They (CNAs) studied theory, and studied the basics so that, for example, they don't hurt themselves. It is more generalized. Studying to be a CNA is important because it gives you accuracy and more security.

Auria made the transition to caregiver in 2008, after working as a CNA for four years. The assisted living facility where she is currently employed did not require their caregiving staff to be CNAs, or have other forms of formal certification. When she was hired, then, her title changed from CNA to caregiver, and her duties changed as well. Despite describing a CNA as more professional and caregiving as more work, Auria was happy to make the shift.

²³ Auria Santizo, interview with author, June 2017.

Me pase a caregiver porque para mi era un poco más suave el trabajo. Porque como ya había trabajado muchos años, sentía ya que era tiempo para transfer, trabajar tranquilo, y yo vi que caregiving era más suave.²⁴

I became a caregiver because, for me, the work was a bit smoother. Because I had worked so many years, I had felt that it was time to transfer, work calmly, and I saw that caregiving was smoother.

This is a demonstration of the kind of attitude a good caregiver brings into the job. Based on Auria's statement, a caregiver has fewer formal responsibilities than a CNA, caregivers almost fly under the radar because they are doing more "menial tasks" than a CNA.

Admittedly, I never considered to characterize caregiving as work that is calm but it makes sense given that caring for the elderly means that you move at their slower pace. Some would say, impatiently, that it's a pace that breeds boredom, but Auria calls it calm. When a caregiver steps into the home or the room of their patient/resident, they close the door behind them and step into their world. A good caregiver leaves any hurriedness or deadlines at the door in order to assist their patient on their terms and at their pace. One could say, then, that a caregiver's work is more like the work a family member might do for their loved one. This mentality allows for the creation of positive relationships with patients. Auria's testimony suggests that caregiving becomes less alienating than CNA work because she gets to know her residents.

Yolanda says being a good caregiver is being respectful and actually caring for your patients. Reina says being a good caregiver means listening attentively, like a best friend.

²⁴ Auria Santizo, interview with author, June 2017.

Good caregiving is in the details. For Auria, good caregiving is recognition and acceptance of your place in your patients' lives and their place in yours.

Una buena caregiver es trabajar con todos, aceptar del trabajo que está haciendo y hacerlo bien. Hacerlo bien. Nunca decir no, nunca dar motivo que tengas complaint, nunca tengas complaint, eso es una buena caregiver. Que hablen bien de ti. Que digan “oh I like it,” “your number one,” cosas así “my angel,” todo te dicen y sientes bien por ti aunque no tengas reconocimiento del trabajo. No te dan reconocimiento pero el reconocimiento de los residentes te lo llevas tu en tu corazón. Té hablan cosas bonitas y te vas alegre a tu casa que hicistes un buen trabajo con ellos.²⁵

A good caregiver is working with others, accepting the work that one is doing and doing it well. Do it well. Never saying no, never giving motive to get complaints, never get complaints, that is a good caregiver. That others speak well of you. That others say I like it,” “you’re number one,” things like that, “my angel,” everything they [patients] tell you and you feel good about yourself even though you don’t get recognition from your job. They [employers] don’t give you recognition but you take the recognition from the residents in your heart. They tell you nice things and you leave for your home happy that you did a good job with each one of them.

Auria expresses that being recognized by the very people that she provides care to brings her great joy. As an on-staff caregiver at the assisted living facility where she works, Auria provides one-on-one care to multiple residents. Yet she reminds me that caring is not always an individual process, especially in an elder-care facility where there are numerous on-staff caregivers and even more patients/residents.

Cuando hablan de una caregiver que no la atendió bien, yo le digo es que está viniendo a la primera, dale chanca. Va ir aprendiendo, es nueva, va ir incorporando se, dale chance para que ella también aprende así como yo.²⁶

²⁵ Auria Santizo, interview with author, June 2017.

²⁶ Auria Santizo, interview with author, June 2017.

When they [patients] talk about a caregiver that did not attend to them well, I tell them that it is their first time, give them a chance. They will learn, they are new, they will be taking it all in, give her a chance to learn too just as I did.

Caregivers typically get assigned entire floors (of a three-story building) and are responsible for responding to assistance requests by any resident on that floor. All residents are assigned pendants upon their arrival to the facility. With the push of a button, residents activate their pendants and their name and room number are registered in the call system. Then, the residents' information is announced over handheld radios which all caregivers are required to check out at the start of their shift. However, if a caregiver is already occupied with one resident when another calls for assistance, a co-worker is expected to respond to the call, even if it comes from a different floor than the one for which the worker is responsible. Consequently, residents in the facility are familiar with the majority of the care staff and often voice whom among the care staff are their preferred caregiver(s). In an environment with this kind of identified favoritism among the care recipients, it can be difficult for a new caregiver to learn and acclimate. As we read from the quote above, Auria speaks with her residents to reassure them of a new caregiver to whom they are yet accustomed. She sets both her patient and the new caregiver at ease by introducing them to one another and vouching for the new caregiver. Auria demonstrates that it is important for caregivers to look out for one another on the job. This builds the platform to provide good care.

To my surprise, Yolanda spoke of Auria's impressive caregiving skills during our conversation. In fact, Yolanda uses Auria as her primary example of a good caregiver. They currently work at the same assisted living facility, Yolanda as a medication technician and

Auria as a caregiver, but they have known each other, and worked together, for far longer than the almost ten years they have been employed at this facility. As Yolanda explains,

Auria and me, we are the oldest in the facility, okay; we're coming from a convalescent home, that was Culver West, okay, and Auria is one of the best caregivers. She's excellent; I'll tell you why. When Auria is working, the residents look so good, they smell so good and they have a big smile on their face and everybody is up from bed. No resident stays in bed when Auria is working; when you go to the dining room, the dining room is full and they look so nice. Also, the ladies have a little lipstick on them. Then, when I go check on them at night, it's not that she just drops them off [in their rooms] like other caregivers do. No, she takes her time to set up their toothbrush with toothpaste and gives it to them so they can brush their teeth. If they need to have a shower at night, she gives them showers. When I pass my medication and a resident is in bed, it's with their head up, television on, remote control by their side, the remote for the bed by their side and not only that, they always have their pendant right there by their side in case of an emergency. That's what you call a good caregiver. They care if [the residents] come down to eat and if everybody is not there, she goes room by room searching for each resident. She cares and worries about them. You see, when other caregivers put residents to bed, some don't even put on their pajamas. Who knows if they even helped them to the bathroom, they smell bad and they don't brush their teeth. So, that's bad, those are the caregivers that don't do their job. When Auria is there in the evening, I can tell and I know every little thing because she communicates with me. *That's* a good caregiver. When you care for your residents, when you help your residents in every little thing and you just don't ignore your residents. I can give you that example because I see it at work.²⁷

Unbeknownst to Auria, Yolanda sang her praises. Ibarra speaks to this kind of supportive relationship between working-class Latinas in her work "Extending Kinship: Mexicana Elder Care Providers and Their Wards," identifying this as *compadrazgo*. Literally translated as, "co-parenthood," *compadrazgo* has a long history in Mexican and other Latin American societies. *Compadrazgo* is an elaborate network of people choosing friends and family members as godparents for their children; friends become family under the promise to not

²⁷ Yolanda Ballesteros, interview with author, June 2017.

only care for the children as their own should the parents die, but to also guide the children as the parents live.²⁸ This network is even more important to those who have migrated from their communities and home country. Auria and Yolanda demonstrate *compadrazgo* in their relationship; more so, Yolanda extends *compadrazgo* to her fellow caregivers. Auria also extends her fictive kin network in the workplace when she vouches for new caregivers. It may be that work is more enjoyable when working with your sisters.

Good caregiving is identifiable and, among those who have been in the field for their entire careers, easily distinguishable from bad caregiving. From being a caregiver in a private home to caregiving in a healthcare facility, one thing rings true, knowing how to provide good care is absolutely imperative. The way Yolanda, Reina and Auria respond to the concept of caregiving as dirty work suggests that a good caregiver recognizes and accepts dirty aspects of the job and then sets those conceptions aside to focus on providing good care. Asked if elder-care is dirty work, Auria replies:

Trabajando con los ancianos, no yo no veo eso, al contrario. Al contrario. Dignifica eso porque los estas dando un amor que uno nunca - por decir, un día yo me sentiré tan tan mal cuando yo dejara de trabajar así, de cuidar a ellos porque como siento una alegría con ellos. Siento cada día cuando los veo, como ellos van mejorando y lo siento - cada de ellos son muy especial.²⁹

Working with the elderly, no I don't see that. On the contrary, on the contrary. It dignifies that [work] because you are giving a love that one has never - like, one day I will feel so, so bad when I leave this work, to care for them because I feel such happiness with them. I feel every day when I see them how they are improving [in health] and I feel it - each one of them is very special.

²⁸ Ibarra, "Extending Kinship: Mexicana Elder Care Providers and Their Wards," 193.

²⁹ Auria Santizo, interview with author, June 2017.

As Auria explains, not all caregivers do the work well because some are missing what it takes.

Esque lo hacen porque no tienen corazón para el trabajo. Una persona no lo hace - porque desde que yo, bueno yo tengo raíces de que siempre me a gustado trabajar con esas personas. Yo pienso que eso tiene que nacer. Hasta para limpiar les, si ellos se ensuciaron o se embarraron, pues eso es un trabajo, es algo fisiológico que todos tenemos que pasar por eso. Nunca vamos a quedarnos jóvenes. Como los jóvenes piensan en el momento que nunca van a llegar a eso, pero todos vamos a llegar a esa edad. Si no tiene corazón, si una persona habla así, para mí no debería meterse a trabajar en esto. Un día una caregiver vino a trabajar y dijo “no, eso yo no limpio, eso no es para mí,” - ok, ok, ya la reporte le dije - no, no, no, esa persona no es para este trabajo. Para trabajar en esto, tienes que tener corazón, no tienes que tener asco.³⁰

It [the idea of caregiving as dirty work] is because they [other caregivers]...have no heart for the job. A person does not do it - because since I, well I have roots in always having liked to work with those people [the elderly]. I think that it must be inherent. Even to clean them, if they dirtied or soiled themselves, well it is part of the job. It's something physiological that we all go through. We are not always going to stay young. Like the young [caregivers] think in the moment that they will never get there [old age], but we are all going to get to that age. If they have no heart, if a person speaks that way, for me, they should not enter this field. One day, a caregiver came to work and said, "No I don't clean that; that's not for me." "Okay, okay, I already reported you," I told her. No, no, no, that person is not for this job. To work in this, you have to have heart; you cannot be disgusted.

Auria directly connects care and dirty work. She accords dirty work with dignity but also ties it to good care.

Analysts of the elder-care crisis can learn a lot from workers like Yolanda, Reina, and Auria. All three women are quick to differentiate good caregivers from bad caregivers, and they do not shy away from identifying the skills and attitudes required to be successful on the job. Most important, these women exemplify these qualities in their own work. The key to

³⁰ Auria Santizo, interview with author, June 2017.

providing and replicating humanized care for the elderly is to model it after the very women who have spent their careers providing care. We must not only recognize the women who provide this type of care but also make the effort to ask them about their experiences. More so, we need to apply what we learn from their testimony. Analysts and managerial professionals of the elder-care field can use Yolanda, Reina, and Auria's testimony to reevaluate areas concerning promotional ladders, the division of labor, and staffing levels.

Promotional ladders in elder-care facilities are assumed to instill motivation in caregivers because they can "move up" from caregiving to CNA to RN, etc., in other words, more prestigious positions. The elderly, then, are left with people biding their time to move up a promotional ladder where each position requires less and less interaction with residents. This erroneous assumption does more harm than good because it undermines the caregiver and undervalues hands-on care. As caregivers, Yolanda, Reina, and Auria know all too well that caregiving is not simple; it is complex in the fact that caregiving is made up of non-quantifiable tasks. Asking a resident what they had for dinner at that new restaurant or listening to a story about their grandchild's birthday party, these conversations are integral to being a good caregiver but they often count as doing nothing. Caregivers are meant to perform tasks that can be counted, timed, and easily documented. However, Yolanda, Reina, and Auria are more satisfied performing a variety of non-quantifiable tasks compared to specialized work. Now, Yolanda is in a specialized role as a medication technician and she enjoys administering and learning more about medication. Nevertheless, when I asked her if she finds satisfaction in the job, her response is driven by the non-quantifiable.

I like when I go to the rooms and the residents see me and they say “oh you brought my goodies!” They expect me. Not even if what I have are not really goodies, they are waiting for me and their meds. It is so interesting how the residents learn to really trust you. I really like the job. I really like being a med tech.³¹

Yolanda attributes her positive relationships with residents to their openness and willingness to trust her, but the foundation for that trust lies in her skill of providing good care.

Workers in this field have experienced poor compensation and a lack of recognition from the larger society.³² A gendered division of labor has made women the majority of this workforce, and immigrant women of color are largely overrepresented in the field, which goes a long way to explain the idea that elder-care work is dirty work that requires little skill and merits little respect.³³ Sociologist Clare Stacey calls women like Yolanda, Reina, and Auria “frontline workers,” and without them, the elder-care system would suffer.³⁴ “I respect my job so much,” Yolanda says, “when I’m there all I’ve got on my mind are my meds and

³¹ Yolanda Ballesteros, interview with author, June 2017.

³² Duffy, *Making Care Count*, 43-44; Phyllis Palmer, *Domesticity and Dirt: Housewives and Domestic Servants in the United States, 1920-1945* (Philadelphia: Temple University Press, 1989), xi; Mary Romero, *Maid in the U.S.A.* (New York: Routledge, 1992), 71; Pierrette Hondagneu-Sotelo, *Domestica: Immigrant Workers Cleaning and Caring in the Shadows of Affluence*, (Berkeley: University of California Press, 2001), 10. Though Palmer, Romero, and Hondagneu-Sotelo’s works focus on nannies and housekeepers, we can learn a great deal from their insight on caregiving and dirty work, especially because discussions of elder-care so often overlap with the topic of child care and domestic work as undervalued, feminized and racially-classified.

³³ Mignon Duffy, *Making Care Count: A Century of Gender, Race, and Paid Care Work* (New Brunswick, New Jersey: Rutgers University Press, 2011); Maria Ibarra, "Frontline Activists: Mexicana Care Workers, Subjectivity, and the Defense of the Elderly," *Medical Anthropology Quarterly* 27, no. 3 (September 2013): 434-452; Robert Espinoza, *Immigrants and the Direct Care Workforce*, The Paraprofessional Healthcare Institute (PHI), (June 2017).

³⁴ Clare Stacey, *The Caring Self: The Work Experience of Home Care Aides* (New York: Cornell University Press, 2011), 157.

my residents.”³⁵ Their attitudes, experience and work ethic are the very definition of good caregiving and it is these women who drive the direct care workforce.

³⁵ Yolanda Ballesteros, interview with author, June 2017.

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