

**INTERNATIONAL FEDERATION OF AGEING
10TH. GLOBAL CONFERENCE
MELBOURNE AUSTRALIA: 3-6 MAY 2010**

**FACTORS AFFECTING THE JOB SATISFACTION OF MIGRANT LIVE-IN
HOMECARE WORKERS IN ELDER CARE IN ISRAEL**

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AGING IN ISRAEL

- The elderly people (age 65+) currently compose 10% of the total population
- Is expected to increase to 13.7% by 2030 (Israel Bureau of statistics, 2010).
- The age-group of 75+ represents 46.4% of the total population aged 65 and over and is expected to increase to 49.1% by 2030 (Israel Bureau of statistics, 2010).
- Life expectancy at birth in Israel is 79 for men and 82.5 for women. At the age of 65 life expectancy is 18 for men and 20.2 for women (WHO, 2009)



FRAILTY



- 16.5% of those aged 65 and over are disabled, either physically or cognitively, and need help with ADL.
- 38.9% of those aged 80+ are frail.
- More women than men are functionally disabled (20% and 12%, respectively).
- Most of the frails (80.1%) live in their homes (Brodsky, Snoor, & Beer, 2009).

LIVE-IN MIGRANT HOMECARE WORKERS



- During the early 90s manpower agencies started to recruit migrant live-in homecare workers.
- This was in line with the general policy of the government to privatize social and health services.
- In 1991, the Law of Foreign Workers was enacted, thus legitimizing the employment of migrant workers, including homecare workers.
- The law was followed by a series of other laws, regulations, and rules that define the rights and the working conditions of these sector of workers.
- Legal workers need a visa and a work permit. The employment of illegal workers is strictly prohibited.
- To-date there are about 57,000 migrant homecare workers, most of them are Filipinos.

Migrant Homecare Workers

Migrant workers in elder care in Israel is becoming a significant factor in enabling frail elderly people to age in place.

The issue of migrant workers who provide care to frail elderly persons is rapidly becoming a global multi-faceted issue, in particular in Western European countries.

Yet, there is a dearth of research on this issue.

Research findings show that job satisfaction of homecare workers affects quality of care and is affected by quality of relationships with the care recipients.

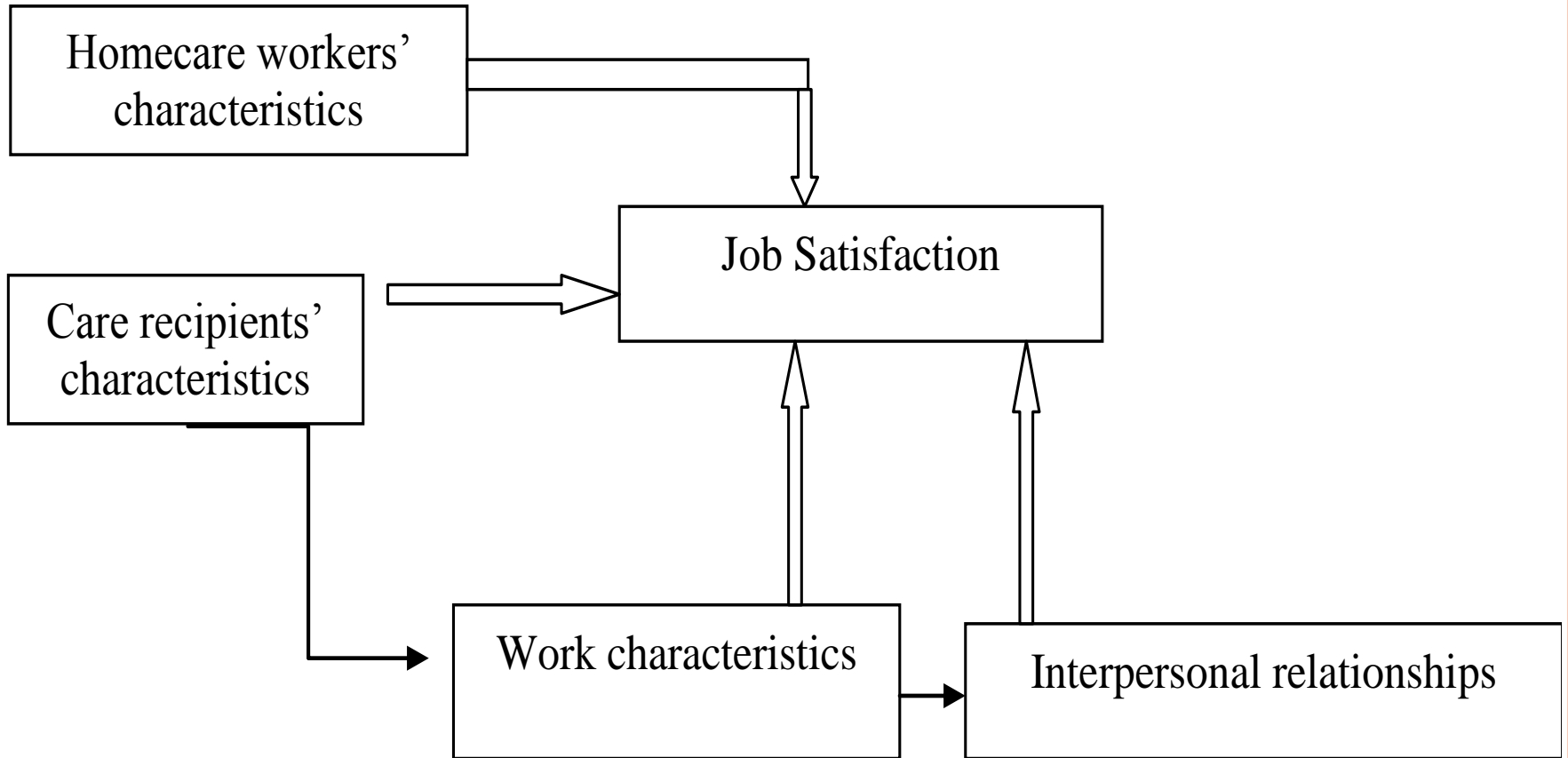
No previous studies examined the factors that affect job satisfaction of migrant live-in homecare workers. It is therefore important to examine these issues.

RESEARCH GOALS

- The goals of the study are twofold:
 1. To examine the job satisfaction of migrant live-in homecare workers.
 2. To identify the factors that best explain their job satisfaction.



Research Model



METHODS

Sample

- The sample included 335 triads: Mentally intact older care recipients, primary caregivers of the care recipients, and their migrant live-in homecare workers.
- Only migrant homecare workers from the Philippines were included because they make up the majority of migrant homecare workers in Israel and to control for the cultural background of the homecare workers.



METHODS – VARIABLES AND MEASURES

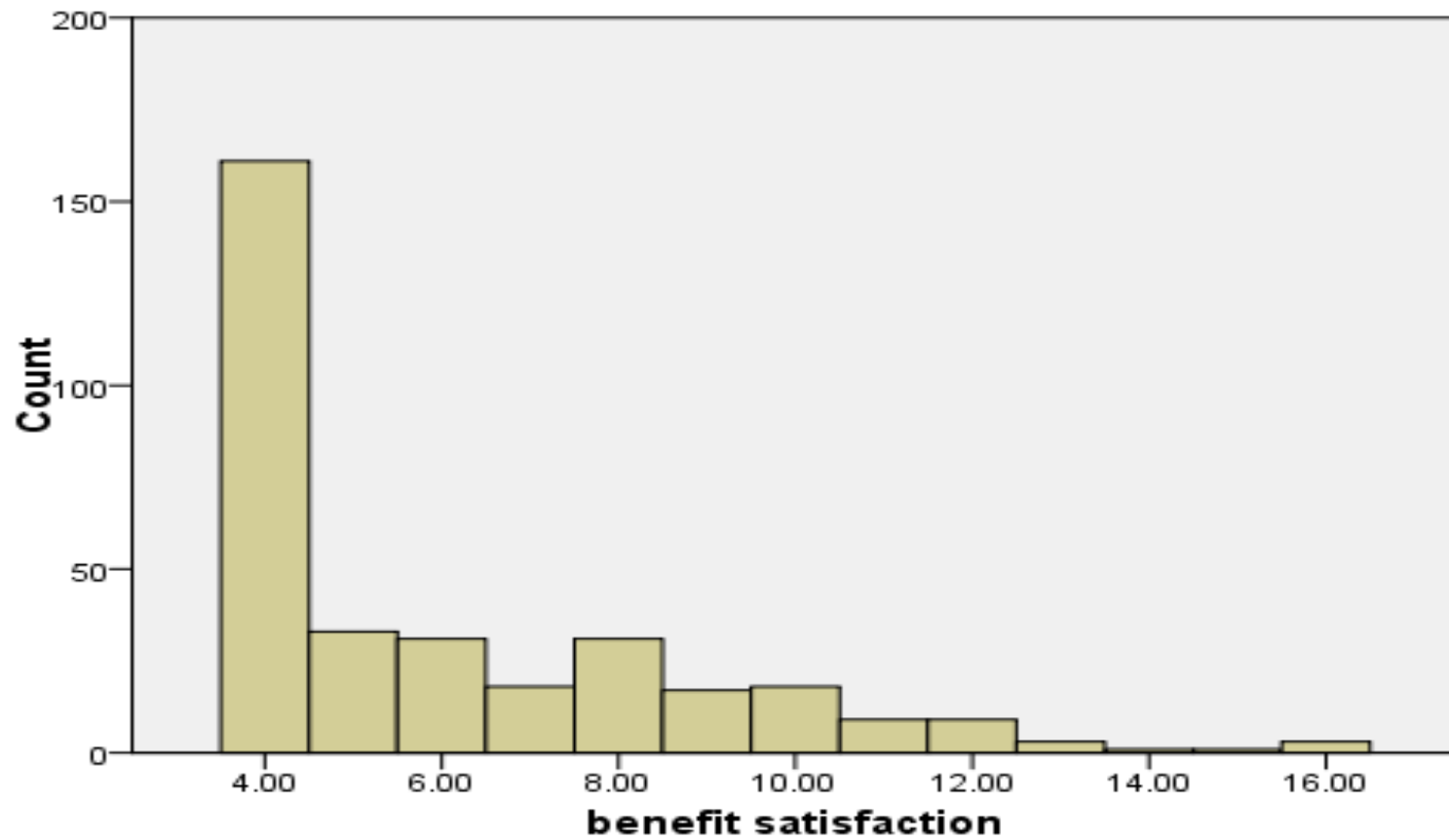
- Dependent Variable-
- **Job satisfaction-** Grau, Chandler, Burton, & Kilditz, (1991) Job satisfaction scale. Includes 16 items: 12 for intrinsic satisfaction and 4 for benefit satisfaction. Internal consistency was high ($\alpha=.94$).
- Independent Variables
- **Socio-demographics-** age, gender, education, marital status, number of children.
- **Quality of relationships-** Lyonette and Yardley (2003) Relationships in elder care (*RECS*) measure, which includes 12-item scale. Scores for each item range from 1 (very good) to 5 (very bad). The measure was accommodated and included 10 item for the migrant worker ($\alpha=.81$) and 9 items for the care recipient ($\alpha=.89$).
- **Work characteristics** –Pitsenberger (2006)-definition of work psychosocial characteristics scale that includes 6 dimensions. Only 2 were used: effort (6 items) ($\alpha=.71$) and autonomy (4 items) ($\alpha=.75$) at work

FINDINGS

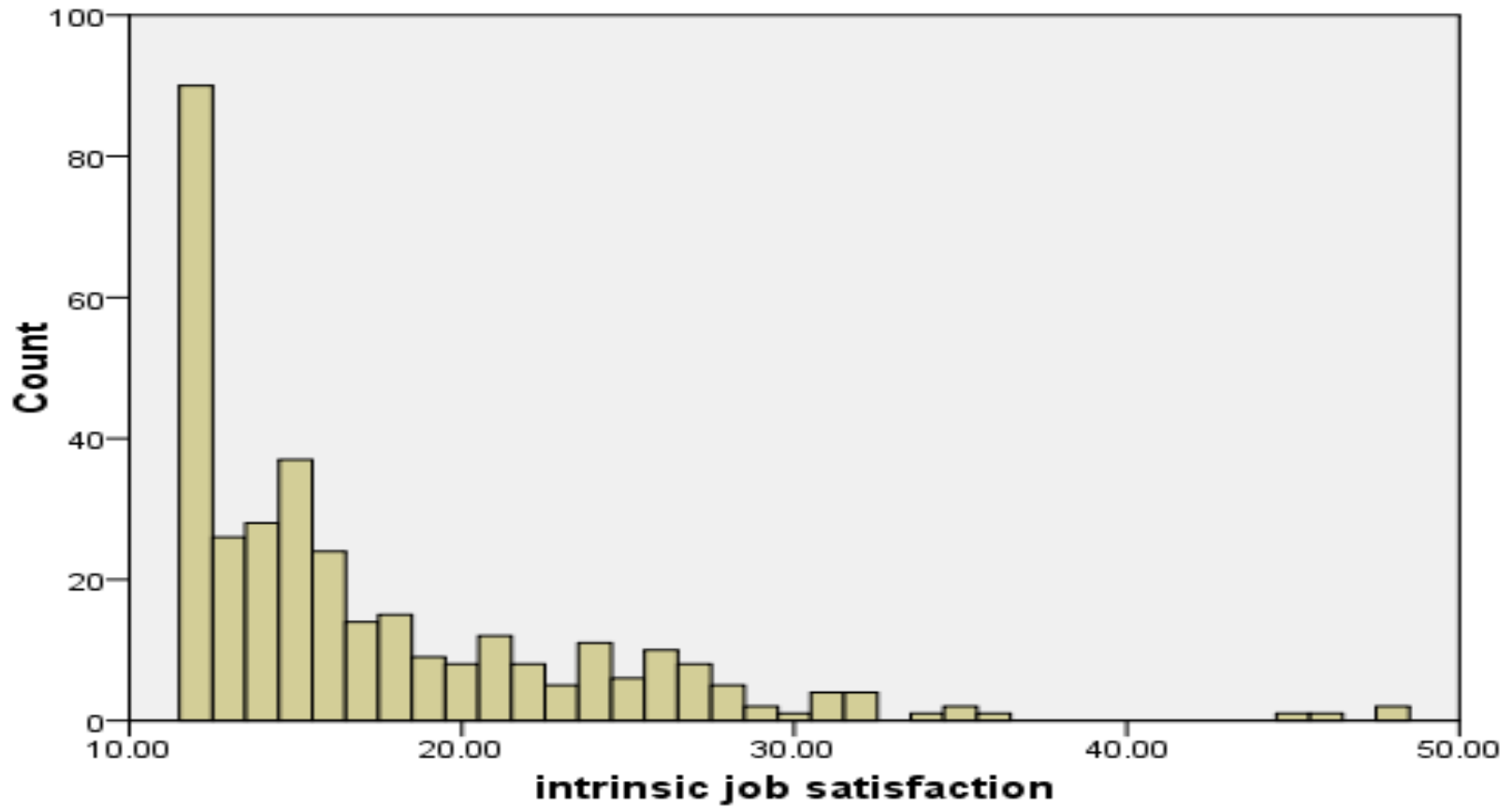
Respondents' Characteristics (N=335)

Variable	Care Recipient			Primary caregiver			Migrant homecare worker		
	%	M	SD	%	M	SD	%	M	SD
Age		83.80	6.69		57.31	11.44		36.07	7.18
Gender									
Men	30.7				41.8			14.6	
Women	69.3				58.2			85.4	
Education									
0-8	48.7				9.9			11.7	
9-12	28.3				36.4			23.0	
13+	23.0				53.7			65.3	
Place of birth									
Asia-Africa	39.4								
Europe-America	46.0								
Israel	14.6								
Marital status									
Married	25.1				79.1			58.5	
Unmarried	74.9				20.9			41.5	
Number of children		2.85	1.76		2.62	1.41		1.29	1.36
Living arrangement									
Lives alone	68.1								
With a spouse	24.7								
With others	7.2								
Profession									
No-profession					31.2			6.0	
Engineering/technical					14.4			1.8	
Helping professions/homecare workers					13.2			70.2	
Otherwise					41.2			22.0	

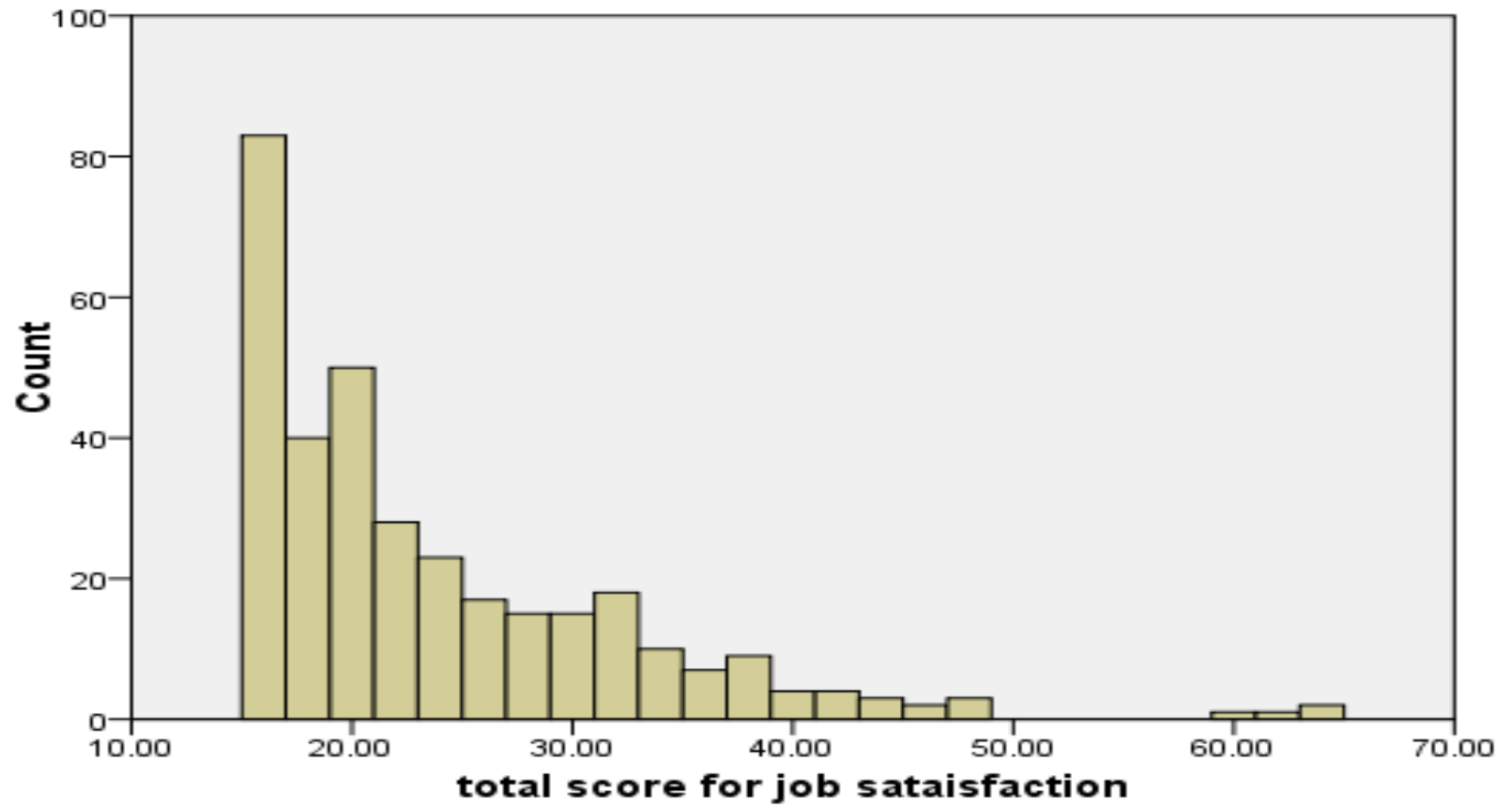
FINDINGS



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Stepwise Regression Analysis of Factors Explaining Job Satisfaction¹ of the Migrant Homecare Workers

Variable	B	SE	β	R ²
Autonomy at work	-1.48	.31	-.25***	.06
Relationship of care recipient with homecare worker	.17	.06	.15**	.10
Number of children living in same city	.83	.25	.17***	.13
Education of the homecare worker	-.59	.21	-.15**	.16
Experience as homecare worker	-.03	.01	-.11**	.17

DISCUSSION

- The job satisfaction of migrant homecare workers was found to be high.
- These results are not surprising because whenever a worker is not satisfied s/he can resign and get another client. For example, 24.3% had another employer before but resigned because of various problems such as: salary, relationships with family members, communication, or because the work was too hard.
- Job satisfaction was explained by a variety of factors: Worker's education and experience in the field of homecare and autonomy at work, suggesting that less qualifications but more discretion at work make the worker more satisfied. Also, when the attitude of the care recipient towards the care provider is more positive and expresses appreciation and intimacy the worker was more satisfied.
- Yet, when there were more children living in close proximity, suggesting more supervision and control, decreased the level of job satisfaction.
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DISCUSSION (CONTINUED)

- Unexpectedly, the perceived quality of relationships between the migrant homecare worker and the care recipient from the perspective of the worker was insignificant. The question is why?
- Several explanations can be provided:
 1. To avoid exploitation and abuse they define and structure the limits of their job by perceiving their job as a formal place of work and therefore their perceived relationships with their care recipients are insignificant.

DISCUSSION (CONTINUED)

2. Because they have formed their own ethnic communities with whom they meet on weekends, keep relations by phone etc. they actually get social support from their peer group.
3. The measure used to probe interpersonal relationships from the perspective of the homecare worker is inappropriate and other measures should be used to probe this variable, taking into account their cultural background.
4. The interview was conducted at the care recipient's home.

IMPLICATIONS

- **For research** - More research is needed to understand the factors that affect the job satisfaction of migrant live-in homecare workers, the quality of care, and the wellbeing of the care recipients.
- **For practice** – Social workers should play a key role in helping homecare workers to identify factors that hinder their job satisfaction. Satisfied workers can reduce the number of cases of elder abuse and increase quality of care.



**THANK YOU FOR YOUR
ATTENTION**