

# THE INTERGENERATIONAL RELATIONS OF POLISH MEDICAL MIGRANTS IN THE UK: LIFE BETWEEN PARADIGMS

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**Abstract:** *The paper aims at analysing the effects induced by the migration of Polish people since 2004 on their families back in Poland. The emphasis is laid on intergenerational relations in the context of transnational families of the migrants. It asks how transnational families organise their lives and resources without spouses and fathers (mothers) in the country of origin, how they cope with their ageing parents and in-laws and whether they manage to maintain intimacy.*

*The analysed group consists of health professionals who left for the United Kingdom in the period soon after the accession of Poland to the European Union.*

*The paper first presents major theories of intergenerational relations, both in general and in reference to migrant families. Secondly, some information on the migration of Polish health professionals is given, as well as characteristics of the sample. Thirdly, the identified effects of migration within the migrants' intergenerational relations is scrutinised.*

**Keywords:** *migration; intergenerational relations; solidarity; conflict; ambivalence; reciprocity; support*

## Introduction

The general opinion prevailing in society is that the Polish value the family a lot (CBOS 1989, 2004; European Values Survey 1990, 1999, World Values Survey 1997, Centrum Myśli Jana Pawła II 2007). This has been confirmed by a number of studies, which show that for years the family has been seen as

a haven from political and economic forces. Moreover, it has been considered a source of support for family members and an arena for exchange between its members. Needless to say, the relations between generations may be complex and complicated, since they perform various social roles, often conflicting with one another. Histories of families and individuals differ considerably—some families are stable, some individuals divorce and stay single or re-marry. Families also evolve over time, some becoming more detached, others closer, not only geographically, but also in terms of mental, emotional and psychological proximity. Surely, one of the major aspects of closeness/detachment is related to the geographical mobility of individuals. Although from the early 21<sup>st</sup> century the Polish became increasingly mobile, the perception of family as the haven did not change much. Residence and mobility patterns have altered, becoming dense as many families spread across borders and their members reside in various countries. Some members stay behind in the country of origin, including spouses, children, and, in all probability, parents and parents-in-law. However, the family members try to find space for exchange of resources and the maintenance of intergenerational relations, which are important in various dimensions. They are important for individuals, families and society at large (Antonucci et al. 2007: 690).

Traditionally, in the literature, family has been analysed as a unit of social organisation. With the growing sociocultural changes affecting families, their functions and structure are becoming increasingly interesting for researchers, who are examining the elements leading to alteration in family relations. In fact, changing family demographics and family structures have multiple implications for parenting, socialization and social support, to name the most crucial (Antonucci et al. 2007: 684). Migration, or rather immigration, is an important area where the impact of sociocultural change has been witnessed, mainly in family relations and intergenerational relations within immigrant and non-migrant families (see Kwak 2003). Some scholars, like Rhacel Parrenas (2005), argue bluntly that migration endangers families, especially in the context where both mothers and fathers migrate to sustain their families economically. Moreover Anja Steinbach (2013: 1125) notes that while there are many studies analysing the relationships between parents and their grown-up children in modern societies, little attention has been paid to different family structures, even less to the area of intergenerational relations in immigrant families.

The paper aims to analyse intergenerational relations and the effects induced by the migration of Polish health professionals on their transnational

families. The main question is what these relations are like, how individuals manage them and resources, if they maintain intimacy within the growing distance of their physical location. Intergenerational relations are undoubtedly complex, but migration makes them even more complicated. Health care personnel were selected as this is one of the most mobile professional groups across the world (see Connell 2010). Moreover, Polish health professionals are high-skilled, fairly diversified and usually from a wealthy background, often being sons and daughters of doctors. All of the above make their case very special.

### **Migrants and the intergenerational relations framework<sup>1</sup>**

As mentioned above, analysing intergenerational relations is a complicated matter. Intergenerational relations are altering due to sociocultural change, and the same processes also affect migrants and their transnational families. Family relations are a space where exchange takes place, where migrants and non-migrants, of various ages and belonging to different generations, enter into transactions. Social networks connect individuals across time and space, binding individuals. The common and obvious forms of exchange relate to the transfer of emotions, care, time and money, even though various analyses focus on selected aspects of such exchange and on various aspect of this exchange.

Toni C. Antonucci, James S. Jackson and Simon Biggs (2007: 680–681) take as their starting point the Convoy Model (see Kahn – Antonucci 1980), looking at the individual as part of a dynamic network, which moves across time, space and the course of life embracing the individual with multiple life experiences. The individual changes, as many elements influence his or her life, including personal determinants (age, personality, gender etc.) and situational ones (role expectations, demands etc.) that have an impact on the support he or she experiences. People form convoys which ideally provide secure cushions for learning and experiencing the surrounding environment and the world. On the other hand, the above authors argue that the existing multidimensional construct of solidarity is a useful one for the analysis of intergenerational relations. The former (solidarity) is based on six modes or dimensions, such as structure solidarity (e.g. organising intergenerational relations that are verified by number of contacts and type of proximity of family members), association (e.g. frequency and patterns of interaction in typical activities,

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<sup>1</sup> Ślęzak (2012).

social contact), affect (e.g. feelings and reciprocity), consensus (e.g. degree of common approach and approval of values, attitudes and beliefs), functions (e.g. degree of aid and exchange of resources) and norms (e.g. commitment to perform familial roles and to meet familial obligations) (see Silverstein – Bengtson 1997; Katz – Lowenstein 2010: 34). Hence, according to the solidarity paradigm, the older generations help their children and grandchildren. On the other hand children and grandchildren engage in reciprocal support to a lesser degree. The behaviour of the older is seen as an investment in the reproductive success of the young. Nonetheless the financial investment and inheritance is also seen as a by-product of the elders' savings for retirement (see Heath 2013). However, migrations, both immigration and internal migrations, are factors contributing towards family disruption. Migration has a complex impact on support networks, identity, socialisation and wellbeing, mainly emotional, of family members and as flows do not seem to be as obvious (Antonucci et al. 2007: 683).

It is nevertheless beyond doubt that the young and the older tend to bind with regard to emotional ties of various degrees and the nature of personal experience within the intergenerational relations (Szendlak 2011: 252–253). Some scholars highlight benevolence (kindness) and readiness to provide support for various generations (Sztompka 2002: 197), whereas others argue that family members are stressed by the strain of meeting the needs of the elderly, as well as changes such as demography and mobility (Antonucci et al. 2007: 685). Tomasz Szendlak (2010: 254) constructs a typology of basic intergenerational relations, which might be seen as relevant for addressing the behaviour of migrants and non-migrants. The possible relations may be dense (children engage significantly in relationships in all their aspects), sociable (affectual and associational solidarity, but with deficits of economic and direct aid), obligatory (economic and direct support, but with deficits in emotional proximity, agreement on values, norms) and separated (detached e.g. relations with absent parents, for example fathers who have abandoned their families). Certainly, the situation of migrant, transnational families is very complex and may encounter many problems within the analysed area, yet some manage to deal with this obstacle by caring from a distance and through the formation of various transnational connections, such as ICT, remittances and monetary support (Senyurekli – Detzner 2008: 458). However, many migrants, especially women, experience feelings of guilt or internal conflict for not caring and being there for their relatives enough. Conflicts are observed, in all families, in the

behaviour of many; grandparents, parents, children. They often report strife in their relationship, even though parents of various ages are more positive than their children when it comes to their relationships with the younger generation. Some further considerations in the solidarity-conflict perspective argue that conflict appears to come out of excessive solidarity. Moreover, it is regarded as an element inevitable for human life, not only damaging relations between generations but also, on the contrary, enriching ties and resolving problems (Katz – Lowenstein 2010: 38–39). The concept of conflict is also beneficial, as it helps to identify visible areas of inequality in intergenerational relations, and to see whether they develop further into a conflict or not (Senyurekli – Detzner 2008: 459). However, there can be no doubt that the two, solidarity and conflict, are insufficient for the analysis of the scope of intergenerational relations. Hence the emergence of ambivalence, which is proposed as an alternative paradigm with which to analyse intergenerational relations. This paradigm reflects dilemmas that individuals face in their contemporary lives. Individuals born in traditional societies with traditionally-preserved roles and rituals are thrown into multidimensional realities, which are filled with many intersecting spaces, roles and rituals to be organised or potential areas of contradiction between migrants and non-migrants set in the same family structures. Many individuals in modern developed societies come across dilemmas such as the ambiguity of competing meanings and the ambivalence of conflicting feelings, which lead to experience of stress (Katz – Lowenstein 2010: 40; Senyurekli – Detzner 2008: 459). The paradigm presented below presumes the irreconcilable nature of dilemmas and it provides a framework avoiding normative assumptions. According to K. Luescher and K. Pillemer (1998) two dimensions are relevant here. On the objective level, contradictions emerge at the structural level, e.g. referring to status, roles and norms that are reinforced and reproduced by the way people behave. On the subjective level, contradictions are seen at the psychological level. Parents and their children share a certain similarity, reinforced by intimacy, mutual learning and potential for being close. However, similarity does not only work as an element bringing proximity, but may lead to a distance.

Some scholars (see Connidis – McMullin 2002) perceive ambivalence as a brokering concept, lying in between solidarity and conflicts (e.g. divorce). Thus, individuals face ambivalence that does not allow them to negotiate their relationships. For example working women carers face strong social pressures due to competing demands on their time management and responsibilities for

family, work and care. This emerges from tensions between autonomy and dependence which occur in intergenerational relations (Katz – Lowenstein 2010: 39–42).

Drawing on the above, the literature lists types of intergenerational behaviour observed in transnational families of migrants, e.g. L. Baldassar, C. Vellekoop and R. Wilding (2007: 78–100). The specific forms of migrants' behaviour is given below:

- Economic support – relates to material support between generations – giving and lending money, i.e. money transfers, assistance in work search and inheritance promises that migrants fully participate in;
- Emotional and moral support – covers activities involving listening, talking, giving advice, help in putting their lives in perspective – in other words “being there for each other” which is reinforced during face-to-face contact but also through the use of the internet, VOIP platforms, telephone calls etc.;
- Shared accommodation, which is not very much wanted by adult children, but happens at particular moments in the life cycle, e.g. adult children returning home after divorce, separation or when frail elderly parents require care. Migrants participate in this model during their visits or returns;
- Practical support – activity that takes place mainly between mothers and daughters, centred mainly on domestic duties (shopping, laundry, sewing etc.) and childcare, which occurs mainly during visits and in the form of what is known as distance care, taking care of households or documents, support for children left at home;
- Personal care for old people – nursing family members in need may be complicated in the case of migrants who participate in these activities only during visits, but they may, however, contribute financially or invite their parent to relocate to their new country of residence.

L. H. Ganong and M. Coleman (2010: 131) list several rationales that explain intergenerational transfers, which may be valuable for understanding the complex situation of the migrants. These rationales are based upon family obligations, altruism related to kinship ties, reciprocity towards parents and parents-in-law, gratitude towards the family elders, moral duty, emotional attachments and intergenerational solidarity. They seem to link all the above, addressing exchanges between family members in the form of reciprocal familial norms, affection and perception of intergenerational solidarity. Furthermore,

some, like J. Heath (2013: 34–60), would structure intergenerational relations with the use of the prisoner's dilemma. The above tool helps to explain the interchanges between individuals (generations), which takes the form of indirect reciprocity. Individuals spend long periods of their lifetime in dependency, at the beginning and the end of their lives, somewhat expecting that they will benefit in future from this exchange, (i.e. from the future generations).

The presented paradigms and models that will be used for the groups analysed address the situation of both migrants and non-migrants. The paradigms are set in the context of families and represented generations. Nonetheless it is worth recalling that the family as such is changing, and is no longer as stable as it was. Migrations, both internal and international, are one element in this evolution, which in fact triggers the complexity of the family relations. Moreover, structural changes in the global economy e.g. the decreasing cost of travel and communications and the development of new technologies increases human mobility. As a result, families and individuals live in various places, perception of their time differs and their existence is multi-sited (Collyer 2011). This type of life can increase the complexity of intergenerational relations, with individuals possibly facing more and more ambivalence, conflicts and problems, but on the other hand relations may be distant in terms of geography yet full of emotional proximity.

## **Migration of Polish health professionals following EU integration**

Polish mobility is not a new phenomenon that emerged with May 1, 2004. The Polish had been mobile for centuries (Stola 2007), yet EU accession in 2004 marked a major change in their mobility patterns. The former communist states of Central and Eastern Europe became member states, some in time coming to enjoy the status of Eurozone countries. This change was also expected and experienced by their citizens. Now, after more than 10 years of EU membership, several emerging patterns and phenomena can be observed, both in the social and economic spheres. This paper will raise intergenerational and transnationality issues, as many migrants leave their families behind in the country of their origin.

Migrating health professionals are regarded as very special group in the migration literature (Connell 2010). Their mobility is by no means a new phenomenon, in fact it is widely known that they are one of the most mobile professional groups in the world. On the other hand many controversies related

to their migration tend to pop up in the political discussion, such as the brain drain, brain waste or the loss of funds invested in their education by the sending country.

### *Characteristics of selected health professional migrants in the UK*

For the purpose of this study a survey of health professionals was conducted in 2011 and 2012. As many as 20 professionals engaging in various sub-disciplines of the medical professions were met and interviewed. These were semi-structured interviews in which selected professionals, who had previously agreed to be interviewed, shared their experiences, reflections and plans related to their migration to the UK. The group was selected based on an initial contact with health professionals' recruiters and doctors already residing in the UK, and then the snowballing principle was used. The two rounds of interviews were conducted amongst the Polish medical professionals in the UK, i.e. in Plymouth, London and Glasgow, complemented by additional interviews with some migrants returning to Poland, in Kraków, Gliwice and Wrocław. Last year an attempt to follow up the group was made, but was abandoned, as one of doctors had passed away and contact had been lost with three of them. It should be also emphasised that the topic of family and the relationships within families turned out to be a very sensitive area. Some respondents were rather reluctant to discuss issues related to their immediate families (partners and children), while others treated the interviews as an opportunity to consider, analyse and share their observations and reflections with an interviewer who in this context was an outsider.

Finally, both males and females taking part in the survey presented different migration forms and stages, from the emigration decision and planning stage, through temporary labour migration to circular migration. Also some doctors have already returned to Poland after some time spent as migrant health workers in the UK. Based on analysis of the interviews conducted within the study, a number of commonalities and patterns can be observed. These are listed and briefly characterised below.

First, in the sample there were two main groups, those who have migrated for good with their spouses and adolescent children, and those who chose a transnational life as temporal or circular migrants, with their families and children left at home in Poland.

Second, various motives for migration were stated. It is interesting to see that the majority embark on migration in order to be certain of earning more



money, to have an easier life and out of a need to experience life in a different country. The possibility to see and practise their skills in a different environment, and to enjoy, as a medical professional, a different working culture where patients' wellbeing is of key importance, were also stressed. Finally, the most senior doctors, in particular, argued that they had left in order to live and enjoy life, as there would be more time for rest rather than having to work all the time to sustain their family. Some saw it as an escape from overwork.

Third, within the analysed group there existed a clear gender gap, the majority of doctors being male, whereas most of the women were qualified as either nurses, dentists or pharmacists. This pattern in fact reflects a certain professional segregation in professional specialisation that may be observed in Poland. There was also no balance between male and female in the sample, and from this perspective the selection of the sample does represent the perception of the gender divide that exists in the medical professions in Poland. Additionally, the majority of female doctors were accompanying their husbands and partners, since the males were the leaders in migration decisions. On the other hand it must be noted that there were cases of female doctors being accompanied by partners or lovers, or travelling every other weekend to Poland to see their husbands and growing or adult children.

Fourth, almost half of them had had several migration experiences before their migration to the UK following EU integration. Also, half of the sample was forced to return to Poland, usually due to family obligations or a spouse's wish to return. There was even a case referred to as a notorious migrant, a lady who in the 1980s worked in Tunisia, in the 1990s in Malta and for the past 7 years in the UK, with short spells of work in Poland.

Fifth, the circular or temporal migrants regarded their migration as a way of maximising their utility and thus maximising their resources and human capital. They were also very skilled in, among other things, finding extremely low-fare plane tickets. Some of them presented strong organisation skills, and excelled in planning a rota. Thus they could spend as much as 3–4 months in Poland in a given year, which is much more than a regular vacation period. Their visits were regular and were as frequent as every fortnight, as a result of favourable employment conditions which gave them access to an additional 30 days of study leave which was used for time spent in Poland.

Sixth, some of the respondents expressed loneliness and homesickness for Poland. One of the doctors living in the UK on her own made it very clear that some time ago it was difficult for her, but that she was now used to life abroad.

Employment as a dentist in the UK gave her and her family a highly stable financial situation. She also noticed that relations at work were based on partnership. She visited her family as often as possible, sometimes twice a month, and she enjoyed the time spent there. She and her husband cherished their time together, knowing that it was something precious so they should not argue.

Seventh, all of those interviewed enjoyed the benefits of living in the UK, especially access to transport and tourist services. Rather than looking for opportunities to integrate with the British, they enjoyed travelling around the UK and across the world, which had become possible thanks to their stable financial situation.

Finally, whether temporal, circular or quasi-emigrants, they did not plan their future too much. They appreciated the very favourable conditions that they lived in, and the fact that they could enjoy their work for reasonable remuneration. If the favourable conditions prevailed, they would wish to stay as long as possible. They said that they did not know what the future would bring. Since their retirement and pension was a very distant matter they were not making plans, but still expected to probably spend it in Poland.

Last but not least, since the sample may be regarded as not completely representative of the health professional population, the conclusions will refer to the experiences and reflections expressed by the respondents and only those identified effects will be discussed. These conclusions may also be seen as the basis for further study.

### ***Theoretical explanation of the migration of the Polish health professionals***

Based on interviews and chats with the health professionals, an attempt to explain their migration was made. There are various theoretical perspectives that might explain the Polish health professionals' migration, starting from international wage differential or an obvious reason to escape from low salaries and to a certain point almost poverty. Certainly, many migrating individuals estimate the potential costs and benefits and assign certain values to them. Yet these decisions are rarely left out of the social context, mainly outside the family and the household of potential migrants. The migration decisions of health professionals relate to assigning responsibilities to individuals as well as weighing the risks associated with migration to the UK, and leaving the rest of the family in Poland. Moreover, the health professionals who decide to move to the UK work in high-skilled sectors where they can enjoy treatment similar to local health personnel, in terms of pay, stability, career advancement possibilities

and other job characteristics. However, Poland and its economy, like other new member states and their economies during the system transformation, was penetrated in a manner similar to neo-colonial economies. The migration of health professionals is seen thus as their response to a demand for labour within the health care system, expressed by the UK economy. In addition, doctors and other medical professionals are active members of various professional networks, where useful information regarding migration is exchanged, discussed and benefited from. Abroad, they create certain social networks, usually with people of the same nationality from their immediate medical working environment. Such networks serve as a replacement, sometimes stable, sometimes temporary, for the community left in Poland. Institutionally, there is no black market associated with their migration; their recruitment procedures are carried out by specialised recruitment agencies of Polish and UK origin. Hence it is fair to say that all of the above serve as justification for the cumulative causation theory. Their positions in the UK are not stigmatised, but migration changes the positions of migrants' families in the local communities and versatile attitude changes are experienced. However, the multidimensional framework serves as a perfect theoretical perspective explaining the migration of the Polish health professionals. Thus, decisions are made at home. The professionals opt for a professional web of networks, which seem to be extended from the local and national ones. On the other hand the macrostructures of the regulatory framework and cultural aspects attract migration flows into the UK (Arango 2011, Massey – Arango et al. 2001, Greco 2010).

### **Polish health professional migrants from an intergenerational perspective<sup>2</sup>**

The health professionals migrating to the UK form three main transnational family patterns:

- they migrate with their spouses and children, while their parents and in-laws are left behind in Poland;
- only their spouse accompanies them to the UK, while children, parents and in-laws stay in Poland;

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<sup>2</sup> For the purpose of this study a survey amongst health professionals (20) was conducted. As many as 20 professionals engaging in various sub-disciplines of medical professions were met and interviewed. Unfortunately contact with some was lost, some migrated further (Australia), one doctor died, and it was impossible to do a follow-up in the same group in 2015.

- their whole family – spouse, children, parents and siblings – remain in Poland, while they try to visit Poland and catch up with their kin as often as possible.

The research findings are grouped in such a way as to show various aspects related to intergenerational relations, starting from the way migration binds the family rather than disrupting it, via exchanges that take place or care practices that occur. Finally, some space is devoted to intimacy and what it looks like in a transnational and modern context. Not much space is given to the gender dimension, since female health professionals were either wives accompanying their husbands (doctors), were single with no children of their own (anaesthetists/qualified nurse) or had grown-up children (dentist/anaesthetist), and hence their practices related to their parents and in-laws only and did not focus on them much.

### ***Binding the family***

There are two main areas in which migrants engage in intergenerational relations – with their children and with their parents and parents-in-law (in-laws). Certainly, it is possible to observe emotional attachment, a feeling of a duty of care towards children and spouses, as well as reciprocity, based on previous experiences and care received from parents. In all other cases, it was argued that there existed a clear division of duties for male and other roles. Mothers and grandparents focused on norms and family history, while fathers engaged in financial providing for families while abroad. When they returned home they focused on care and spending time with their family. When fathers decided to return to Poland for good, underage children found their return disturbing, as the level of interference and parental control increased. Many men interviewed admitted an increase in the amount and quality of time spent with the family in comparison to time when living in Poland, when they had been preoccupied with their multi-employment status.

*...One of the main reasons to migrate was to spend more time together as a family. I regretted that as a doctor (in Poland) I could not see my child growing up. My daughter suddenly turned from 2 to 8. This period of her life had passed and is lost. The same thing happened with my older daughter as well.... The reason for this situation – to be blunt – it was work. I worked the whole day in hospital or in my practice, then on call... As a result I did not see my children much... It was my wife who spent more time caring for our daughters. (orthopaedic surgeon J)*

### *New forms of family bonds due to migration*

The situation of families changed, both for those residing in the UK and transnational families. New forms of spending time emerged, which were attributed to the UK experiences. They resulted from shorter working time, better financial situation and more spare time, which in turn could be dedicated to children, spouses, and to communication with parents and in-laws.

*...the way in which we spent our time changed a lot. Basically we took over local patterns, we spend a lot of time outside the home, e.g. eating out, our life is more relaxed now. I would not be able to afford it on the salaries earned in Poland. (dentist J)*

*First, if I carefully consider my situation, I work less and earn more, the standard of living is higher, there is more time for fun... (anaesthetist B)*

*...The assumption behind our migration to the UK was to be present more in the lives of our children. To have more time and to spend it with them. And indeed, this means every moment that is shared virtually every weekend, because we have almost every weekend off. (anaesthetist)*

### *Exchanges*

Based on the existing research, exchange of time would occur more frequently than exchange of money. Indeed, financial transfers were not frequently listed, since the parents of the health professionals were pensioners<sup>3</sup> and if their health allowed they were still professionally active e.g. doctors, entrepreneurs etc. This confirmed the findings of M. Albertini, M. Kohli and C. Vogel (2007) on the lack of symmetry in exchanges between generations.

*...My mum is 73, my mother –in-law is 74 and as a doctor she still works, her husband is 80 and he is in great shape – he still drives.... would they need financial support? No, not for the time being and I do not think that they would want any. But the only form of support is the fact that they live in our house, where we lived for 6 years... We did not want to sell it... of course if repairs or renovations need to take place, we pay for it... (orthopaedic surgeon J)*

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<sup>3</sup> It should be noted that parents and parents-in-law were recipients of either retirement or disability pensions. These are not very generous, but allow parents to get by. On the other hand their children cannot really expect much of the inter-vive transfers, yet some other forms of bequest might be in place. The welfare regime is a blend of the liberal and continental one, i.e. the family engages in care, with the state trying to liberate itself from provision of social services and to push them on to the market or to the family.

Financial (economic) support does not seem to be the main issue in the case of most families – parents do not require such aid, but rather interest and attention, all aspects related to emotional support.

*Our parents do not need much support from us, no financial support. Moreover, they are in great shape and it makes us very happy, my dad is in sensational form, I would say fit. He is extremely active and Mum is also very active... We see each other quite often because we have Skype – we installed a webcam, and so seeing each other in this respect is no problem. The contact is every day. You know the phone is also not a problem. And besides, we go quite often for this part of England, poorly connected with the rest of Europe... (pharmacist)*

There are even cases of parents residing abroad who do not expect any support other than interest and communication.

*My parents have lived in Germany for a number of years, now they are pensioners. For now, they do not require any special care, they are self-sufficient. They understand that my sister and I live abroad, that there is no one living next door. And there is no one who could take over at least some of the care or care supervision. But they also live in a wealthy country in which solutions specifically for this age group are well-covered and therefore they do not require such support. (surgeon W)*

There is a certain shift when it comes to intergenerational relations, as children grow up and parents grow older and may require some personal care support.

*...I understand that children grow up, children are probably more occupied by their issues, do not want to spend as much time with us, on the other hand parents are older and weaker, there is more need for caring, providing care. These changes are taking place over time. (pharmacist)*

### **Care practices**

As parents and in-laws grow older, help with care is required. Sometimes migrants themselves participate in personal care for their elderly parents or grandparents, by choosing to travel or to organise care in a different way. In some cases they took time off from work in the UK and travelled to Poland.

*...But when my father was sick in the hospital it was no problem for me to go there and take care of him. There were no obstacles, they even told me that I have to go and not to worry about work but to spend some time with my father there... (pharmacist)*

An important role is played here by siblings living in Poland. They usually take over more responsibilities related to care and develop a denser relationship with their parents, in the case of healthy older persons. Moreover, migrants seem to delay their final decisions on how to organise or engage in care if there is a need. Also the migrants' siblings and good intra-family relations play a vital role here:

*...We haven't thought about how to organise care in the event of our parents getting worse or becoming sick. This issue has not been decided yet, but we are aware of it and we fear that this time will come. We are fortunate that I have an older sister (1 year older) living nearby and there is a possibility that she would take care of my mother. On the other hand my wife's brother, who is a cardiologist, lives almost in their parents' neighbourhood... (orthopaedic surgeon J)*

*... My husband has siblings to help care for his mother (she broke her leg in two places and will be in a cast for 12 weeks). (pharmacist)*

On the other hand in the context of relaxed (or loose) intergenerational relations they do not pay much thought to their participation in care provision, as in the case of the doctor whose parents live in Germany.

*Did I ever wonder how to organise the care of my parents if they need support? Neither myself nor my sister live nearby. If it is necessary, I will not go there to take care of them, but I will pay for it if they require constant care... (surgeon W)*

### ***Intimacy***

Intimacy is an area which is very important. On one hand physical distance is growing, so there is a fear of disruption of relationships and intimacy. However, new communication technologies, including social networks like Facebook, were used to maintain and assure communication with parents, spouses and children. There was of course face-to-face communication while visiting Poland, but most communication was carried out via modern technologies. The latter were said to be of great benefit in comparison with the pre-Internet era. This

presented a case of emotional and moral support, and a way of linking families together, making sure that intimacy does not disappear.

*Well, we are here (in the UK) they are there (in Poland). We meet almost every day via Skype. We have bought little cameras, so we can see each other. This is a fantastic possibility, we can discuss everything with the use of Skype, with no time or money constraints... (pharmacist)*

However, relations with parents and parents-in-laws are slightly more complex. There is no doubt that migrants shared positive sentiments, gratitude and emotions towards their parents and in-laws. Still, it is difficult to state, based on the interviews, how symmetrical this reciprocity is, whether these exchanges are alike, how they are perceived by parents and in-laws. There is a suspicion of strong emotional attachment, feelings of gratitude, a need for reciprocity and potential guilt that was not mentioned explicitly.

*...Now it is so much easier to be in touch with parents and the family.. When I lived in Tunisia (1980s) it was quite difficult to keep in touch with the family. It was almost impossible to call Poland from there. The main source of communication was correspondence as we sent letters... When we came back after two years and then moved to Malta it was much easier to keep in touch... And now, since moving here in 2004, I have been using all the available modern technologies. So I speak to my daughter and in-laws living in Poland more frequently and it is easier to stay in touch. We use all the possible and accessible means of communication in comparison to previous migration periods. (anaesthetist B)*

Of the sample, only in one case was it recognised that a daily contact hardly existed, but this resembled their relationships back in Poland. Their relationships with parents were not easy, and they continued to be so. However, due to their good financial situation in the UK they were able to support their parents more than back in Poland.

*I wonder how to assess this type of contact that we have. We are in contact mainly via phone, it was the same in Poland. Of course we meet less frequently, but this was expected...I support her (my mum) in economic terms, more than I could have done when I had lived in Poland. In case of emergency I would fly over to see her and organise care for her. I cannot see any other differences. (qualified nurse)*



In the majority of cases, members of generations can count on one another. Even when they were abroad with no direct, physical proximity, migrants admitted that contacts were strong (e.g. visits, phone calls, Skype etc.). Thus emotional proximity was assured. However, the proximity of residence and daily face-to-face communication was replaced by Internet-based regular contact. This surely represents an incidence of practical support, where parents deal with certain issues such as documents, administrative issues, taking care of their children's households and pets.

*...My parents and in-laws live in Poland and they are in good shape. They still manage to care for themselves. This is not like Poland in the 1970s and 1980s, when you would write a letter and then wait three months for it to arrive. Now there is Skype and we communicate almost on a daily basis. Every day we usually chat for an hour or so, you can also see the person that you are calling. From the UK you can call somebody for 1p per minute, which is not possible in Poland, but we can still use Skype. We have ongoing communication, and if anything happens, you can board a plane and it takes you two hours to get to Poland... We usually go to Poland to see our parents two or three times a year, and in addition we travel separately, either my wife or myself. Also my mum visits us, but the in-laws are not very mobile and they have a dog to take care of. Yes, my mum actually visits us as much as two to three times a year. (orthopaedic surgeon J)*

In some cases parents and in-laws visit their children in the UK. However, sometimes there are other obligations back in Poland that do not allow them to come as often. In other cases they do not seem to be very mobile and prefer their children to come and visit them in Poland.

*Parents come to visit anyway. However, my parents were not very eager to come because we left them a dog. So they used to come separately, first my dad came alone, afterwards my mother. But then, my mother always says she does not really want to leave Dad, because he is 82. They came here once and saw how we live, they were happy and that was enough for them. Now they really want us to come. (pharmacist)*

## Conclusions

The theoretical considerations given above serve as a guiding framework for analyses. The statements of the health professionals interviewed show various aspects of the intergenerational relationships of transnational migrant families.

There is a dominance of emotional and moral support linked with intimacy. In fact all of the above occur, but they have changed with access to and development of modern technologies in comparison to times before the Internet era. Moreover, practical support as also occurs where parents and in-laws make sure that their children's issues are dealt with in a timely and organised fashion, e.g. caring for dogs, living in their children's houses etc. The majority of older family members are still in good shape and do not require immediate personal care. Yet if cases of need emerge, the family living in Poland aids.

There are hardly any records of economic support. Migrants' parents and/or in-laws have reasonably favourable life conditions and pensions. These allow us to conclude that the most frequent relations are sociable, as the elderly parents are in good shape and do not require twenty-four hour care, or still continue to be professionally active. As their status is good they do not need any financial support from their children. The interest and time spent, even via the Internet or during visits, is more important. Some enjoy the benefits of having children living abroad and travelling there. However, economic exchange takes place mainly within the transnational nuclear families (towards wives and children) more rarely towards parents (pensioners). There is a clear exchange of time and emotions e.g. short visits, daily Skype/mobile phone conversations. Values, beliefs and traditions continue to be shared.

On the whole it may be concluded that there is a shift from dense to social relations exemplified by the respondents' observations that their relationships with parents and in-laws have changed, in spite of regular Internet contact and visits to Poland. There is a high degree of dense relations occurring, as migrants engage significantly in relationships covering all aspects of intergenerational solidarity, trying to remain intimate with their families. Proximity and intimacy in an emotional (affectual) sense does not disappear, it is still very strong and visible. Obligatory relations were not observed, none of the respondents mentioned them explicitly. In separated (detached) relations within a distant family not much intergenerational solidarity is seen.

Some further analyses of the migration of health professionals might suggest that solidarity within their families is rather elusive. More analysis

related to conflict is needed, but the health professionals interviewed regarded their own family conflict as a very private matter that they did not wish to discuss. They did not express negative opinions, but found it rather shameful and preferred to hide it as failure. Moreover, hidden dilemmas emerged, which were not expressed explicitly but can be read between the lines. A number of contradictions on the structural level emerged. These included changes to patterns of spending time, obligatory and pending responsibilities towards parents and in-laws, pressures placed on siblings residing in Poland, or new roles related to being a successful consultant surgeon in the UK, or a citizen of the world, not to mention the control freak of the family residing at home, out of the man's sight. These were not shared by the rest of the family, especially underage children, parents and parents-in-law and ex-spouses. These may serve as examples of structural ambivalence. On the subjective level there will be some contradictions at the psychological level of a certain similarity, reinforced by intimacy and mutual learning. When interviewed individuals lived close to each other all those elements were easily identified, but geographical distance led to changes in proximity, at times causing a certain psychological distance, in spite of attempts to keep emotional closeness.

Hence it is fair to bring in the ambivalence model of I. A. Connidis and J. McMullin (2002), which in the context of migration and stretched families works fairly well. "Abandoned" transnational wives are often left at home with children whereas husbands work abroad. Women obviously face ambivalence, as they face manifold hindrances and pressures. Women prefer to stay in the home country mainly due to their work and the support of their parents and in-laws. There are social pressures and responsibilities related to childcare and the wellbeing of their families and husbands, and women are left all alone with these pressures. They are afraid and show concern for their families, or for husbands who might feel lonely abroad or engage with other women. A feeling of being trapped in a situation of having too many duties and worries causes the emergence of a feeling of struggling. On the other hand men suffer ambivalence as well, as there is a strong social pressure to provide for families, aid wives, manage children and their lives. At the same time they realise that their life is wealthier, full of opportunities, but it is detached; it is located between two interaction systems. Ambivalence is present in their lives due to competing demands, but further research is also needed, as in the case of conflict.

To conclude, the cases of transnational intergenerational relations presented differ. Migration brings a number of changes to patterns of behaviour, such as

care, attention, communication, the way in which spare time is spent, and the work-life balance, to name the most obvious. Furthermore, various types of transnational support are recorded, ranging from emotional support, practical support, to less frequent personal care or financial support. Interestingly the most frequent are ascertained as the result of changes in the modern world., e.g. there is more emotional proximity thanks to modern technologies, even if there is not as much physical proximity, yet intimacy seems to be there. Exchanges and transfers of time dominate (see Albertini – Kohli – Vogel 2007), yet transfers of money, especially to the transnational family, are never considered to be a remittance, but are seen as part of husbands' male duties, which might be creating pressures and bringing in ambivalent feelings. Moreover, parents and in-laws are not really supported financially, but they expect to share time, company and emotions, even if these are given via the Internet. Affectual, associational and functional solidarity is observed. Normative solidarity is noted, whether in terms of one's involvement or the involvement of other persons, such as wives, husbands or siblings. However, ambivalence is noted here as often siblings are expected to take over care, and daily, face-to-face contact. There is a feeling of abandonment of frail, elderly parents, who might expect gratitude and reciprocity. These are provided mainly online. There are also some doubts regarding consensual and structural solidarity, as spouses and parents (in-laws) notice changes e.g. in behaviour, views on life, ideas, values and expectations. Some of the above might be leading to conflicts, or at least to ambivalence. There is a strong incidence of both conflict and dilemmas (ambivalence), but also solidarity, although these are changing. Finally, it is worth noting that every case of migration-based intergenerational relations is highly individual, depending upon emotions and perceptions, but these are often recorded indirectly, between the lines, between models, between time, gratitude and guilt.

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