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"DIVERGENCES AND CONVERGENCES BETWEEN PROFESSIONAL FEMALE CAREGIVERS AND INFORMAL FEMALE CAREGIVERS: A COMPARATIVE PERSPECTIVE"

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INTRODUCTION

Aging is a palpable reality in modern and advanced societies and is one of the relevant study phenomena for the social sciences, in general, and for demography in particular. In our country, the data show that in less than 30 years the number of people over 65 years of age has doubled, with a scenario for 2035 where the population aged 65 and over will account for 26.5% of the total (INE, 2020)., which will reach 30% of the total population by 2050, it is even anticipated that octogenarians will exceed the figure of four million (Fernández et al., 2021). Therefore, a horizon is outlined characterized by an increase in dependency, vulnerability and demand for specialized health care, in which *professional caregivers* and *informal caregivers* (family members and relatives of the cared-for person) acquire great prominence in their care. majority women, who have been impacted by the two years of the COVID-19 pandemic that have elapsed up to the present moment.

The pandemic has served to make the care crisis visible and broaden the public debate on this issue. Care was already a crisis before COVID-19 and one of the main obstacles to the equal participation of women in the economy and the achievement of gender equality within families and in society. With the pandemic, a chain reaction has occurred: from the physical distancing measures, very rapid and severe transformations have been unleashed in the organization of families, labor markets and social services, and new patterns have been generated. of care.

In Europe, state interventions in care during the pandemic have been mainly aimed at reconciling care work and paid work. Also, although to a lesser extent, they have been aimed at supporting families and care-dependent people themselves, regardless of the employment situation of those who care for them.

Spain proposed respite services for family members (low-income single-parent and single-parent households), telecare services and "proximity" services to households to guarantee care, support, food, etc., particularly for the population of elderly, disabled and/or dependent people. Additionally, the government combined contributory social protection measures (such as extended leaves for mothers and fathers), non-contributory social protection measures (such as basic income to care) and labor measures (such as unemployment funds and unemployment insurance). In order to respond to the new emerging global care needs triggered by the pandemic (Ritz, 2020).

From here, our study focuses on the relevant role played by the figure of *professional and informal female caregivers,* because although there are also male caregivers, it is on a small scale, which is why we are going to focus throughout the investigation on female caregivers, in feminine, with the purpose of reproducing the reality that it presents and generating new ideas and analysis, which serve as reference areas for key investigations, management, assistance and legislation. This analysis and its contributions will be able to delimit a theoretical reference structure to prepare a theoretical framework and its proposals for action aimed at the challenge of caring for an increasingly aging population, as well as addressing and providing answers to the problems of caregivers. greater. The importance of caregivers is evident in the future of care for the elderly, and the care of those who care.

BRIEF THEORETICAL FRAMEWORK OF CARE IN SPAIN

The basic theoretical framework of care in general in Spain is linked to Gender Studies in the eighties, with a certain delay in the progress that already existed at the international level, and more specifically, in the European environment. Studies such as those of Durán (1986, 2003, 2006, 2012, 2018), Martínez-Quintana (1992, 2006, 2010, 2011) Alberdi (1995), Tobío (2005), Martínez Buján (2010), Prieto (2015, with the group of researchers formed by Isabel Aller-Gay, Álvaro Briales, Javier Callejo, Pilar Carrasquer, Tebelia Huertas, Sofia Pérez De Guzmán, José Santiago and Teresa Torns), Ministry of Equality (2010), among others, have worked on the problems of working mothers with dependent children and relatives, unpaid work in the family, the functions of the family in society, the reconciliation of family, personal and work life, gender roles in society, co-responsibility, etc., which converge in the quality of life of people in their relationship with care.

The conflict between family life and work life is studied as an "unresolved tension between reproductive work (that of the family and domestic sphere) and productive work (that of the labor and commercial sphere, outside the family)" (Ministry of Equality, 2005:12). From here, expressive data on the materialization of the conflict begins to be worked on, such as demographic data -birth rate, fertility, etc… in its relationship with the socio-labour reality; the data referring to the uses of time and the care of dependent people and those related to the structure of the labor market, from a gender perspective.

Recent specialized literature on the impact of COVID-19 related to care (Batthyány 2020; Fantova 2020; Hernádez and González 2020; Moré 2020; Hernández and Pereira 2021; Marbán et al. 2021) focuses on the crisis caused by pandemic in care and the policies and social mobilizations that it entails; return to home care; long-term care work for the elderly; conciliation and working mothers, the elderly dependent population in residences and the invisible work of care mainly.

RESEARCH OBJECTIVES

The main objective of the research is to determine the convergences and divergences of professional female caregivers and informal female caregivers, from a comparative perspective. The specific objectives are the following:

- Identify the convergent and divergent aspects between professional female caregivers and informal female caregivers.
- Comparatively analyze women professional caregivers and women informal caregivers, and detect the unequal gap between them.
- Discuss the visibility and social recognition of professional and informal caregivers, in order to reduce the divergences between both groups.

METHODOLOGY

In this research, comparative analysis has been used, as an analysis tool, and a qualitative methodology based on a total of 24 semi-structured interviews: 12 interviews with professional female caregivers and 12 interviews with informal female caregivers. The distribution of the sample is as follows: a) 12 professional caregivers between the ages of 23 and 57, belonging to the social health field, with an average experience of 5 years in professional care (from the social health field, in a company of Social Interest); b) 12 informal caregivers between 29 and 62 years old, belonging to an association of family members of Alzheimer's patients and with an average experience of 3.5 years, as informal

caregivers (belonging to an association of family caregivers of people with Alzheimer's and other dementias, AFA).

In the semi-structured interview, the interviewer offers the interviewee full freedom of expression, making it possible for his point of view to be highlighted. It tries to keep the interviewee interested, playing an active role in the search for memories and reflections (Sautu et al., 2006).

During the interview, the interviewer-interviewee communicative process, around a series of topics or questions, presents a cycle of repeated activity, which is ideal for the object of study. There are four thematic axes: training and profession, care labor market, reconciliation and protection measures, and equality and visibility of care. This cycle begins with the interviewer's first intervention, letting the interviewee know the kind of information he needs (verbal communication), but also transmitting non-verbal messages. There is an emission of "motivation" (Gorden will say), of whatever degree or sign, towards the interviewee. This interprets what is requested or asked, and responds with information that seems relevant to him (but also filtered by his ability and willingness to transmit it) (Valles, 2014).

The field work was carried out during the state of alarm for Covid-19, by telephone, avoiding meetings and travel. The randomly selected people were asked for consent and voluntary participation, indicating the purpose of the interview and the importance of their opinion. A day and time were set for the telephone interview, and a calm environment and atmosphere was provided at all times, which encouraged the reflection of the participants.

RESULTS

It is obtained in the specialized literature in particular and in research in general, that caregivers emerge as a new social class, in which there are inequalities and convergences within the care sector itself. Two types of caregivers can be seen: professional and informal caregivers, both are in different positions within the same scenario, such as care and assistance. The following *verbatims* of the people interviewed in our research show divergences and convergences between the professional and informal caregivers.

> *[…] The professional caregiver has more training than the informal caregiver, and receives remuneration for the work that is done, and the informal caregiver is normally part of the dependent person's family environment. As a professional caregiver, I have a work schedule, with a day and some people that I attend to weekly […] When you have a physically hard, mentally hard, emotionally hard job, you are never well paid.* (Woman professional caregiver 1).

> *[…] I take care of my mother, and what I know, what I have learned from taking care of her, I have learned while taking care of her. I have not received training. Yes, I have had some advice from health professionals, but I have no training. I don't have a schedule either, she needs daily attention, especially at meal times and at bedtime […] I don't receive anything for taking care of her, I'm her daughter, and it's my duty. She took care of me, now it's my turn to take care of her* (Informal caregiver woman 1).

> *[...] It is not well paid because from a professional point of view we carry out the same tasks and care that users would receive in a hospital, only they are at home and not admitted there. We take care of all your care, from personal hygiene, food preparation, etc. The salary is derisory, €6 an hour is demeaning for the work that is performed. […] In other provinces, such as Seville, professional caregivers are not governed by the VII State Dependency Framework Agreement, and they are better paid than we are in Malaga.* (Woman professional caregiver 2).

> *[…] I am unemployed, currently I take care of*

my father, he is a dependent. We are waiting for the resolution of the degree of dependency, so that he can go to a residence. Here in Tenerife, the process is very slow. While I can, I take care of him. The savings that it entails, not hiring someone at home, since we cannot afford it, my brothers all give me money each month, very little, for my expenses, since I dedicate many hours to taking care of my father, and while they work, I get extra money taking care of him. (Informal female caregiver 2).

[...] If I had to request a reconciliation measure in the company I work for, I would think about it a lot since any of these measures in a salary like ours is left with a painful payroll (Professional caregiver woman 3).

[...] No, I can't reconcile, it's complicated when you have a father to take care of 24 hours a day, every day of the year. At most, on some occasions, my sister takes my place and takes care of my father so that I can rest one day when she doesn't work. But I don't usually do it much, because only I understand my father's care well [...] We are trying in my family to request the help that they give to the children's caregivers, to see if this improves things and we can have someone at home who Help us by taking care of him. (Informal female caregiver 3).

[…] For a family with minor children it is impossible to reconcile, especially with the pandemic. I'm not talking about reconciliation to go out on the field, it is also necessary to go out, simply for day to day. Where do you leave a small child at 7 in the morning? Who picks it up at 1:00 p.m. or 2:00 p.m., if you finish at 3:00 p.m.? Who takes him to the doctor if he wakes up at 8 o'clock with a fever? And if there is no doctor, who stays taking care of him if you work? The extracurricular classes, the catechism, who helps them with their homework? Be careful! They put you in quarantine for being in contact with a positive, 10 days. What are you doing now? Or that he will be admitted to a hospital for a week or that they have to do medical tests. Impossible, impossible, to reconcile (Professional female caregiver 4).

[…] The situation we are currently experiencing is being very complicated. I usually have muscle pain, from the load when moving. And intense headaches, on many occasions due to the number of hours I spend caring for. Especially in the pandemic, I have had these ailments more, I suppose due to fear of contagion, or not knowing what was going to happen. I have come to feel terror in capital letters. (Informal female caregiver 4).

[…] This sector is unfortunately not socially recognized. Visible yes, socially recognized little. A little, they confuse a caretaker with a cleaner. There is still a long way to go before we get the personal and financial recognition we deserve (Professional caregiver woman 5).

[…] You permanently live 24 hours with the same illness, watching your loved one suffer or have a hard time. You don't go out or try to go out as little as possible, and you say to yourself, it's better not to go shopping, I prefer to have coffee here…….and in the end you're a hermit. It is impossible for the work to be visible in society, you confine yourself at home taking care of it, and you are invisible to the whole world (Informal caregiver woman 5).

CONVERGENCES IDENTIFIED BETWEEN PROFESSIONAL FEMALE CAREGIVERS AND INFORMAL FEMALE CAREGIVERS

Professional and informal female caregivers maintain bonds and share the same interest, such as caring for a dependent or sick person. The points of union between professional and informal caregivers are:

- Both types of caregivers "look after the health" of the person cared for. Meeting the needs and demands of the dependent person.
- Caring is usually relegated in most cases to the female sphere.
- They lend their knowledge of care in assisting the dependent or sick person.

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- There are caregivers who share both roles, that of professional caregiver (work sphere), and that of informal caregiver (private sphere).
- Caring is usually a rewarding job, for the people who do it. Sometimes cataloging it as "vocational".
- They are characterized by their human and health involvement in the work of caring.
- Lack of full visibility and social recognition of caregivers.
- In the long term, in the performance of caring, they suffer a significant mental and physical load.
- They have serious difficulties in reconciling work and personal life (ubiquity of care). The state of alarm for Covid19 has accentuated the difficulties to reconcile.

Divergences between professional female caregivers and informal female caregivers

The sector of professional female caregivers and informal female caregivers not only share points of union in their care work, but there are also large differences and inequalities between both groups. We can group the divergences in this sector into four blocks: Divergence in training and qualification; territorial divergence; Labor and economic divergence and Divergence to reconcile work and personal life.

Comparatively analyze women professional caregivers and women informal caregivers and detect the unequal gap between them

With the creation and application of Law 39/2006 for the Promotion of Personal Autonomy and Care for people in a situation of dependency, formal caregivers gain greater recognition as a work activity, as trained professionals, who are dedicated to a social activity., recognized and paid. While informal caregivers, their degree of visibility is practically nil, they carry out a submerged activity, not regulated at work, based on affective and/or kinship ties, and relegated to the person's private sphere. Sometimes, it complements the work of professional caregivers, in the domestic sphere.

Inequality in training and qualification

Professional caregivers are characterized by being a sector with regulated training, maintaining a contractual relationship with a company, exercising a professional activity and receiving a salary agreed in a labor agreement. On the other hand, informal caregivers do not usually have regulated training in care, maintain family and affective ties with the people they care for without limit of hours, and are part of the submerged economy.

Territorial inequality

The General State Administration is responsible for the guaranteed minimum level according to the degree and level of dependency, while the Autonomous Communities are responsible for the so-called agreed level, so that the contribution of each one of them must be at least equal to that established. by the General Administration. This inequality of financing between communities has a direct impact on families with dependent persons. An informal caregiver for a family member from an autonomous community will not enjoy the same source of funding as another caregiver from another autonomous community, thus creating a territorial gap between informal and professional caregivers.

Labor and economic inequality

The very development of the Dependency Law has generated jobs for professional

caregivers, both in residential centers and in-home help, to respond to the basic activities of daily life of people in a situation of dependency. Depending on the sector to which the professional caregiver works, the workload is uneven, since home help caregivers care for an average of 4 people or a maximum of 5 per day, while an institutional caregiver works for a ratio in plants, with an average of 10 or 12 people a day.

Professional caregivers are a sector severely punished by the different applicable labor agreements, not all labor agreements at the national level being unanimous. The same professional caregiver does not receive the same salary working in Seville, Malaga, Madrid, etc., and there is a lot of salary inequality in the sector. Therefore, two realities can be seen: a productive sector originating from the employment of professional caregivers, and a submerged and residual sector, represented by informal caregivers, who would cover all the needs and deficiencies of family members, where the benefits or social resources do not reach. of the dependency law. All this through an economic consideration that is not labor regulated (underground economy).

Inequality to reconcile work and personal life

The degree of difficulty in reconciling work, personal and social life differs in both groups. Professional caregivers have the benefits and measures for work and family reconciliation, which includes Law 39/1999 on conciliation, of November 5, on reconciliation of family and work life, while informal caregivers, being a residual resource, not normalized and characterized by a submerged economy, do not have established legal labor rights. The ability to reconcile lies in altruistic negotiations and personal and affective commitments with the person they care for or with their relatives, finding themselves in a more vulnerable situation than professional caregivers.

Work-life balance is a relevant micro-aspect in inequalities, which persist and have worsened with the pandemic. The problems to reconcile have been further accentuated with the state of health alarm due to COVID-19. So much so, that caregivers begin to be called ubiquitous people, that is, they have to be present at the same time in all spheres of care in their personal and work lives. The most pressing aspects that have had repercussions during the pandemic are: fear of contagion to oneself or to family members, confusion, continuous abrupt changes in the organization of social and health care services (residential centers and home help services), working with a shortage of individual protection equipment, difficulty in reconciling, longer working hours due to lack of personnel, physical and mental exhaustion, and burnout *syndrome.*

In short, the sector of professional caregivers is socially and occupationally visualized as a privileged group, in contrast to informal caregivers, since the latter are presented in society as an invisible social resource and a job insertion not paid in the social structure. However, the gap widens when we talk about the national territorial inequality of caregivers.

DISCUSSION

As Río affirms: "The care crisis has the virtue of allowing us to make visible and question some central elements on which our society is constituted and generate new imaginaries, new proposals for transformation and new forms of struggle" (2003: 48). Or a reactionary closure can take place, by closing on the same axes of social inequality and contempt for life that structured the previous model.

With our research we are committed to highlighting the central elements on which inequality is articulated within the care sector in general, and in the dignity of professional or

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informal female caregivers in particular. It is necessary to know the existing divergences in the sector in order to formulate new proposals that are in equality between professional women caregivers and informal women caregivers.

The Dependency Law does not promote authentic social visibility to the extent that we understand that this would have to do with: decent wages, social value, recognition of knowledge and associated social rights. In any case, it is necessary to see what it means for the different types of care. When talking about the so-called professional care, we must point out that we are dealing with a sector based on precarious employment, both in the public sector (where subcontracting processes are combined with the increasing precariousness of public employment), and in the the private with and without profit (in the latter case, with the addition of voluntary work). More specifically, local services, a key element of these new sources of employment, are characterized by their dual employment conditions: few jobs in good conditions and many jobs in very precarious conditions (OECD, 1998).

The existing labor precariousness of professional caregivers is verified, despite the fact that the task they perform is labor regulated. Likewise, a lack of recognition and visibility on the part of the Administration and social entities regarding the work of caregivers, and the shortage of health personnel, in the face of an increasingly aging society, whose specialized health care will increase in the near future. Hence, when faced with situations of need, it is the families and informal caregivers who cushion these health and social deficiencies. In short, the need to treat inequality in care from a multifactorial perspective is evident, in which the binomial dependent person and caregivers (professional and informal) are the two sides of the same coin: care. The needs and demands for care attention are focused on the needs of the sick or dependent persons, not on that of the female caregiver. The caregivers interviewed in our research reveal the existing conflict between both rights, where the needs of patients and patients to be cared for prevail over the needs of professional and informal caregivers, without taking this multidimensional perspective into account.

CONCLUSIONS

The care market is characterized by being a practically female sector, in which the professional and personal involvement of caregivers are the main driving force. There is an inequality in the profile of the caregivers, who are represented not as opposite or antagonistic figures, but as figures that complement each other in care, and who require equal rights.

The care sector faces difficulties and problems that are suffered more by informal female caregivers than by professional female caregivers. The latter have regulated training, a contractual relationship, a professional activity and a salary agreed in a labor agreement, while the former lack in most cases these working conditions, have strong family and affective ties with the people they care for, without limit of schedules and devoted to the submerged economy.

One of the concerns in the entire *care sector* lies precisely in being able to reconcile family and professional life, together with precarious wages and working conditions for professional and informal caregivers. On the other hand, there is a lack of recognition and visibility on the part of the Administration and social entities regarding the work of caregivers and a shortage of health personnel.

It is a sector that is not very visible in the eyes of society, which requires more attention from the administrations in general and from

companies in particular. There is a dichotomy between the right to care of the dependent person, and the right of caregivers to reconcile their work and family life. The health crisis caused by COVID-19 has affected all areas and spheres, but the pandemic has especially hit the care market, accentuating the problems of inequality, visibility and reconciliation of the group of professional and informal caregivers.

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