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Engaging Institutional Caregiving in China: Care Occupation and Workers

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1. Welfare development and eldercare policies in China

The driving force behind welfare development in non-capitalist and non-democratic societies is often motivated by the need for political legitimacy of authoritarian rule over society (Walker and Wong 2005 p. 5). Therefore, because it is necessary to look at the role of the state; in principle, one should be looking for a state-led theory instead of a society-led theory such as a welfare regime (Wong 2015).

After the establishment of the new China in 1949, the country did not really boast a welfare system comparable to those commonly found among its western counterparts. The state nevertheless did provide basic social security coverage to its population based on socialist logic. In urban China, almost all employees were governed and protected by the work unit system, enshrined in what is often called the “from cradle to grave” system. And in non-urban rural China welfare was largely realized through a collective system within brigades or villages. As China continued to modernize itself, particularly with the succession of Deng Xiaoping, a more forward-looking approach was adopted by state leadership. Deng initiated the Four Modernizations movement; reforms and openings that promoted the introduction of market mechanisms. To curb the heavy economic burden and the lack of competitiveness of state-owned enterprises, many employees were laid off and many enterprises were privatized. Work units no longer guaranteed employees’ life-long welfare provisions and workers were left on their own to readjust into a new labor market. Rapid economic growth did not adequately address emerging social problems and their resultant tensions; situations which were aggravated by a lack of public service vehicles and a widening gap between economic policy and social policy. The government was compelled for the first time to address serious issues such as a growing poverty gap and an aging population as part of its policy agenda (Wang and Yu 2014).

It is important to note that many of the newly unemployed workers who were formerly employed by big state-owned enterprises had few transferrable skills, and so they were at a great disadvantage for finding reemployment and for being integrated into the new formal economy. In response to these emerging social problems that were the result of China's restructuring of its economic development model, the state subsequently developed supplementary social schemes, which can be categorized as a residual welfare model. These schemes pursued provision of basic necessities for people in need to guarantee some sense of social security. Among these schemes was the Minimum Livelihood Security Scheme (MLSS), a means tested program started in 1994 which inaugurated a public welfare provision for the left-behind laid-off workers, and later spread to a large population. However, subnational governments varied in the degree of effectiveness in implementation of the scheme, largely because it was the local governments which were tasked with the responsibility of contributing the funding. In China, though national social schemes are devised to guarantee the basic welfare needs of Chinese people, the quality of implementation varies due to China's fiscal structure and its unique cadre system. Under current fiscal systems, local governments bear the financial responsibility for a large share of the social welfare cost of the poor among them (Wang and Yu 2014).

Though development of the economy has consistently been hailed as top priority by Chinese authority since the initiation of reforms, it must be acknowledged that many social disjuncts also began to emerge as a byproduct of those reforms. Those who benefited early from the reforms did become well established. But emerging regional differences and rural-urban dualisms contributed to ongoing hardships for many Chinese who were made vulnerable and precarious at the outset of the reforms and were unable to find relief in still-entrenched social and political institutions. Compounding these tensions, the promotion of a *big society, small government* through policy directives for the socialization of social welfare, reduced even further the role of the state in guarantying delivery of equitable welfare provision on a national level (Lei and Walker 2013).

During the ensuing Hu-Wen era, there was a recentralization of welfare arrangements and design. In the Government Work Report presented to the NPC and CPPCC in 2005, Wen Jiabao, the then Premier, stated that efforts should be made to build a "service-oriented government", and that the government should emphasize its primary role in providing social

services (Wang and Yu 2014). One area of welfare policy at that time which impacted elder care was the inauguration of pension insurance, which aimed to provide pension insurance for urban residents who were unemployed. Subsequently, in 2009, the New Rural Pension Scheme was promulgated for rural residents, providing additional social security to rural elderly who had previously enjoyed only limited social security provision. But again, the deliverables of those welfare policies were hijacked by the fragmentation of interests among differing levels of bureaucracies. Unlike other policy fields which have undergone decentralization, most welfare policies for the elderly are unfunded mandates assigned to be financed by local governments. This decentralized approach to elder welfare was not well received by local governments as they are disincentivized to invest into local welfare provision when investments in economic development are the benchmark used by the national government as the prime factor in assessing career promotion for officials.

Even after the Hu-Wen era, the shift towards welfare recentralization continued (Zhu 2016). Though development levels can still vary regionally, the state increasingly asserted its essential role in steering the development of comprehensive and substantiated welfare plans. Accompanying this transformation was a continuing process of socialization on the eldercare front. In eldercare, the state began empowering and coordinating multi-providers for the delivery of social services. This policy continues to develop (Zhu and Walker 2018) as the state takes on a role of overseeing privatization and institutionalization of social welfare for the elderly (Ding and Xu 2011). This strategy of socialization gradually focused on the family *in conjunction with* social organizations as the primary service providers of care (Zhang and Xu 2006). In this new configuration, consonant with its desire for recentralization of social welfare provision, the presence and influence of the state is never absent even as it actively encourages social and private forces to co-construct an eldercare industry. State and society/market are in symbiotic relationship in China. In their policy analysis of institutional care, Alpermann and Zhan (2019) argue that the development of both public and private care institutions is closely linked with state policy management and guidance. This is true even though those policies are publicly promoted under the appellations of socialization and marketization, which heretofore were associated with policies of state retreat. They caution against the risk to confuse commercialization with a retreat of the state, and argue that competition in the “shadow of hierarchy” is at work (Alpermann and Zhan 2019).

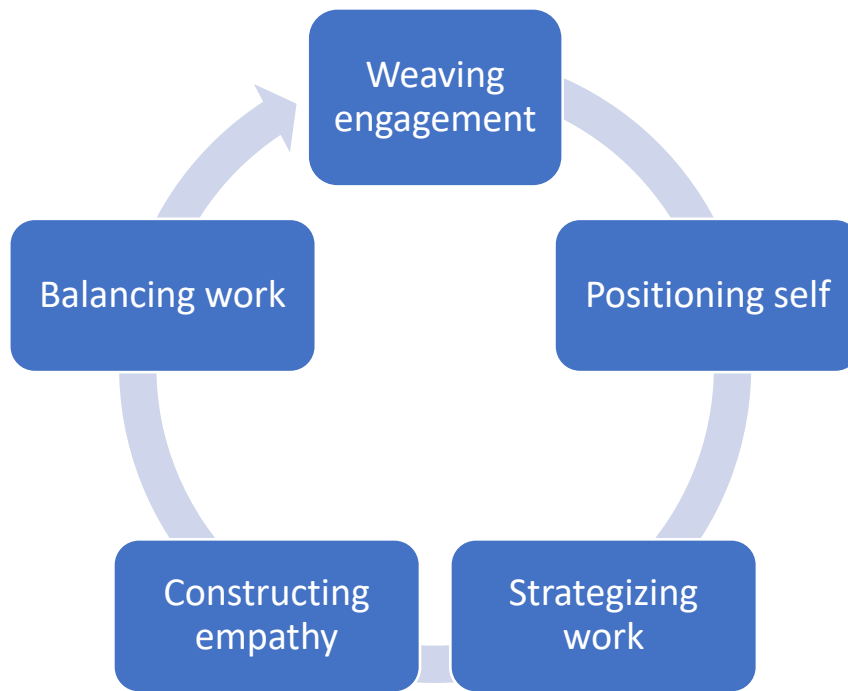
2.Connecting macro-level eldercare policies and micro-level workers' experiences

A newly emerging and diversified elder care market, supported by an array of service providing entities, requires a well-trained and qualified care labor force. And as part of ensuring that decent care is delivered to the elderly, comprehensive protections need to be in place to ensure working conditions for care workers. While research initiatives often investigate the elderly receiving care and the institutions that provide it, there is a lack of research that addresses how care workers construct their own subjective experiences and narratives within an evolving and ever more complex environment.

This paper seeks to bring perspective to China's institutional care, which is embedded in care and employment regimes under transition, and to understand how these processes of transition impact care workers' direct caring experiences; arguing for a nuanced understanding of how care workers' attitudes towards caregiving are closely linked with both the institutional design of their workplace and with society at large. The experiences of care workers in their workplace are shaped by a multiplicity of factors; factors that are not only reflective of care occupation in a post socialist China, but that also provide fresh insights into other service occupations, especially those considered by the public to be at the "lower end" of the occupational hierarchy.

3.Emerging framework for engaging caregiving

The issue of care is gaining wide public attention in China given the increasing number of seniors who need constant care and the resulting burden posed on both families and the state. Conventionally hailed as the paternalistic guarantor of welfare service, the state engages the eldercare sector through a combination of public and private realm policy initiatives. On the macro level of policy discussion, though they are a critical component in the care mix, eldercare workers who deliver immediate care on a daily basis have been heretofore understudied. Through a discussion of care workers' caregiving experiences in various types of care facilities in China, I intend to shed light on how care delivery is realized and socially constructed. In this presentation of some of my preliminary research findings, I offer the conceptual diagram below to explicate the caregiving experiences of care workers.



3.1 A still-developing theoretical model of weaving engagement

I have developed and conceptualized care workers' caregiving as a process of weaving engagement into the work they carry out every day. This process is simultaneously both passively and actively stimulated, since engagement with care work is manufactured by both the influence of range of external factors and also subjectively by care workers themselves. I define weaving engagement as a core conceptual category to describe care workers' interactions with care recipients. While some care workers may consider care giving to be merely one occupation among many to make money, a majority of care workers find deeper meanings for themselves and their work within the social context of a rapidly ageing society. These care workers come to understandings of themselves and their work experiences as a result of structural factors within which they are embedded. In their case, social construction of their care(work) is shaped by a panoply of actors, such as discourse and institutions, and has great impact on those front-line care workers and their care work.

Weaving Engagement, then, is the overarching dynamic which captures and describes the concerns of the research participants as they interact with persons and factors which shape and challenge their self-understanding and impact their work of caregiving. Care workers view and engage in caregiving through (sub)conscious factoring on both rational and emotional levels, creating a multi-faceted engagement. As is true for many occupations, the process of engaging work is pertinent not only to the self. It also has an influence on others.

How care workers engage the important tasks of caregiving depends not only on how they perceive themselves, but also on how they perceive the social world within which they live. Care workers weave engagement from a combination of both an understanding of their needs and the needs and demands of others. This strong relational aspect of self and with others in caregiving, evidenced in weaving engagement, makes clear that caregiving is co-constructed by care workers in concert with external actors and factors.

There are four sub-categories under Weaving Engagement which explicate the dynamic process of care workers' experiences. The four sub-processes are inter-linked, though they might not immediately appear to be so. They contribute to our understanding of care workers in a post-socialist society in China which has undergone transformative changes of its care landscape while still attempting to preserve traditional understandings such as filial piety.

Weaving Engagement	Processes
Positioning self	<ul style="list-style-type: none"> • Societal positioning (lower work; dirty work) • Relational positioning (proxy adult children) • Generational positioning (60s, 70s)
Strategizing work	<ul style="list-style-type: none"> • Normalizing/moralizing care work • Hiding occupational identity • Goal orienting (urban/rural dualism) • Invoking cosmic force (karma, spirituality)
Constructing empathy	<ul style="list-style-type: none"> • Seeing me through them • Loneliness within a closed space (quality/quantity) • Hoping someone will care for me
Balancing care burden	<ul style="list-style-type: none"> • Care burdens/stress • Longing for recognition and respect (invisible) • Meaning/value-making (ambivalent; caring and curing)

I shall briefly touch upon some relevant literature which, at this stage of my research, has served as sensitizing concepts (Blumer 1954) to guide my analysis and add rigor to my research.

3.1.1 Positioning self

In my research I have found that the concept of self is identified throughout care workers' sharing of caregiving experiences and their pluralized perception of care work. From within the large body of literature on identity of the self, I subscribe to Zhao's (2014, 2015) argumentation and formulation of human self; that human self is an object that a human individual reflects upon, feels about, and acts toward as him-or-herself. Zhao's (2014) definition indicates that self is not the individual per se nor a self-concept. He considers self as the existence of an individual perceived by the individual as his or her own; namely, it is the unity of both the empirical existence of an individual and the individual's perceptions of that existence (Zhao 2014). James (2013) contributed much to our understanding of self. His conception of self is distinguished by three important characteristics: first-person perspective, extracorporality, and temporality. The temporal dimension of self refers to that when one reflects on oneself at any given moment, one encounters not only one's "present self" but also one's "past selves" as well as one's "possible selves" in the future (Zhao 2014).

In positioning self, care workers have a self-judgement of who they are and what they believe they are capable of. This self-judgement includes an incorporation of their social environment of rapidly evolving care work. My conclusion is derived from a close reading of the interview data. For example, among care workers I identified three dimensions of positioning through constant comparative method: societal positioning, relational positioning and generational positioning. I compared workers' accounts of their self-perception and how other stakeholders (e.g. care managers and institutional heads) perceive those same care workers and the occupation of front-line care workers in general. When asked to characterize the care labor force in one particular care facility, the institutional head stated that they have a stable force of care workers, and attributed that to the belief those care workers would not be able to secure any other jobs given their lack of professional skills and their age. In another case one care worker asked to be considered for inclusion in an advancement track within her care institution, but was denied by the institutional head because of her status of informal

employment; i.e. she was one of many full time, long term care workers working without a formal contract (nor benefits) and therefore could not advance because there were no contractual benchmarks for recognizing her work contributions and granting advancement. This widespread institutional mechanism of discrimination dictates against any career trajectory for many care workers.

When speaking with care workers about social recognition, care workers are aware of their occupational contributions being discounted and unrecognized, and therefore often not given respect either in their institutions or in society at large. The codes co-constructed by care workers and related to me include: dirty work, lower work, looked down upon, disrespected, bottom of the society, etc. Care work is socially constructed and positioned, and the discourse surrounding it reveals the demeaning of caregiving as a formal job. Scholars have argued that care work is considered as “work as no other” (Blacket 2011), which justifies the fact that care work is not regulated nor recognized. Though care and caring are essential social phenomena, without which both human life and economic production and exchange would not be possible (Fine and Davidson 2018), care is usually shouldered by women through the arrangement of unpaid informal care. This “perception inertia” poses extra pressure to transform the public perception of what caring achieves for individuals and society. Care workers are not only the recipients of discriminatory social discourse and low public opinion for what they do, but they themselves often internalize that discourse, which then makes it more difficult to enact ameliorative interventions. One care worker shared her experience of how others think of what they do.

“Maybe some people won’t prefer to do what we do, it’s too dirty for them to adjust. Think about it, now we’re called care workers, but in the old days people like us were referred as nanny, xiaren(servant) or yahuan (a female housemaid), it does not feel so good.” (Interview)

Though socially constructed as dirty and demeaning work, some care workers position themselves as proxy adult children of elder residents from a relational perspective. The adult children cannot visit the elders very often and this left the elders in loneliness.

Nevertheless, care workers managed to identify certain discourse or attributes that are uniquely rooted in their respective generation and the social ecology that was shaped by state

policies, such as the now abolished one child policy. Most of the care workers that I encountered were born in the 1960s and 1970s. That was the period when China was undergoing tumultuous social changes, such as famine and the cultural revolution. The experiences and life trajectories of this generation of Chinese people were closely linked and formed by social upheavals. The Chinese saying of *chiku* (to eat bitterness) is indicative of the character of these generations. They were born in difficult social times and had to live through and survive extreme social conditions. To eat bitterness means they are able to withstand difficult tasks and are resilient even under harsh working conditions. Care workers perceive the disadvantages of caregiving tolerable as they have gone through the difficult times in Chinese social history. They link caring for the elders with the “moral beauty” of society. In this sense, care workers have managed to turn part of the social discourse on caregiving into their favor and it has thus become a trait of theirs to distinguish themselves from just anyone who might be (dis)qualified for care work. To illustrate this, one care worker provided the following reflection.

“I’m the only one among my friends who work here, not to mention the younger generation. The 80s generation were born under the one child policy and cannot undertake the care task, they grew up in a different time. We’re the generation to eat bitterness while growing up and have tasted how difficult life can be. The younger generation grew up spoiled by parents, you think they will do this?”

(Interview)

Drawing on the temporal dimension of self-distinguished by James (2013), and inspired by Charmaz’s (2002) research on self among the chronically ill, I became sensitized towards care workers’ personal account of their life and career trajectories, especially the disruptions of these trajectories caused by social events. Doing so illuminates and contributes to the understanding and conceptualization of how care workers as individuals assess what it is in care work. As argued by May (2011), a personal life approach focuses on life projects, and is therefore able to portray a sense of motion in people’s lives, brought about by events such as unemployment, or by processes such as ageing, that transform our lives. The term *personal* highlights the connectedness and social embeddedness of people’s lives (May 2011), which provides the arena for delving into both the micro and macro. People are embedded in both sedimented structures and in the imaginary (Smart 2007 in May). I find it helpful to categorize and typologize care workers’ working/life trajectories, and identify the

interruptions if any, to delineate the stories of not only the process of how care workers ended up in the care sector, but also how state development crafted the fate of these generations of Chinese people’s lives in general.

Typology of care workers	Care trajectories
Migrants	Desiring for better living
Interruptees	Re-entering job market
Professionals	Formal vocational training
Amateurs	Delivering good will

3.1.2 Strategizing work

When in a position of being vulnerable to societal judgement and stigmatization, it is natural that people who are in this process tend to develop techniques to offer counter arguments to the critiques or simply choose to ignore them. But it is unlikely that people are able to completely alienate themselves from a socially constructed environment, such as covert power dynamism. How we think of ourselves is closely linked with how we’re perceived by others. The study of stigma (Goffmann 2009, 2018) has generated considerable research and debate on how different stigmatized social groups endeavor to mark a difference. For care work, it is not at all unusual that it is widely perceived by society as dirty work, and the conception of “dirty” invites a linkage between dirt and the people who engage in dirty work, sullyng even the physical being of a person (care workers) and making them socially undesirable.

Dirty work is a concept directly extracted from care workers’ narratives. Especially in today’s Chinese society, where modernization projects are heavily supported by the state and internalized by individuals to pursue a modern way of living, working at care facilities and cleaning the waste of elder residents become markers for understanding one’s place in society. Even care workers themselves point out that only people who are useless would do such work.

Processes of strategizing are rooted in the narrative of care workers. The negative dimension of strategizing is that care workers choose not to disclose their occupational identity. They hide their work from friends and sometimes even family members. This is more easily found among migrant care workers who work at care institutions in developed city centers. This

subset of migrant care workers live in a social world which is in tension between themselves and the ideals of modern urbane life. A result of urbanization itself, migration is promoted by both a demand for unskilled labor in cities and by the desire of migrants to live a better life in the destination cities. Beliefs that those who move to cities for a better life are actually living a better life than their left-behind rural counterparts do not fare well. Care work does not answer the normative expectation of out-migration to earn a better living, and so many migrant care workers chose to hide their occupational identity out of concern with losing face and friends if it were found out they are doing “dirty work”. The fact that most care workers work far away from their rural hometown makes it easy for care workers to dissimulate. The social engineering of modernization and its discourse (such as *better living* and *the Chinese dream*) need to be substantively supplemented by well-designed social welfare programs and labor law to ensure security across social groups.

Migration and care are complicated by rural-urban dualism as the result of state sponsored programs and policies for development. On the one hand, rural to urban migration supplies needed labor for urban development. On the other hand, the most undesirable jobs are often shouldered by migrants, such as in-home maids (Sun 2009), construction workers (Swider 2015) and service workers (restaurant), without either sufficient portable social security programs nor labor law comprehensive enough to safeguard against precarious working conditions. Detailed ethnographic works have brought these migrants’ daily life into academic and policy discussions. When comparing migrant care workers in China with those in Europe, similar patterns can be observed in that many care occupations in Europe require imported care labor from other less-developed regions through transnational migration and care arrangements; e.g. Polish care workers who work in Germany (Horn and Scheppe 2017). *Strategizing* by care workers globally also includes the necessity to address voids in national social security nets.

Despite some deleterious social discourse and the less attractive tasks of care work, some care workers speak of very pragmatic motivations for working at care facilities. They engage passively, prompted by pragmatic concerns; in other words, they can be goal-oriented. The following quote reveals how some enter the care sector because of their often-constrained agency.

“What else can we do at this age? We can only sweep the floor in a supermarket, but it is not stable. We have to think about social insurance. The institution here helps to contribute to our social insurance. The infrastructure here is okay. Working in this institution is more stable than sweeping floors. It is at least secure working here, we get our salary on time.” (Interview)

Other than existential concerns such as social insurance and rural-urban dualism, care workers shared other incentives. These include: care work can help to prepare themselves for ageing; it can influence/morally educate their own children; eldercare skills are necessary for family members; compensating for the loss of their parents; or attributable to cosmic forces such as karma and spirituality/religion. These codes indicate the pluralization of caring incentives and fall under an overarching process of strategizing.

3.1.3 Constructing empathy

“Empathy is both affective and cognitive in its aims. Emotional resonance with another serves the goal of attempting to imagine and understand what it is like to be another person, with all its complexities. Crucially, empathy is more accurate when the cognitive activity of perspective taking involves more than projection. This is why we emphasize the importance of curiosity to learn more about another’s specific perspective on his or her social world in the empathic process. In other words, we view empathy not as putting oneself in another’s shoes; rather, empathy is about imagining what it is like to be the other person in that person’s shoes.” (Main et al. 2017).

The definition of empathy is non-consensual. In his review, Morse (1999) summarizes the components of empathy under four key areas (see table).

Component	Definition
Emotive	The ability to subjectively experience and share in another’s psychological state or intrinsic feelings
Moral	An internal altruistic force that motivates the practice of empathy
Cognitive	The helper’s intellectual ability to identify

	and understand another person's feelings and perspective from an objective stance
Behavior	Communicative response to convey understanding of another's perspective

Empathy is a concept which has been widely addressed in the study of anthropology. Empathy is felt by care workers given their relational caregiving to seniors. Most institutionalized seniors suffer from chronic illness or mental illness. Many of them are bed-ridden or need to be facilitated by wheelchairs. Care institutions are also equipped with hospice care wards. Care workers often encounter the vulnerability and the uncontrollability of life. Their working experiences steer them to reflect more on life and the uncertainties people experience when they age.

Care workers not only experience the ageing and frailty of elders, their experience also prompts them to reflect on their own life and their being cared for when they become too frail to walk. Generational positioning also feeds their concerns. The elder residents they're caring for now have more than one child, since the one child policy was not in place when they were in fertility. Their many children consequently can lessen the burden of care on any one individual since all assume a part of the care responsibility. But most care workers themselves have only one child, and this causes concern in a realization that their adult children will be unable to adequately provide all the care needed for them when they age. This is a deviation from the traditional notion of filial piety reflected in the saying such as "yanger fanglao" (raise a son for eldercare), but is indicative of how social policies and modernization projects have rewritten the trajectories of how Chinese family and society at large are grappling with new social realities. Observing changes in the expectations of ordinary Chinese people reveals how rapidly Chinese society is morphing ever further from even some of its most cherished social mores. The quotes from one care worker highlight how care workers themselves make sense of the new reality of care provision to a broader Chinese population in a new era.

"...when I think of them, I think of myself. Being kind to them is like being kind to ourselves, right? It makes me feel better thinking this way. I don't know what will happen to me tomorrow. Maybe when we turn old, our situation can be worse.

They have several children, but we only have one. Who will take care of us when we become bed-ridden? We only have one child to count on for eldercare and they are all under various pressures.” (Interview)

3.1.4 Balancing care burden

Within care literature, care burden is addressed in many dimensions and through various approaches and models (Savundranayagam, Montgomery and Kosloski 2010). Unresolved care burdens, such as no respite from long working hours, tend to lead to high turnover rates and increasing care risks (reference), compromising the health conditions of both care workers and care recipients. While professional caregiving is demanding both physically and emotionally, effective policies to ensure care workers against risks remain underdeveloped, endangering workers’ physical and mental health.

Based on numerous interviews and conversations with care managers and institutional heads at different care facilities, it becomes clear that institutions compromise care workers’ interests in favor of cost containment and other institutional purposes. One care manger showed me some statistics from working reports of the care facility. It is obvious that the increase of the number of care workers is inversely correlated with the number of care accidents, such as the number of falls for elder residents. However, due to budget limitations and the social stereotypes attributed to care work, the retention of qualified care workers is challenging.

It is incumbent on the care workers themselves to develop effective strategies to manage the myriad of care needs for the elderly recipients, but also to adequately respond to those other actors they interact with throughout their caregiving experiences; not only institutions, care managers, but also the elderly themselves and their family members. Care workers presented to me two sharp contrasting modes of elder residents’ attitudes to them, those who consider them as servants and those who consider them as a helping hand. They also tend to categorize elder residents based on their temper and suzhi (quality), a prominent discourse in Chinese society. Care workers also benefit from elders who can share with them their rich life experiences and wisdom gained over the years. This can be symbolically important as mental satisfaction can sometimes dilute and override physical burdens. This is corroborated by communication with care workers. Care workers often reference the positive gains from their caregiving, primarily from those elders who recognize and appreciate their caregiving.

Interestingly, the categorization technique employed by care workers with elder residents can also be found in the interactions of care workers with family members of elder residents or social perception of care work which stigmatize care occupation and care workers. As with they do with other actors, in their interaction with family members care workers employ the discourse on *suzhi* (quality) to fend off the social risks of being victimized and to destigmatize their occupation through approaches such as normalizing and moralizing what they do. In reflecting on their interactions with family members of the elderly care workers speak of the erosion of traditional values and intimate relations between parents and adult children. They disapprove of the fact that adult children do not come to visit their parents often because they feel that what the elders really need is the company of their loved ones; feeling that simply outsourcing care responsibility to the care workers through commercial arrangements with the care facility cannot replace the healing intimacy that could be offered by family members.

Care workers subsequently internalize this new reality and project it on the future arrangements for their own care by their families. Some mentioned they no longer can take their care provision by adult children for granted (interview). Similar patterns can also be identified in other precarious or vulnerable social groups to defend their positions. Care workers weaponize and consolidate the rhetoric on *suzhi* (quality), which supplements the grand narrative the state constructs to cultivate an ideal citizenry.

These are some of the strategies that care workers employ to galvanize the limited resources they possess to counterbalance the burdens of eldercare; socially, physically, and emotionally.

4. Conclusion

In a rapidly changing society both demographically and socio-economic-culturally, the conventionally taken-for-granted social contracts are displaced by the pursuit of new modern citizenry. Increasing precariousness can be observed in many occupations, and these occupations are no longer under the purview of strict state oversight. The making of workers under these conditions need to caution against potential risks by designing relevant social security programs to facilitate workers to shield against a risk society (Beck) brought by modernization and individualization in China. Care workers are disembedded from their traditional life-long employment, and need to be supported into the reembedding process.

This effort should be taken seriously until an institutionalized welfare system is ready to be implanted into the current system. Institutions, such as nursing homes in this study, are the workplace where workers attach their identity to. Though the trend of marketization requires cost containment and profit maximization, nursing homes and institutions in general shall weigh in on the strategic importance in maintaining a healthy and sustainable workforce. A problematic turnover rate among care workers observed from my fieldwork, would eventually lead to the compromise of the interest of elder residents, the very target group that both state eldercare policies and institutions endeavor to care for. An exploration of a more sustainable approach is needed to foster a comprehensive long-term care system to address the care needs and galvanize the potential of a care economy (Luo 2017).

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