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Original Article

The moral economy in the recruitment and training of mobile caregivers in a Swiss border region

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Abstract

In the context of demographic aging often described as producing a "care crisis," this article explores the moral economy shaping the recruitment and training of mobile caregivers in the long-term care sector. Building on a qualitative-interpretative methodology, the study focuses on the French-speaking Jura Arc region in Switzerland—a context marked by staff shortages and strong competition to attract care workers. By analyzing interviews with employers, public authorities, private intermediaries, training providers, and caregivers, we examine the moral logics actors mobilize to justify or reframe ethically sensitive practices, such as exacerbating inequalities between healthcare systems or exploiting precarious personal, professional, and legal situations to address staff shortages. The analysis reveals a recurring pattern of normative inversion: while field actors are aware of the ethical tensions inherent in their practices, they seek to position themselves positively—either as "facilitators of mobility" or as "promoters of integration." We argue that rather than acting as a counter-force to market exploitation, these divergent moral logics converge to legitimize and obscure structural asymmetries. Ultimately, the moral economy functions as a screen that depoliticizes the racialized, gendered, and migranticized hierarchies underpinning the transnational care economy.

Keywords moral economy; aging societies; long-term care; mobility; migranticization.

1. Introduction

Population aging is presented as a major challenge in Europe (Eurostat 2024), and discussions are predominantly framed in negative terms, whether in relation to pension financing (Sonnet et al., 2014), increasing labor shortages in certain sectors (Low and Pok 2025), or the exacerbation of presumed intergenerational conflicts (Hess et al., 2017). The effects of

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demographic aging appear to be a particularly pressing concern for political and economic stakeholders responsible for providing adequate health and long-term care (Eurostat 2024)—those particular medical, personal, and social services provided over an extended period of time to people who need help with daily activities due to aging. In this sector, demographic aging, often described as producing a "care crisis" (Schilliger et al., 2023), is associated with a dual challenge: the rising demand for caregivers coincides with the retirement of many professionals. For instance, the World Health Organization predicts a global shortfall of 11 million healthcare workers by 2030 (WHO 2024), while the European Union is already facing a shortage of approximately 1.2 million doctors, nurses, and midwives needed to achieve universal health coverage standards (OECD and European Commission 2024).

From a European perspective,[1] international recruitment—from other EU countries as much as outside the EU—has emerged as a seemingly simple solution to workforce shortages in the care sector, temporarily alleviating economic pressure in recruiting regions while exacerbating it in regions that supply this labor force (Hussein 2022). In addition, it currently fosters competition among EU countries to attract professional caregivers. These dynamics bring into sharp relief the moral dimensions of global and within EU inequalities, revealing how economic needs intersect with mobility regimes to prioritize the care demands of dominant economies at the expense of others. Such ethical concerns have been widely debated (Eckenwiler 2009; Merçay 2014), particularly since the publication of the *WHO Global Code of Practice on the International Recruitment of Health Personnel* (WHO 2010). As highlighted by Eckenwiler (2011), the asymmetrical international and inter-EU mobility of healthcare workers not only impacts quality and access to care in different regions but also raises concerns about labor rights, the commodification of care work, the gendered character of care labor markets, the role of global governance in health workforce distribution, and the broader implications of transnational care economies. However, little research examines how these ethical concerns translate into local recruitment and training practices.

This article addresses this gap by applying a mobility lens (Urry 2007; Cresswell 2010) and by analyzing the moral economy (Fassin 2009; Palomera and Vetta 2016) that shapes the recruitment and training of what we call *mobile caregivers*. The concept of moral economy, as we understand it here, integrates moral norms into the analysis of economic activities: It is therefore a useful tool to include not only rational, financial considerations and economic pressures when analyzing markets but also ethical dispositions. In the context of demographic aging and labor shortages, we examine what underlying norms and values shape the recruitment and training of mobile caregivers in a regional context and identify the moral economy at play.

To answer our questions, we focus on the French-speaking Jura Arc region of Switzerland, which includes the cantons of Neuchâtel, Jura, and parts of Bern and Vaud. This border region is facing a shortage of caregivers and competes with other regions and countries for this labor force. Studying this Swiss region is particularly relevant for gaining a better understanding of the dynamics between mobility and Europe's long-term care labor shortage. Centrally located in Europe, Switzerland offers higher salaries than its neighboring countries—Germany, France, Italy, and Austria—and relies heavily on mobile caregivers for its healthcare sector.

In addition, in the Jura Arc region these dynamics are particularly salient: driven by an aging population and acute healthcare staff shortages, they shape a local moral economy where mobility of EU citizens is framed as an economic necessity and regional resource, while refugees are morally constructed an underutilized workforce and their labor as a "duty of integration."

Applying a qualitative-interpretative methodological approach (Flick 2018), we explore how various actors—employers, public administrators, private intermediaries, training providers, and caregivers—shape recruitment and training practices and explore the underlying logic of the moral economy in this field.

We understand mobile caregivers working in the long-term care sector in Switzerland as individuals born outside of Switzerland who have hence crossed one or more national borders. *Mobile caregivers* in our case study basically include two categories of people: On the one hand, citizens from the EU and the European Free Trade Association (EFTA) whose mobility is regulated within the EU by the Agreement of 2002 on the Free Movement of Persons (AFMP) and who, in our case, came to Switzerland to work in the long-term care sector. On the other hand, *mobile caregivers* also include non-Europeans who navigated Switzerland's highly restrictive border regime to enter either as asylum seekers or via marriage migration and who later found their way into the long-term care sector mainly through internal training programs. The first category of mobile caregivers gives us the opportunity to analyze the moral economy in place in view of *recruitment* of care workers; the second category reveals important issues in the moral economy linked to a highly migranticized and racialized context. Put differently, in this article *international recruitment* refers to the process of hiring caregivers from abroad to address labor shortages. It involves attracting already-trained professionals from other national contexts, often emphasizing competition and regional economic attractiveness. *Internal training*, by contrast, focuses on training individuals with mobility experience already residing in the region (e.g., refugees) to join the caregiving workforce through targeted programs. Our article demonstrates that while field actors invoke different norms and values to justify their practices, their actions have convergent effects. In international recruitment, these include exploiting Switzerland's economic strength and European border regime, and prioritizing national and market interests while exploiting age and gender dynamics. In internal training for individuals who arrived through asylum or family reunification, the effects include a form of normative inversion that frames these trainings as beneficial for the labor market integration and social mobility of migranticized and/or racialized people, even though they may perpetuate low-wage employment, racism, and exploit precarious conditions.

In the remainder of this article, we first present our theoretical and conceptual approach as well as methodology before contextualizing our case study and the situation of long-term care in Switzerland. We then proceed with the analysis, first discussing the discourses surrounding international recruitment and subsequently focusing on internal training.

2. Theoretical and conceptual approach: a mobility lens and the moral economy of care

This article applies a mobility lens—as developed by Anglophone "mobility studies" (Cresswell 2006; Sheller and Urry 2006; Urry 2007) and by French scholars interested in "territoires circulatoires" (Tarrius 1993; Schmoll and Semi 2013)—in order to investigate the moral economy related to long-term care, aging, and caregivers. A mobility perspective has been suggested by critical and reflexive migration scholars to tackle important challenges to the migration research paradigm (Dahinden 2016; Anderson 2019;). Importantly, a mobility lens leads to an alternative epistemological stance on society that goes beyond spatial fixity in which human movement is exceptionalized as "migration" and which is, basically, reproducing a nation-state logic. By focusing on different kinds of movements, a mobility lens undermines the prevailing idea of a somewhat "natural" (national, territorial) sedentariness

and rootedness that is part of the problem of the "migration paradigm" and methodological nationalism (Wimmer and Glick Schiller 2002). This opens up the view on a wide range of human movements, with migration being considered only one of the various possible forms of human mobility. Therefore, a mobility lens addresses the particular risk that scholars themselves become "migranticizers" (re)producing migranticized epistemologies (Dahinden forthcoming).

In this article, through the notion of *mobile caregivers*, such a mobility lens allows us to bring together empirically different categories of mobile people who are most often dealt with separately in research: so-called "mobile" Europeans on the one hand, and non-European "migrants" on the other, hence individuals and people who are ascribed migratory status and come to be seen, categorized, labelled, controlled, governed, or discriminated against as "migrants." In other words, drawing on Dahinden (2016, 2025), we differentiate between the factual condition of mobility and the processes of migranticization—that is, the ascription of a migratory status, be it symbolically, discursively and/or administratively, whereby certain bodies are constructed and represented as "out of place" or "not from here" regardless of their legal citizenship and mobility trajectory. Furthermore, we distinguish these dynamics from racialization, which involves hierarchizations produced through "repertoires of race regimes," such as coloniality and culturalist forms of representations (Dahinden forthcoming). These distinctions are crucial: while all caregivers in our sample have crossed a national border, they are not all or to the same degree subjected to migranticization or racialization. Instead, as we will show, these selective processes permeate the moral economy of care, shaping distinct representations of mobile caregivers—for instance, contrasting white European cross-border workers with refugees—which ultimately reinforces a stratified labor market.

Building on this backdrop, we move beyond solely economic and policy considerations to adopt an inductive methodology in order to explore how our interviewees perceive and navigate the moral distinctions most salient in contexts of mobility in the care sector (Hitlin and Vaisey 2013: 57). Specifically, we investigate how moral norms shape conceptions of mobilities, borders, and policies, as well as "the social constructions of morality that shape immigration debates" (Yazdiha 2023: 400). By focusing on Switzerland's long-term care sector, the analysis aims to uncover how these moral distinctions interact with broader economic and political structures, offering insights into the more global dynamics of the long-term caregiving economy.

The concept of moral economy integrates moral norms into the analysis of economic activities, recognizing that markets are not governed solely by rational, financial considerations and economic pressures but also by ethical dispositions (Sayer 2004). This perspective allows us to move beyond economic disparities, such as wage gaps, and consider how racialized, gendered, and class-based norms articulate with migratory status and age to shape labor dynamics.

Several studies have already explored the moral economy of care related to mobile caregivers, either by focusing on macro-structural issues or on labor relationships. The former includes a macro-transnational perspective which maps the ethical and structural asymmetries of the globalized care economy (Ehrenreich and Hochschild 2003; Lutz 2018). The latter highlights the relationships between employers and caregivers. For instance, Näre (2011) analyzes how highly personalized labor relationships between employers and domestic care workers are governed by an implicit "moral contract" of reciprocity and trust. Schelkle and Kyriazi (2025) define the moral economy of care workers as a set of informal social norms (devotion, reciprocity) that guide individual choices, often leading them to prioritize "exit" strategies over claims to formal rights.

While we draw on these approaches to explore how our interlocutors reconstruct what is considered "just" or "unjust," "good" or "bad," the originality of our analysis lies in moving beyond both interpersonal frameworks and macro-transnational perspectives. Instead, we focus on field actors—recruiters, trainers, employers, policymakers, and caregivers—who actively construct, manage, and embody the category of mobile caregivers.

3. Methodology

This study employs a qualitative-interpretative methodology and examines the discourses of key stakeholders in long-term care in order to understand how competing logics and interests ultimately reinforce structural inequalities within the sector.

First, we conducted sixteen expert interviews (Meuser and Nagel 2009) involving eighteen participants to examine the perspectives of key stakeholders in the long-term care sector, ranging in age from 31 to 65. All participants are positioned as white European nationals, representing the dominant institutional perspective within the regional care organizations. Participants included executives in long-term care institutions, such as head nurses, residential care facility directors, and directors of home care services. We also interviewed representatives from private intermediaries involved in caregiver placement and recruitment, such as an independent nurse specializing in placements and the director of a placement agency. In addition, we spoke with professionals working in training and "migrant integration programs" entering the long-term care sector. Finally, we conducted interviews with representatives of cantonal administrations, including a head of migration services and a strategic advisor to the public administration.

Second, we conducted twelve problem-centered qualitative interviews (Witzel and Reiter 2010) with caregivers. These were grouped into two main categories based on their pathways into the sector: those recruited internationally and those who came to Switzerland for other reasons and transitioned into long-term care via internal training. Caregivers recruited through international mobility included individuals who moved to Switzerland after completing their studies abroad and French cross-border workers who reside in France but work in Switzerland. The internal training category comprised individuals who initially arrived in Switzerland for other professional activities or through family reunification and later pursued a career in long-term care. This category also included refugees who underwent specific training and reorientation programs to enter the long-term care sector.

The participants include nurses, assistant nurses, auxiliary health workers, and one psychotherapist, with experience in hospitals, residential care facilities, and home care. Their ages range from 23 to 60, and all but two arrived in Switzerland before the age of 35. They moved at different life stages, mainly from France, Italy, Spain, Portugal, Sri Lanka, Eritrea, and Afghanistan. Several interviewees hold a residency permit (B) or settlement permit (C), while others are naturalized Swiss or cross-border workers.

To ensure the anonymity and confidentiality of participants, we followed ethical international standards; hence, all names used in the analysis have been changed, and informed consent was obtained in all interviews. We also avoided, as much as possible, the risks of identification by modifying or deleting parameters such as place of work, place of residence, and citizenship.

The data analysis started with a global analysis (Flick 2018), enabling us to identify the key ethical dispositions guiding our interlocutors' practices. We then categorized and confronted the different discourses to highlight points of tension and understand how various actors position themselves in relation to one another. This is what we demonstrate in our analysis, following the contextualization of our case study in the next section.

4. Long-term care in French-speaking Switzerland at the intersection of aging and mobility

In Switzerland, people aged 65 and over currently make up 18.8% of the population, a proportion that has steadily risen since 1950 and is projected to continue rising (Gfeller et al., 2022). It is estimated that by 2045, one in ten people will be aged 80 or over (Höpflinger et al., 2019), and by 2060, 30% of Switzerland's population will be over the age of 65 (OECD 2019). Associated with this demographic evolution, there is a significant demand for additional healthcare personnel, with the Swiss Health Observatory (OBSAN) projecting that an extra 35,200 staff will be needed in residential care facilities by 2035 (Merçay et al., 2021). However, attracting young people to healthcare professions remains challenging, despite numerous initiatives to address this issue (Swiss Confederation 2023), and many caregivers leave the field, often citing "poor working conditions," not in comparison to international standards, but relative to other economic sectors in Switzerland (Merçay et al., 2021).

This situation raises public and political debates about labor shortages in the care sector, fueling discussions on the roles of mobility in mitigating these challenges (Wanner 2014). Indeed, the long-term care sector sits at the intersection of aging and mobility (Torres and Hunter 2023). In French-speaking Switzerland today, over half of the care staff in hospitals and residential care facilities hold foreign qualifications, primarily and historically from neighboring European countries (OSTAJ 2023). Put differently, the shortage of skilled personnel and the high demand for unskilled labor make long-term care a gateway into the labor market for mobile individuals with very diverse nationalities, migration histories, and educational skills (Vangelooven et al., 2012). Furthermore, long-term care is a "highly diversified place regarding the socioeconomic stratification among staff" (van Holten and Soom Ammann 2016: 204) and is characterized by a clear hierarchy: (1) nurses with tertiary qualifications; (2) assistants in nursing and community care (ASSC), certified professionals in Switzerland trained to provide medical care, personal support, and administrative tasks; (3) care and support assistants (ASA), caregivers specializing in providing basic care and assistance; (4) Swiss Red Cross (CRS) trained health auxiliaries[2] who provide basic health and personal care support; (5) and personnel without qualifications in caring.[3] The opportunities for working in long-term care are many: residential care facilities, home care services, hospitals and clinics, day-care centers, senior residences, rehabilitation centers, or private agencies. Apart from so-called live-in care workers, who have specific trajectories and situations (Schilliger et al., 2023)—and who are not directly addressed in this article—the trajectories and profiles of other caregivers do not seem to vary significantly according to the healthcare institutions in which they work.

In French-speaking Switzerland, the majority of caregivers in long-term care are women, representing over 80% in 2019. The Swiss Health Observatory has identified a marked aging trend among graduate nurses, with 28% aged 55 and over, while care and community health assistants increasingly are younger, with 52.4% under 35 (Merçay et al., 2021). With regard to the origin of diplomas, 55.1% of qualified nurses and around 35% of healthcare assistants have a foreign diploma.[4] In retirement homes in French-speaking Switzerland 33.7% of care personnel have a CRS health auxiliary diploma (Merçay et al., 2021), a qualification in which the majority of graduates are migranticized individuals. Finally, a large majority of care professionals with foreign degrees are cross-border commuters, 61% in 2019 for Switzerland as a whole (Merçay et al., 2021). We now turn to how this context shapes the moral economy of recruitment and training of these mobile caregivers.

5. Configurations of the moral economy

Importantly, our interviews show that the moral economy shaping the long-term care sector is structured by significant power asymmetries. However, rather than being dominated by a single actor or moral disposition, the field operates as a dispersed assemblage in which conflicting interests and competing ethical justifications coexist and interact. This dynamic landscape is characterized by ongoing negotiations, in which actors navigate diverse—and at times contradictory—norms. Despite this complexity, these interactions often produce convergent effects that sustain the broader moral economy of mobile caregivers. We will delve into these negotiations in detail, starting with the field of international recruitment before we discuss internal training.

5.1. International recruitment

The international recruitment of healthcare personnel is a topic of ongoing debate, reflecting the growing tension between ethical considerations and practical constraints, particularly as the growing demand for staff continues to exceed the available supply. Our analysis reveals different ethical postures of our interviewees which go along with their position within the field of long-term care: employers, private intermediaries, public authorities, and caregivers. These various perspectives reveal the moral ambiguities that arise from navigating between competing demands for ethical recruitment and operational effectiveness.

5.1.1 The employer perspective: the primacy of competition

Employers in the healthcare sector, who directly face staff shortages and the pressing need to fill vacancies, emphasize in the interviews the "strong competition" they face in the national job market. Their primary concern is ensuring the smooth operation of their teams, often with little or no regard for the regions of origin or training of the caregivers. This is the case for Jean, who runs a large residential care facility and who speaks his mind:

> *Who cares [about worsening shortages in recruitment regions]? Everyone for themselves … No, but on our level, we don't care. When you find a nurse, you find a nurse. […] You're starving, there are a few scraps on the table, the first one to pick them up eats them, eh; I mean, that's how it goes.*

His colleague, Nathalie, the head nurse at the same institution, echoes this position, distancing their roles from broader strategic considerations: *"You see, we're in the field, we're not that kind of strategic thinkers, at the meta level, wondering how we're doing, how we could do things differently, etc."* For Jean and Nathalie, the focus is practical: ensuring adequate staffing to meet immediate and everyday needs in the residential care facility.

Employers cite several structural factors that contribute to the limited attractiveness of working in long-term care, including physically demanding work, challenging schedules, and relatively low wages. These constraints often render traditional job promotion methods (such as formal job postings) within Switzerland insufficient, pushing institutions to explore alternative avenues for recruitment. These include leveraging informal networks—such as colleagues trained in Switzerland or abroad, partner institutions, and other potential connections—and collaborating with recruitment agencies. While these agencies provide access to a broader, and often international, pool of candidates, they also come with significant costs, further emphasizing the financial pressures faced by employers.

The growing role of these agencies in shaping the "landscape of care" (Gfeller and Zittoun 2025) is undeniable, highlighting the increasing reliance on private intermediaries—what has

been called the privatization of recruitment processes (Sandoz 2019)—and raising questions about how these practices reshape the moral economy of caregiving.

5.1.2 Private intermediaries' perspective: the support and commercialization of the long-term care within Europe

While private intermediaries sometimes face criticism for exacerbating inequalities—by recruiting workers from regions with lower wages to fill positions in higher-paying Swiss institutions—they frequently justify their practices by framing the long-term care labor market as inherently European (or even global) and portraying themselves as "facilitators" of mobility within this market, in the interest of both caregivers and care institutions. This framing positions intermediaries as responding to, rather than driving, market dynamics, deflecting ethical criticisms about the potential harm caused by their actions. This discourse suggests that the mobility of EU-citizen caregivers exists independently of intermediaries' recruitment practices, driven instead by market dynamics. Sofia, a former nurse who now works independently in healthcare staff placement, highlights the inevitability of this mobility: "*It's hypocrisy [to pretend we can train enough healthcare personnel in Switzerland]. At some point … No, but let's be clear, the problem is European. We're short of staff. That's* the reality.*"* Sofia acknowledges the ethical concerns surrounding her work but reframes her role as a pragmatic response to pre-existing mobility trends:

> *I was very uncomfortable about it, because what I do could be presented as stealing staff. And yet, surprisingly for some, many candidates have already started the process. Or already have a plan to work in Switzerland. In other words, I'm not actually selling them paradise, the Holy Grail. No. […] It's really about saying, OK, if you want to come to Switzerland, here's what you can expect. Basically. That's it. It's about preparing the candidate, who already wants to work in Switzerland.*

This perspective—that the long-term care market is Europeanized and that private intermediaries act as facilitators and coordinators of mobility—is echoed by Fabrice, the manager of a placement agency. He explains that their recruitment efforts are not confined to France but extend into other EU countries: *"And then we'll see how we develop. Maybe we'll have to go to Portugal or Spain and open a kind of branch to pre-train people before they come here. Why not?"* This entrepreneurial approach reflects the growing commercialization and decentralization of recruitment processes in the care sector, a trend also observed in the literature on the labor market of footballers (Poli 2010) and sex workers (Dahinden 2010). As Sandoz notes, intermediaries are not just facilitators; they actively shape migration flows in ways that are "more interventionist, however, less transparent" (Sandoz 2019: 16).

The liberalization of EU mobility for healthcare professionals and the practices of private intermediaries undoubtedly contribute to reshaping the labor market, particularly by encouraging temporary work performed mostly by young professionals. This situation reflects a power imbalance between healthcare institutions, which depend on intermediaries for staff, and intermediaries, who capitalize on workforce shortages. During our conversation, Fabrice openly acknowledged the poor reputation of placement agencies, often perceived as *"opportunistic"* actors exploiting both the struggles of employers and the precarity of the workforce. Nevertheless, he shared his efforts to reposition his agency as a partner to healthcare institutions, which, according to him, will have strong incentives to collaborate in securing necessary staff. Interestingly, a recent report by the Swiss health Observatory highlights a "rising trend in staff turnover" and an "increase in the employment of staff on fixed-term

contracts" in long-term care facilities (Merçay et al., 2021), partly attributed to the practices of private intermediaries.

Consequently, while moral considerations inform the arguments of intermediaries, who acknowledge numerous ethical challenges—such as opportunism—they nonetheless position themselves in a positive light through a form of normative inversion. They argue that if the European market endorses free mobility, then recruiting from abroad should not be viewed problematically. Similarly, if there is a desire for mobility within Europe, facilitating this process should be seen as supportive rather than exploitative.

5.1.3 Regional authorities' perspective: emphasizing national responsibility and advocating passive recruitment

François, a strategic advisor to the cantonal public administration, highlights a significant divergence between the approaches of cantonal authorities and private intermediaries in addressing the need for additional caregivers. While private actors often engage in proactive and competitive recruitment practices, he emphasizes the importance of *"respect between states."* He argues that public authorities cannot act in ways that *"disregard the repercussions for the regions from which healthcare staff are recruited."*

As part of the strategic planning to attract healthcare professionals to his canton, François advocates for a focus on national responsibility and a preference for what he calls *"passive recruitment"*—attracting candidates without engaging in active prospecting. While active recruitment, which involves proactively seeking out and soliciting international candidates, may be viewed negatively, passive recruitment is considered by François to be more ethical because the responsibility is more shared and diluted, resting partially with the caregivers who choose to pursue mobility themselves.

> *It's ethically questionable because we're obviously aware that attracting foreign practitioners, especially French ones, doesn't help France's medical coverage. On the other hand, we've set ourselves limits in the sense that we're not going to make aggressive approaches by seeking out healthcare professionals in French hospitals, by making presentations in regions where we say to French healthcare professionals, "Come on"—we don't do that. What we do is present what we can offer, and we can't stop individuals from preferring to live in Switzerland for various reasons. So, in fact, we help them have a better life. […] Personally, I wish more French people would prefer to work in France, but that's becoming less and less the case. And so, it's also up to France to do its job. With this stance, we can say to ourselves that we're relatively safe. (François, strategic advisor to the cantonal public administration).*

François' position emphasizes the freedom of choice of individuals to be mobile while also placing responsibility on each region or nation-state to make itself attractive to retain or recruit sufficient personnel. However, the European Union's agreement on the free movement of people limits possible measures to regulate the mobility of such personnel. Patrick, an executive from a cantonal migration service, acknowledges this constraint:

> *We're not going to be able to refuse an application that meets all the criteria laid down because it comes from a country that is losing all personnel in the sector concerned. We won't be able to do that.*

As noted by Sandoz (2019, 242), the complex interplay of intermediaries, administrative processes, and market dynamics dilutes responsibility. It is worth noting that many public

authorities—whether at the municipal, cantonal, or federal level—are actively working on initiatives to train sufficient healthcare personnel within Switzerland. While efforts and communication are focused on increasing training opportunities, Switzerland's salary attractiveness, its central geographical positioning, its embeddedness within European mobility regimes, and the historical migration care chains make mobility a central aspect of the Swiss healthcare system, beyond the scope of political and public initiatives. Juliette, an expert on Swiss healthcare personnel, reflects on this reality:

> *I see in my exchanges with cantons that are in the process of drawing up plans for self-sufficiency […] that in Switzerland—especially when you see where we are in the healthcare field—there is no sector of the economy where we are self-sufficient, if only because Switzerland is a small country; it is made up of borders and employment areas. Well, it's normal that there is a certain proportion of foreigners.*

While actors in public administration are committed to training initiatives and aspire to some degree of self-sufficiency in the healthcare workforce, these efforts coexist with broader mobility dynamics that, to some extent, remain beyond their control. Furthermore, they deflect responsibilities to other nation-states within Europe to create better working conditions for "their" healthcare workforce so that they are less interested in becoming mobile and coming to Switzerland to work.

5.1.4. Mobile caregivers' trajectories and perspectives

Caregivers also play a significant role in the moral economy of international recruitment, embodying the intersections of individual aspirations and structural labor market dynamics. The trajectories of Mariana and Clara, two young caregivers working in long-term care, illustrate these complexities. We chose to focus on them because their trajectories exemplify key patterns and challenges that we also found in other interviews.

Mariana, 28, grew up in Portugal and trained as a nurse. In 2020, she decided to work in Spain, where she practiced for a year before relocating to French-speaking Switzerland in March 2022. Before moving, she took French classes with other caregivers who were considering working abroad in French-speaking regions. As she emphasized during the interview, her decision was motivated by the promise of better working conditions and the support of her cousin, who was already working there. Currently employed as a nurse in the French-speaking region of Switzerland, Mariana envisions eventually returning to Portugal and/or transitioning to the field of beauty and skincare.

Clara, 23, is a French nurse who grew up in northern France and graduated in December 2022. After a few months of temporary work in France, she moved to Switzerland in April 2023 to work in home care, securing her position through an employment agency. She is a cross-border commuter, living with a family member on the French side of the border.

Both Mariana and Clara highlight the advantages of working in Switzerland, particularly higher salaries and better-defined daily tasks. Reflecting on their previous professional experiences in other national and regional contexts, they both described how staffing shortages in public long-term care facilities exacerbated difficult working conditions. Mariana noted:

> *I wanted to stay in my country, of course, but there it wasn't possible to do what I want in life. Here, I can travel and enjoy life a bit. There, I don't have that. But I hope things improve a little so I can return. But I don't know. […] In Portugal, there's a lot of debate about people leaving the healthcare sector to work abroad. That's a problem; they talk a lot about it, but there's no solution.*

Their narratives resonate with broader themes identified before: employers compete to attract and retain staff, the market is increasingly Europeanized (and globalized), and there is a national responsibility to create conditions that prevent healthcare workers from leaving.

The mobility trajectories of Mariana and Clara are also embedded in well-established transnational links, such as work-related migration between Portugal and Switzerland (which started in the 1970s), as well as cross-border mobility between France and Switzerland. Both relied, in part, on family members already working in the Swiss labor market to motivate their professional trajectories. As young European women in caregiving professions with ties to Switzerland, Mariana's and Clara's trajectories also reflect broader structural dynamics of the sector: caregiving remains a highly gendered profession, with employers often relying on young European female candidates to meet labor demands.

5.1.5. Converging logics in international recruitment

The analysis presented reveals the tensions in the moral economy of long-term care concerning international recruitment. While the actors involved navigate these tensions through distinct discourses shaped by their roles and interests, their practices collectively contribute to a shared outcome: a care labor market that capitalizes on freedom of EU mobility and reinforces existing economic inequalities between EU countries.

For employers, competition dominates discourses, as they prioritize filling positions over ethical concerns about exacerbating staff shortages in recruitment regions. Private intermediaries, such as employment agencies, shift the emphasis from a national to a European market, framing their role as facilitating inevitable mobility of European professionals rather than driving it, thus sidestepping ethical responsibility. Public administration actors stress national responsibility and advocate for passive recruitment, suggesting that other nation-states bear responsibility for retaining their healthcare workforce by creating conditions such that they will not leave.

Despite these differing discourses, their collective effects converge, exploiting the European principle of Freedom of mobility and Switzerland's strong economic position within Europe. This results in a recruitment pattern that reinforces existing gender and age dynamics by predominantly attracting young, mobile female caregivers from other European countries. The field actors we met acknowledged Switzerland's attractiveness—some even described the country as a *"major predator for healthcare personnel"* (Juliette, Swiss healthcare personnel expert)—but they relegate ethical concerns to the background. In fact, they normatively invert these considerations by positioning themselves as the "good ones": they argue that they facilitate not only the mobility of caregivers and the viability of long-term care but also support caregivers in achieving better working conditions and salaries. The downside of this logic of the moral economy is the potential increase or exacerbation of European and global inequalities.

5.2. Internal training

While European recruitment is the most discussed and debated form of mobility in public and political discourses surrounding healthcare personnel, other individuals with mobility experience also work in long-term care. These individuals did not move to join the care sector; rather, they moved to Switzerland for reasons such as seeking asylum or family reunification. Once in Switzerland, they subsequently enter the care sector. The key distinction from the previously discussed examples is that, in these cases, mobility is not directly linked to professional trajectories, although one can impact the other. For instance, mobility—such as that associated with seeking asylum—intersects with potential professional deskilling,

economic and legal precarization, and racialized representations, all of which partially shape professional opportunities in the region of residence. In this context, the long-term care sector in Switzerland, which employs low-skilled workers and offers short, affordable training programs like the health auxiliary certification provided by the Swiss Red Cross, can serve as an entry point into the labor market, in particular for migranticized and racialized people. Thus, in the realm of internal training, the moral economy appears to operate with a different logic compared to international recruitment. In what follows we will first present different stances in view of the ethical considerations facing differently positioned actors in the field: public administrators, basic training providers, and migranticized caregivers.

5.2.1 The public administration perspective: migranticized populations as a "practical," "inexpensive," and "win-win" solution to labor shortages

The unemployment of migranticized people is a topic of public debate and concern, and it ranks high on Switzerland's political agenda. Hence, making these people enter the care sector is perceived as a "practical," "inexpensive," and "win-win" solution to care labor shortages. In addition, training these individuals in long-term care is also framed as more ethical than recruiting trained personnel from abroad. First, it is argued that it avoids contributing to international labor shortages, and second, it is presented as beneficial for the individuals themselves by providing prospects for labor market integration. Contrary to the "refugeeization" of certain labor migration segments (Dines and Rigo 2015)—where people moving for work, for instance in agriculture, are seen through the lens of humanitarian protection (Pelek and Aksaz 2019)—we observe here the "commodification" of refugees and women who came to Switzerland through marriage, where both groups are treated as economic resources to address local labor shortages.

A new project launched less than a year ago, a so-called integration program for refugees in the long-term care sector, led by Pierre, exemplifies these approach and representations. This project, which aims to achieve the dual objectives of "professionally integrating refugees" and "training caregivers," illustrates the norms and values invoked in internal training programs targeting migranticized individuals.[5] This project which is placed outside the formal educational Swiss landscape, offers a 1-year training program that includes intensive language courses, specialized care courses, and practical internships. Those who complete the training are awarded the Swiss Red Cross health auxiliary certification. This certificate is highly sought after as it gives access to the field of basic long-term care, whether in residential care facilities or home care. To recruit participants, the project collaborates with cantonal refugee centers to identify individuals who might be available and interested in joining the program. However, as noted by Pierre, a significant challenge lies in finding enough participants willing to take part. Some refugees may not wish to move from their current centers, may not see themselves working in care, or may not have the availability to engage in such a program. Pierre insists on the importance of the project, describing it as an innovative initiative for the region that seeks to "train and engage people" who might otherwise have limited opportunities while staying in the asylum centers.

During our discussions, he raised the question of how to encourage participation, reflecting on the potential benefits of the program for refugees *"who may not always realize it."* This is, of course, a paternalistic attitude that is closely entangled with integrationism (Dodevska 2023; Manser-Egli 2026). It further highlights a broader discourse in "migrant integration programs" that reflects an assumption that the acquisition of specific skills, such as those provided by this type of training, will necessarily lead to stable employment and improved economic integration—a projection that remains uncertain and dependent on broader structural factors.

The approach of François, the strategic advisor for cantonal public administration, who also plans to offer integration programs to refugees according to the needs of certain sectors, is a good illustration of this:

> *Afterwards, some people will say, "Yeah, but we use them; we're opportunists." We're opportunists because we're using this labor force [refugees], poorly qualified, to make them do subordinate tasks that aren't interesting for the locals. Maybe, but I think it's the first step to integration, to becoming self-sufficient, to providing for yourself, then allowing your children to live here, then gradually … We often talk about social mobility. This social mobility is only possible if you can get your foot in the door. So, if they don't have the necessary qualifications, in terms of language, but they can start by doing that, then what you have to do is enable them … to have this social mobility. They'll start out doing that for five years, but after that, they'll learn the language better; they'll take courses … Especially in healthcare now, there are these different levels. They can become a certified nurse's aide, which allows them to move up in salary and perhaps have slightly more favorable working hours. Then they can take the next step; they'll earn more. This will enable them to finance more things for their children. And their children will be the ones to take the next three, four, or five steps.*

François adopts a discourse that is already well-documented in the social sciences scholarly literature, which consists of justifying the "deskilling"[6] of migranticized workers by asserting that they will ultimately benefit from it, such as by obtaining stable and satisfying jobs in the long term (Simonet 2018). These uncertain projections are difficult—if not impossible—to confirm or deny; yet in this moral economy they are mobilized to justify the sometimes precarious conditions of training and employment. This approach inversely applies ethical criteria: potentially exploitative working conditions, which are recognized as problematic even by those responsible for these programs, are reframed as "good for them." Similarly, in the training program Pierre is involved in, the demanding conditions—no vacations, no pay—are justified by the supposed guarantee of a job upon completion. Finally, we can observe another well-known aspect of this integrationist discourse: the argument regarding the "accountability" of refugees to the host country, which scholarly literature analyzes in terms of deservingness (Tošić and Streinzer 2022).

For example, Pierre shared that training refugees in long-term care helps improve their acceptance in the village where the training center is located. We observe here a classic twist in terms of morality: demographic aging can be used as a tool to negotiate the presence of refugees while racism structures these debates.

> *At an information session, a young woman wanted to oppose the project. She didn't live very far away. She was afraid: "I live on my own; I wouldn't like there to be antisocial behavior [done by refugees]; I'd be afraid." And I think this fear is justified. Then, an older woman replied, "But you know, one day these people might be doing your toileting in a residential care facility." She added, "I think it makes total sense for these people; we're short-staffed, it's difficult everywhere, and we're offering these people the chance to integrate via a training program that makes sense. Now you say that; [but] you're in good health, you're in your thirties. I can tell you that at some point we might ask ourselves the question differently." And I thought her remark was pertinent, and so no one dared speak up again. (Pierre, head of an integration program for refugees in the care sector).*

In these examples, the actors we met seemed to emphasize not only the contribution of new caregivers but also the fact that these programs would largely benefit refugees while combating existing racism in the local population. These optimistic and romantic projections are blind to (systemic) racism, deeply entrenched in integrationism, and do not consider other structural dynamics: discrimination, precarious legal status, and labor market segmentation all limit not only the professional opportunities but also the social and professional mobility of migranticized workers, who take up low-skilled jobs despite their previous qualifications and experience. Furthermore, the idea that the basic care sector can serve as a gateway to "integration" is based on a utilitarian and short-term economic conception, which risks reinforcing inequalities and can be understood as part of this logic of the moral economy.

5.2.2. Basic training providers in long-term care: relieving the welfare state while filtering and selecting "good candidates"

A number of actors point out that the care sector is a preferred area for migranticized people to access employment in Switzerland. They argue that basic training is short, inexpensive, requires no prior knowledge, and offers certain guarantees of stable employment, especially given the current labor shortage. Yet, another underlying logic exists within this moral economy, linked to the welfare state: at times, actors responsible for individuals reliant on social welfare—due to unemployment or dependency on social assistance—see these programs as a means to "activate" such individuals or "put them to work." In other words, these programs are seen by welfare system operators as a convenient tool to decrease the number of beneficiaries, thereby reducing welfare costs by "placing" them in the labor market.

Isabelle coordinates the Red Cross program to train health auxiliaries and admits that this is a privileged entry point for migranticized individuals in Switzerland. However, the attractiveness of this sector for professionals involved in labor market integration and job seekers, assigns Isabelle what she calls a "gatekeeping" role to avoid recruiting people who are not "suitable" for the job. While collaborating with migration services and regional employment offices—both parts of the Swiss welfare system that seek to place people in the program Isabelle oversees—she has had to clarify the implications and objectives of this training: in particular, "knowing how to care for older people," which is "not for everyone." Among those undergoing this training, the majority, according to Isabelle, are individuals who have experienced professional failures, faced precarious situations, and lost some of their self-confidence.

> *We have quite a few people who are a bit battered by life, whether they are Swiss or migrants. They don't need another blow. So, when we accept them, it's because we believe in their ability to make it through. (Isabelle, basic training manager in long-term care).*

Isabelle, therefore, takes a cautious approach to recruiting participants for her training, meeting each candidate individually. Her description of the participants as *"battered by life"* also seems to place her training at the crossroads between inclusion of vulnerabilized people in the job market and the risk of confronting them with new forms of precarization. Furthermore, although her training is highly recognized in Switzerland, other (private) providers have entered the market and seem to have lower admission criteria. Isabelle is wary of this competition:

"There is competition in the training of health auxiliaries. […] Right now, for example, there's a course that's 100% online. So, you're going to learn how to clean toilets online! […] When I found out, I wrote a letter to all the residential care facilities and care establishments to inform them of the differences between them and us. We have certification. We have a quality label, we have a reputation, we have course material that is … It doesn't come out of nowhere. It took five years to create this course material [she points to it]."

The emergence of new (and private) actors in the field of basic training for health auxiliaries, with less rigorous admission criteria, could lead to a downgrading of certifications, to the detriment of care quality. The need for healthcare personnel in the long-term care sector is thus prompting different actors to become involved in training or recruiting staff. Therefore, delegating care work to migranticized individuals can also mean increasing the importance and place of intermediaries in healthcare staff training and recruitment practices. This is yet another form of commodification of the care sector, one that is linked to the welfare state and that underlines an economic dimension of the moral economy characterizing this field, showing how market forces and policy decisions determine who is considered fit for care roles.

5.2.3 Migranticized caregivers' trajectories and perspectives

To conclude this second part of the analysis, we briefly present the trajectory of Yonas, a young individual who trained in Switzerland in long-term care. His trajectory illustrates how the demand for staff and the accessibility of training in care can (in)directly encourage certain individuals to pursue a career in this sector.

Yonas, 29, works as a care assistant in a residential care facility. He arrived in Switzerland at the age of 20 as an asylum seeker with Eritrean nationality. While his asylum application was being processed, Yonas was housed in a collective center. During the 2 years it took to obtain recognition of his refugee status, Yonas received support from a retired couple who volunteered to help him navigate various administrative procedures and provided companionship in his daily life. This couple introduced Yonas to the field of long-term care during a visit to a residential care facility where they were assisting an older relative. Observing Yonas in this context, the man from the couple suggested that he might be well-suited for a career in long-term care, particularly given the high demand for staff. Yonas then undertook training as a care and support assistant.

Importantly, in the field of asylum, age plays a central role. The Agenda for Integration Switzerland (AIS), a national program established by the Confederation and the cantons to accelerate and enhance "the social and professional integration of refugees in Switzerland," states that "young refugees are prepared to pursue post-compulsory education, while working-age adults acquire the skills needed to enter the labor market" (SEM 2019). The age threshold is often set around 30 years; individuals below this threshold, most of whom are male, are generally directed toward training programs—such as Yonas—while those above it are oriented toward the labor market.

In other words, we can identify here yet another underlying logic of the moral economy in this field: age becomes closely, while implicitly, related to a rational-choice calculation in answering the question: in terms of education and training, whom should the Swiss state invest in? The younger, the more potential the state sees in investing in training; the older, the less the Swiss state is ready to invest, mirroring a kind of systemic ageism.

5.2.4 Converging logics in internal training

Addressing internal training within the moral economy of long-term care exposes a complex tension between viewing entire groups, such as refugees and other migranticized

populations, as available labor and evaluating individuals based on their "suitability" for care work. Public administration actors often represent migranticized populations as practical and cost-effective solutions to labor shortages in long-term care, supporting their training as a way to ethically enhance the labor market while promoting their "integration." Training providers play a central role in filtering candidates and offering training opportunities that address both economic and social welfare needs. Caregivers' trajectories illustrate how the long-term care sector serves as a gateway into the labor market, reflecting the broader sociopolitical context in Switzerland.

While field actors may vary in their discourses and approaches, their practices often lead to similar outcomes and mechanisms. This includes the issue of normative inversion, where there is an awareness of difficult or potentially exploitative working conditions and training; yet this is portrayed as mutually beneficial in the long run, serving both the Swiss healthcare (and welfare) system and the individuals themselves. However, such representations mask underlying structural inequalities, racism and contradictions.

For instance, the Swiss asylum system and the marginalized status of migranticized and racialized individuals create conditions that funnel many into the care sector. These individuals encounter limited job market access and are often directed toward low-skilled roles in response to labor shortages. Age also plays a significant role, as younger migranticized individuals are prioritized for "integration," perceived as having longer professional futures and greater flexibility. Collectively, these discourses contribute to a subtle dehumanization, reducing individuals to their perceived economic utility and framing them through a lens of efficient human resource management.

6. Conclusion

Drawing on the concept of moral economy and applying a mobility lens, we have shown how a variety of actors—employers, intermediaries, public administrators, training providers, and caregivers—mobilize moral justifications to legitimize recruitment and training practices that reproduce racialized, gendered, age-based, and migranticized hierarchies in the long-term care sector.

Rather than resisting commodification, the moral norms we identified are often embedded within and support market logics. Whether through international recruitment or internal training programs targeting migranticized populations, actors invoke ethical rationales (e.g., integration, opportunity, mobility) that serve to obscure and normalize structural inequalities and racism. This convergence of distinct moral regimes contributes to a segmented and hierarchical care labor market, particularly in Europeanized and globalized contexts.

Our article advances the literature on the moral economy of care for mobile caregivers by elucidating the specific mechanisms of normative inversion mobilized by field actors to legitimize contested recruitment and training practices. Unlike studies that identify a shared set of dominant norms governing interpersonal relationships (Näre 2011), we demonstrate how divergent moral logics can coexist and serve a single structural outcome: the reproduction of an asymmetric transnational and national order. Rather than acting as a counter-force to market exploitation, the moral economy in this context functions as a screen, obscuring the convergence of these distinct ethical justifications.

Consequently, we conceptualize the moral economy not merely as a set of informal norms, but as an invisible grammar and a tool of governance that allows actors to navigate systemic contradictions without considering themselves immoral: actors present their practices as "doing good," be it by offering mobile caregivers better working conditions than in their countries of origin, or by "supporting" them in social mobility aspirations. In this context, research should

continue to critically examine how institutionalized moral reasoning becomes an apparatus that organizes, justifies, and sustains the global political economy of care, effectively depoliticizing the structural hierarchies of race, gender, and migration status that underpin it.

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Conflicts of interest

None declared.

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Ethical approval

This project has received ethics approval from the Ethics Commission of the University of Neuchâtel, Switzerland, on June 30, 2023.

Notes

1. In this article, references to "Europe" or "European" dynamics primarily concern the European Union. Although Switzerland is not an EU member, its care labor market is deeply embedded in these European mobility regimes. For example, Switzerland's Agreement on the Free Movement of Persons (AFMP) with the EU gives EU citizens free mobility rights and allows the circulation of professional caregivers. Switzerland also takes part in the EU-Schengen and Dublin Agreements.
2. The training the Red Cross delivers is not formally part of the Swiss dual-track education system. It is less intensive, leads to lower salaries, and targets mainly migranticized individuals residing in Switzerland.
3. Switzerland is known for its dual-track educational system, which includes academic training at universities or universities of applied sciences and vocational education and training (VET). The latter provides a certified professional diploma after 3 or 4 years.
4. In Switzerland, the Red Cross is responsible for foreign diploma recognition procedures.
5. For reasons of confidentiality and anonymization, we did not add links to the website of the project.

6. It should be noted that the professional deskilling of migranticized persons with care training prior to their arrival in Switzerland is not presented as a central issue in the Swiss case.

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