What Makes Migrant Live-in Home Care Workers in Elder Care Be Satisfied With Their Job?

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Purpose: The study aims to examine job satisfaction of migrant live-in home care workers who provide care to frail older adults and to examine the extent to which quality of relationships between the care provider and care recipient and workplace characteristics is associated with job satisfaction. Design and Methods: A convenience sample that included 335 dyads of Philippine workers and their frail care recipients were recruited through 2 national home care agencies and snowballing. Multiple regression analyses examined the extent to which workplace characteristics, quality of relationships, care recipient characteristics, and care worker characteristics explain job satisfaction. Results: Scores for job satisfaction, quality of relationships, and workplace characteristics were strongly positive. Overall and intrinsic job satisfactions were explained by workers’ qualifications, workplace characteristics, and quality of relationships from the perspective of care recipients, whereas satisfaction with benefits was affected by workplace characteristics and quality of relationships from the perspective of the care workers. Implications: Findings suggest that workers who were better qualified in terms of more years of formal education and more years as care workers and who reported improved workplace characteristics, in particular more job decision authority and variety, reported increased job satisfaction. Therefore, enabling migrant live-in care workers more job decision authority and variety may increase their job satisfaction. More research is needed to deepen our understanding of additional job-related characteristics that explain job satisfaction among this group of care workers.

Key Words: Migrant home care workers, Live-in, Workplace characteristics, Quality of relationship, Job satisfaction

Background

The fact that families no longer live geographically near one another or cannot care for an aging parent because of pressing demands of career and children (Harrington, 2000) has resulted in tremendous growth in the home care industry. Thus, in North American countries, as well as in Europe, home care workers are one of the fastest-growing occupational groups (Schmoll, 2006; Sims-Gould & Martin-Matthews, 2010; U.S. Bureau of Labor Statistics, 2010). This is because home care workers are the backbone of long-term home care services and provide frontline hands-on services to frail older adults. In most countries, most paid caregiving jobs are performed by paraprofessionals who are women (Anthias, 2000; Chichin, 1989) or low-wage workers (Butler, Simpson, Brennan, & Turner, 2010; Yamada, 2002) with relatively low levels of education than other aide categories (Stone & Harahan, 2010), causing many of them
to be dissatisfied with their work (Feldman, Sapienza, & Kane, 1990). Job satisfaction refers to the extent to which an employee likes his or her job and whether or not it meets his or her material, social, and emotional needs (Hodson, 2005). Job performance is clearly influenced by job satisfaction (Judge, Thoresen, Bono, & Patton, 2001). Previous studies showed that, in general, care workers reported moderate to high levels of job satisfaction (e.g., Castle, Engberg, Anderson, & Men, 2007; Ejaz, Noelker, Menne, & Bagaka, 2008; Friedman, Daub, Cresci, & Keyser, 1999) despite poor pay, lack of benefits, heavy workloads, high levels of stress, as well as occupational injury, job insecurity, and feelings of devaluation (Denton, Zeytinoglu, Kusch, & Davies, 2007).

In recent years, immigrant workers form a growing segment of the labor pool for these positions (Browne & Braun, 2008; Khatutsky, Wiener, & Anderson, 2010; Redfoot & Houser, 2005; Solari, 2006; Timonen & Doyle, 2010; Timonen, Doyle, & Prendergast, 2006) with at least one in four home care workers being foreign born (Stone & Dawson, 2008).

This study aims to examine job satisfaction and to identify factors that contribute to job satisfaction among a growing and unique segment of home care workers—Philippine migrant live-in workers. Issues such as quality of care, working conditions (Morris, 2009), worker–client relationships (Eustis & Fischer, 1991; Eustis, Kane, & Fischer, 1993), salary and benefits, and other aspects of home care services and their impact on workers’ job satisfaction have gained attention in the research literature. For example, research findings (Benjamin, Matthias, & Franke, 2000; Feldman et al., 1990) indicate that workers were more satisfied with their jobs if they felt personally responsible for their work, had more discretion about how they did their work, received ongoing feedback from their supervisors, and had good relationships with their clients. This suggests that relationships between home care workers and care recipients as well as workplace characteristics are key factors affecting workers’ job satisfaction.

Job satisfaction may have ramifications on both the quality of care and work commitment, which in turn may be influential in reducing or delaying nursing home admission (Greene, Lovely, & Ondrich, 1993; Navaie-Waliser, Lincoln, Karuturi, & Reisch, 2004; Stone & Dawson, 2008). Although most previous studies have examined live-out home care services, empirical studies examining the factors that are associated with job satisfaction among live-in migrant workers have barely been conducted.

Migrant Live-in Home Care Workers

Employment of migrant home care workers has become an emerging global issue due to the severe shortage of local workers, and there are growing concerns about the ability of the long-term care workforce to keep pace with the growing needs for care (Bryant & Stone, 2008). This issue has been broadly discussed in the literature during the past decade (e.g., Browne & Braun, 2008; Cangiano, Shutes, Spencer, & Leeson, 2009; Lutz, 2002; Phizacklea, 2000; Priester & Reinardy, 2003; Redfoot & Houser, 2005; Ungerson, 1999, 2003). Migrant care workers arrive in numerous aging societies and Mediterranean countries in particular (including Israel) have attracted large flows of care migrants (Bettio, Simonazzi, & Villa, 2006), thus enabling severely disabled older persons to age in place (Browne & Braun, 2008; Degiuli, 2007; Howe, 2009; Redfoot & Houser, 2005).

Migrant care workers drawn from a wide ethnic and broad cultural spectrum are recruited from developing countries in the Far East, in particular the Philippines, Eastern European countries, Africa, and South America. For example, in 1995, there were about 4.2 million Philippine workers who were working overseas, in particular in North American countries (Department of Labor and Employment, 1995). Some of them are live-out workers, whereas others are live-in. In Israel, a significant proportion (about a third) of frail older persons receives home care services from migrant live-in workers, about half of whom come from the Philippines (Bar-Zuri, 2010).

In contrast to live-out workers, migrant live-in home care workers actually share their lives with the care recipients and spend many daily hours with them. It is thus hypothesized that the quality of the relationship between workers and their care recipients as well as workplace characteristics are critically important determinants of job satisfaction among the specific group of live-in care workers. Therefore, the purpose of the study was to understand the extent to which these factors affect job satisfaction of migrant live-in home care workers who provide care to frail older persons.
Factors Affecting Job Satisfaction of Home Care Workers

Previous studies found that a multiplicity of organizational, personal, and work-related variables affected the job satisfaction of home care workers. Skill discretion (Claes & Van de Ven, 2008; Mikkelson, Ogaard, & Landsbergis, 2005), worker dignity (Stacey, 2005), good quality of relationship between the care provider and care recipient (Chichin, 1992; Friedman et al., 1999; Grau, Colombotos, & Gorman, 1992), being fairly paid, having good benefits, social support (Delp, Wallace, Geiger-Brown, & Muntaner, 2010; Denton, Zeytinoglu, & Davies, 2002), training programs (Coogle, Parham, Jablonski, & Rachel, 2007), length of work in the field of home care, supportive leadership practices (Buelow, Winburn, & Hutcherson, 1999), and variety at work (Friedman et al., 1999) were all shown to have had direct positive effects on job satisfaction. Fear of job loss, heavy workloads, lack of organizational support, abuse from consumers, unpaid overtime hours, and caring for more than one consumer, as well as work–health demands were found to be connected with less job satisfaction (Denton, Zeytinoglu, Kusch, Davies, & Lian, 2002). Background characteristics of the workers, such as age, gender, race, education, and marital status, were less important or were inconsistent in affecting job satisfaction (Denton et al., 2007; Ejaz et al., 2008; Friedman et al., 1999; Royse, Dhooper, & Howard, 1988). Although these studies examined the general home care workforce, discourse on factors affecting job satisfaction among live-in migrant workers is still rare.

This study adds to the current knowledge base in at least two ways: First, the study provides data on the job satisfaction of migrant live-in workers who are a specific emerging group of home care workers. Second, the study aims to shed light on factors leading to self-perceived job satisfaction among migrant home care workers who coreside with their care recipients. Of particular interest is the effect of the quality of relationship between the care recipients and their care workers on their job satisfaction. This is a very novel area of inquiry (Timonen & Doyle, 2010), and extremely relevant to this group, taking into account that live-in workers, unlike live-out workers, are available around the clock and actually share their lives with the care recipients. The hybrid nature of live-in workers round the clock employment (Ungerson, 1999, 2003) is expected to result in their becoming more dependent, close, and strongly committed to their care recipients, who are also their employers (Anderson, 2007; Degiuli, 2007; Lutz, 2008; Ungerson, 2004). Therefore, this study can provide better insight and understanding of the factors that contribute to job satisfaction of live-in home care workers and thus may increase retention and improve quality of care.

Based on Faul and colleagues’ (2010) model and the literature review, four groups of variables were hypothesized as necessary to explain job satisfaction (Figure 1). These include (a) workplace characteristics, (b) quality of relationships between the care recipient and home care worker, (c) demographics and health-related characteristics of the care recipients, and (d) sociodemographics and work experience of the care provider. In this study, care recipients’ and workers’ characteristics were treated as covariates.

Methods

Sample

The sample included 335 dyads of care recipients and their migrant live-in home care workers. Respondents were recruited through two national home care agencies (one for-profit and one non-profit). In Israel, the vast majority of home care agencies, which include for-profit and not-for-profit organizations, provide home care services under the long-term care insurance law and therefore are required to meet the same standards (e.g., staffing, monitoring, fees-for-services, employment conditions) (Schmid, 2005).

They were chosen because they were accessible to the researcher and agreed to cooperate. Only Philippine workers were included for three main reasons: First, the Philippines is a leading labor...
exporting country for many Western countries, including Israel, where they compose almost half of the live-in migrant home care workers; second, Philippine migrant home care workers compose a unique and different ethnic group compared with other ethnic migrant home care workers in terms of their social networks. Their long presence in Israel has led to the development of well-organized community and social networks that support their members emotionally, instrumentally, or financially and they are used to meeting together on weekends and sharing various social and religious activities (Drori, 2009); and third, to control for cultural and language factors that can confound the research results.

The lists from both agencies included altogether 462 care recipients, of whom only 237 dyads were interviewed. Among those who were not interviewed were 95 older care recipients who were cognitively impaired and were thus unable to be interviewed, 20 who had died, 79 who refused, and 31 who were unavailable. In addition, 98 dyads were recruited using snowballing by asking the interviewees if they knew other older persons who employed Philippine live-in migrant home care workers. If their answers were positive, they were asked to give their names and telephone numbers, and the interviewers contacted them. No significant differences were found between the two groups of interviewees in terms of the demographics of care recipients and care workers (e.g., age, gender, education, marital status, number of children).

Data Collection

Prior to data collection a pretest was conducted with 10 dyads that volunteered to be interviewed (but were not included in this sample) in order to examine the clarity of the questionnaires. After analyzing the responses, several modifications were made in the questionnaires. A prenotification letter was sent to participants explaining the goals of the study, assuring them of confidentiality, and notifying them that an interviewer would contact them the next week via telephone. A week later, interviewers telephoned the older persons and asked their consent to be interviewed. If they agreed, appointments were made with the participants.

Data were collected through face-to-face interviews at the care recipients’ homes. To assure privacy and confidentiality, the interviews were conducted with the worker without the presence of any other person, and the same was done with the care recipient. Interviews were conducted using structured questionnaires, one for home care workers and one for care recipients; data were collected between September 2008 and August 2009. Care recipients underwent a mini-mental screening test (Folstein, Folstein, & McHugh, 1975) at the beginning of the interview, and only those who were cognitively intact were interviewed.

All interviews with care recipients were conducted in Hebrew, and with the home care workers either in English or in Hebrew, depending on their fluency and preference. Thus, the majority (308) of the workers were interviewed in English and only 27 in Hebrew. The Institutional Ethics (Helsinki) Committee of the University Medical Center approved the study design, and informed consent was obtained from all participants.

Variables and Measures

Based on back-translation method, as recommended by several authors (e.g., Werner & Campbell, 1970) to evaluate adaptability and validity of the measures, the English version was translated into Hebrew by two bilingual translators and then from Hebrew into English and again into Hebrew, until there was agreement between the two translators that the Hebrew version fit the original version.

Outcome Variables

The Job Satisfaction Scale of Grau et al. (1991) was used. The measure includes two dimensions: (a) intrinsic job satisfaction with 12 items. Sample items include the following: “I am given a chance to do the things I do best”; “I am given a chance to be helpful to others”; and (b) satisfaction with benefits with four items. Sample items include the following: “The pay is good”; “The fringe benefits are good”. Scores for each item included a 4-point Likert-type scale (from 1 = not true at all to 4 = very true). Scores were summed and ranged from 12 to 48 for intrinsic job satisfaction, 4 to 16 for benefit job satisfaction, and 16 to 64 for overall job satisfaction, so that higher scores indicate a higher level of job satisfaction. The instrument was used in previous studies that included home health aides (Grau et al., 1992) and nurse aides in a long-term care facility (Grau et al., 1991). In this study, Cronbach’s...
alpha indices of reliability were .84 for intrinsic satisfaction, .72 for benefit satisfaction, and .94 for the entire scale of job satisfaction.

Independent Variables

Perceived workplace characteristics and quality of relationships were the independent variables. 
Pikhart and colleagues’ (2001) measure of work psychosocial characteristics, that includes 30 items, was used with each item scoring 1 (yes) or 0 (no). The 30 items are divided into six dimensions: effort at work (6 items; sample item included the following: “There is constant time pressure in my job due to a heavy workload”), with scores ranging from 0 to 6 with higher scores indicating much effort; reward at work (11 items; sample item included the following: “Are you treated unfairly at work?”), but 1 item (“Are the promotion prospects in your job poor”) was dropped because it was irrelevant for this type of worker. Negative items were reversed into positive, thus scores ranged from 0 to 10 with higher scores indicating more rewards; job demand (1 item: “Do you have to work very intensively?”); job decision authority (4 items; sample item included the following: “Do you have a choice in deciding how you do your work?”) with scores ranging from 0 to 4 and higher scores indicating more decision authority; social support at work (4 items; sample item included the following: “Do you get help and support from your colleagues?”) with higher scores indicating more social support; and finally, job variety (4 items; sample item included the following: “Does your work demand a high level of skill or expertise?”), with scores ranging from 0 to 4 with higher scores indicating more variety. The authors reported that Cronbach’s alpha for the various dimensions ranged from .74 to .85. Internal reliability Cronbach’s alpha in this study were lower; dimension for effort at work was .71, for reward at work .56, job decision authority .75, social support at work .67, and job variety .55. The overall internal reliability Cronbach’s alpha for the entire measure was .70.

Quality of relationships was examined by using the Relationships in Elder Care measure of Lyonette and Yardley (2003), which was adjusted to probe quality of relationship from the perspective of both home care workers and care recipients. The measure includes 12 items—six positive statements and six negative. The negative statements were reversed into positive with scores for each item ranging from 1 (strongly disagree) to 5 (strongly agree). Sample items included the following: “I have always got on well with the older person,” “The older person understands that I have a life of my own,” and “I respect the older person.”

To examine the perspective of the care recipient, the measure was modified accordingly. For example, items such as: “I have always got on well with the older person” was changed into: “I have always got on well with my home care worker”. In addition, three items were dropped because they were irrelevant or unclear to the care recipients in the pretest, for example, “My caregiver understands that things have changed since his/her generation.”

The final measure used to examine the perspective of care recipients included nine items with scores ranging from 9 to 45, with higher scores indicating better quality of relationships. Internal consistency Cronbach’s alpha was .79. The measure for the home care workers’ perspective included 10 items because 2 irrelevant items were dropped (“I had a good relationship with the older person in the past” and “The older person understands that things have changed since his/her generation”), with scores ranging from 10 to 50, with higher scores indicating better quality of relationships. The internal consistency Cronbach’s alpha was .81.

Covariates

These included characteristics of both care recipients and their careers. Care recipients’ characteristics included age, gender, education, marital status (coded as 1 = married and 0 = unmarried), ethnicity (coded as 1 = born in Europe/America and 0 = otherwise), comorbidity, and functional status. Ability to perform activities of daily living (ADL) was assessed using the measure of Katz, Down, Cash, and Grotz (1970) that includes eight items, with scores for each item ranging from 1 (no difficulty at all) to 5 (very much difficulty). The sum of scores produced an index ranging from 8 to 40. Cronbach’s alpha was .89. Ability to perform instrumental activities of daily living (IADL) was assessed using the measure of Fillenbaum (1985) that includes eight items, with scores for each item ranging from 1 (no difficulty at all) to 5 (very much difficulty). The sum of scores produced an index ranging from 8 to 40. Cronbach’s alpha was .81.

Comorbidity—Care recipients were presented with a list of 17 chronic diseases and were asked if
they suffered from any of these diseases with scores 1 (yes) and 0 (no). Thus, more chronic diseases reflected more comorbidity.

Home care workers’ characteristics included age, gender, education, marital status (coded as 1 = married and 0 = unmarried), and number of years of experience with care work.

Analyses

A range of descriptive analyses that included percentages, ranges of scores, means, and standard deviations (SDs) were initially performed to present the characteristics of the respondents and the dependent and independent variables. To test the research model, multiple linear regressions were run to determine the extent to which workplace characteristics and quality of relationships explained each of the two dimensions of job satisfaction and overall job satisfaction. Each regression analysis included four groups of variables: work-related characteristics, the quality of relationships between the care worker and care recipient from the perspective of both care recipients and care workers, the care recipients’ characteristics, and the home care workers’ characteristics. Data storage and analysis were performed using SPSS package version 17.

Results

Participants’ Characteristics

The characteristics of both groups of respondents are shown in Table 1. The mean age of the care recipients was about 84 (SD = 6.69), most of them were women (69.3%) and unmarried (74.9%). About half (48.7%) had up to 8 years of schooling, most of them lived alone (68.1%), 46% were born in Asia–Africa, 39.4% were born in Europe–America, and the remainder was born in Israel. The vast majority (86.3%) was severely disabled in ADL in terms of having difficulties in performing at least five out of eight ADL. The vast majority (99.7%) had difficulties in performing at least five out of eight IADL. They suffered on average from about five chronic diseases (SD = 2.28).

The mean age of the home care workers was 36.07 years (SD = 7.17), the vast majority was women (85.4%), and about two-thirds had at least 13 years of schooling. The majority was married (58.5) and had been working in elder care for an average of 43.83 months (SD = 25.52).

Overall level of job satisfaction was high and so were the levels of benefit and intrinsic job satisfaction. Regarding perceived workplace characteristics, the findings indicate that the home care workers had high levels of job decision authority, job variety, social support, and rewards, whereas their work entailed low effort but high intensiveness. Quality of relationships was found to be high from the perspectives of both home care workers and care recipients alike. Correlation coefficient between the two perspectives was significant ($r = .22; p < .000$), and no significant differences were found between the paired groups ($t = .77; p = .44$).

In addition, 69.9% of the workers reported that before being employed by their current employers they worked for other employers and left for various reasons: 63.7% left because the care recipients died or were admitted into nursing homes, 2.6% were dismissed, and 33.7% left because they were dissatisfied with their jobs (e.g., conflictual relationships, communication and salary problems, work too hard).

Model Testing

Multiple regression analyses were performed to evaluate independent variables’ associations with overall job satisfaction, intrinsic satisfaction, and satisfaction with benefits. The results are presented in Table 2 and show that after controlling for other confounding variables, a combination of three groups of variables were found to be significant in explaining overall job satisfaction. These include workplace characteristics (job decision authority and job variety), quality of relationships from the perspective of the care recipients, and care workers’ qualifications (education and experience), suggesting that better educated and more experienced workers who had more job decision authority, job variety, and good quality of relationships with the care recipients from the perspective of the care recipients reported greater overall job satisfaction. Similar results were obtained with regard to intrinsic job satisfaction.

With regard to satisfaction with benefits, workplace characteristics (job decision authority, rewards, and variety) and quality of relationships from the perspective of the care worker were found significant in explaining the outcome variable. This suggests that greater job decision authority, rewards, variety, and better quality of relationship from the perspective of the worker were connected with
higher levels of satisfaction with benefits. The findings indicate that neither sociodemographic characteristics of both care recipients and workers nor the health and functional status of the care recipients had any significant association with the outcome variables.

In brief, the findings show that migrant live-in home care workers had overwhelmingly good relationships with their care recipients. In addition, they were strongly satisfied with their jobs and reported that their work did not entail much effort and was not too demanding; they had much job decision authority and social support; and their job was highly rewarded and varied. The results show that overall and intrinsic job satisfaction were explained by a variety of factors relating to worker qualifications (education and professional experience), workplace characteristics (job variety and decision authority), and quality of relationships from the perspective of the care recipient. Satisfaction with benefits was explained by workplace characteristics (job variety, job reward, and

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Table 1. Descriptive Statistics for Respondents’ Characteristics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Care recipient (n = 335)</th>
<th>Home care workers (n = 335)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Range</td>
<td>%</td>
</tr>
<tr>
<td>Age</td>
<td>65–99</td>
<td>83.80</td>
</tr>
<tr>
<td>Females</td>
<td></td>
<td>69.3</td>
</tr>
<tr>
<td>Education (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0–8</td>
<td>48.7</td>
<td></td>
</tr>
<tr>
<td>9–12</td>
<td>28.3</td>
<td></td>
</tr>
<tr>
<td>13+</td>
<td>23.0</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>25.1</td>
<td></td>
</tr>
<tr>
<td>Living arrangement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lives alone</td>
<td>68.1</td>
<td></td>
</tr>
<tr>
<td>With a spouse</td>
<td>24.7</td>
<td></td>
</tr>
<tr>
<td>With others</td>
<td>7.2</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Europe–America</td>
<td>39.4</td>
<td></td>
</tr>
<tr>
<td>Asia–Africa</td>
<td>46.0</td>
<td></td>
</tr>
<tr>
<td>Israel</td>
<td>14.6</td>
<td></td>
</tr>
<tr>
<td>Functional status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1–2 ADL disabilities</td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>3–4 ADL disabilities</td>
<td>10.5</td>
<td></td>
</tr>
<tr>
<td>5–6 ADL disabilities</td>
<td>31.3</td>
<td></td>
</tr>
<tr>
<td>7–8 ADL disabilities</td>
<td>55.0</td>
<td></td>
</tr>
<tr>
<td>1–2 IADL disabilities</td>
<td>0.3</td>
<td></td>
</tr>
<tr>
<td>3–4 IADL disabilities</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>5–6 IADL disabilities</td>
<td>9.9</td>
<td></td>
</tr>
<tr>
<td>7–8 IADL disabilities</td>
<td>89.8</td>
<td></td>
</tr>
<tr>
<td>Morbidity</td>
<td>0–12</td>
<td>4.91</td>
</tr>
<tr>
<td>Work experience (months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total job satisfaction</td>
<td>16–64</td>
<td>56.56</td>
</tr>
<tr>
<td>Benefit satisfaction</td>
<td>4–16</td>
<td>13.96</td>
</tr>
<tr>
<td>Intrinsic satisfaction</td>
<td>12–48</td>
<td>42.60</td>
</tr>
<tr>
<td>Effort at work</td>
<td>0–6</td>
<td>2.43</td>
</tr>
<tr>
<td>Rewards at work</td>
<td>2–10</td>
<td>7.73</td>
</tr>
<tr>
<td>Job decision authority</td>
<td>0–4</td>
<td>3.22</td>
</tr>
<tr>
<td>Social support at work</td>
<td>0–4</td>
<td>3.48</td>
</tr>
<tr>
<td>Job variety</td>
<td>0–4</td>
<td>3.13</td>
</tr>
<tr>
<td>Job demand (yes)</td>
<td></td>
<td>71.3</td>
</tr>
<tr>
<td>Quality of relationships</td>
<td>9–40</td>
<td>35.18</td>
</tr>
</tbody>
</table>

Note: Means and standard deviations are reported for continuous variables. ADL = activity of daily living; IADL = instrumental ADL.

*Higher scores indicate higher levels of satisfaction.

*Higher scores indicate more effort.

*Higher scores indicate more decision authority, social support, job rewards job variety, and better quality of relationship.
The findings of this study show that despite sharing the same residence with the care recipients and being available around the clock, migrant live-in home care workers in Israel report similar levels of job satisfaction as do migrant care workers in other countries (e.g., Timonen & Doyle, 2010) and home care workers in general (e.g., Buelow et al., 1999; Claes & Van de Ven, 2008). They are more satisfied when certain variables are taken into consideration, namely education, experience at work, work autonomy, job variety, and quality of relationships with care recipients.

Furthermore, the findings show that while there are several common variables such as job decision authority and job variety that explain both intrinsic and benefit satisfaction, there are also different variables that explain each of them. For example, workers’ qualifications (e.g., education and experience as care worker) and quality of relationships between care recipients and care workers from the perspective of care recipients are significant in explaining intrinsic satisfaction, whereas work rewards and workers’ perception of the quality of relationship with the care recipients are significant in explaining satisfaction with benefits. Based on these findings, the initial research model was revised, suggesting that to increase intrinsic job satisfaction and satisfaction with benefits a combination of perquisites, that include worker

### Discussion

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### Table 2. Multiple Linear Regression Results for Factors Explaining Care Workers’ Job Satisfaction (N = 335)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Overall job satisfaction</th>
<th>Intrinsic satisfaction</th>
<th>Benefit satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>SE</td>
<td>β</td>
</tr>
<tr>
<td>Constant</td>
<td>44.74***</td>
<td>8.61</td>
<td>36.42***</td>
</tr>
<tr>
<td>Care recipient characteristics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-.05</td>
<td>.08</td>
<td>-.04</td>
</tr>
<tr>
<td>Gender</td>
<td>-.44</td>
<td>1.45</td>
<td>-.02</td>
</tr>
<tr>
<td>Ethnicity*</td>
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*Note: RECS = Relationships in Elder Care scale; SE = standard error.

*1 indicates Europe/America and 0 indicates otherwise.

*p < .05. **p < .01. ***p < .001.
Unexpectedly, quality of relationships between care providers and care recipients from the perspective of the care workers was found to be insignificant in explaining overall and intrinsic job satisfaction, whereas quality of relationships from the perspective of the workers was significantly associated with satisfaction with benefits. Furthermore, quality of relations from the perspective of the care recipients had no significant effect on satisfaction with benefits. Apparently this is in contrast to previous studies that found quality of relationship to be a crucial factor in home care workers’ job satisfaction (Solari, 2006) and that the closer the care recipient and the care worker perceived their mutual relationship, the more the worker was satisfied with his or her job. In addition, the findings indicate that job satisfaction of migrant live-in home care workers is for the most part affected by their formal qualifications and their workplace characteristics.

Several explanations can cast light on the insignificant impact of quality of relationships from the perspective of the care worker on overall and intrinsic job satisfaction. First, it might be that Philippine home care workers view their workplace as a regular place of work where they can earn money and send remittances to their families who were left behind. From this perspective, they may perceive their work as professional and contract-based, like that characterizing work in the public sphere, although home care service takes place in the private sphere. Indeed, in Israel, the law requires that care recipients and their families sign a formal contract with their migrant live-in home care workers that defines the workers’ rights and responsibilities. This explanation draws on the findings of Solari (2006) that identified two perspectives of migrant home care workers’ identities: those of professionals who have a strong sense of themselves as workers and establish business-like relations with their care recipients as opposed to those who perceive themselves as “saints,” who only weakly identify themselves as workers and underscore familial relations with their care recipients. Professionals underscore their technical skills and qualifications and draw boundaries between professional and interpersonal relations. These two divergent perspectives affect how migrant home care workers relate to and address their jobs and the practices that guide them in performing their job. It can be concluded that it might be that these Philippine live-in workers living in Israel operate within a professional model rather than an informal model of care and therefore quality of relationships has no effect on their overall and intrinsic job satisfaction. However, this issue merits further investigation.

Second, adoption of a professional model of care may prevent exploitation and abuse of the home care worker by their employers, on whom they are dependent. The unique situation whereby the workplace and living space are in fact one and the same can cause ambiguity and blur the boundaries between formal and informal relations. In such hybrid situations they may be more prone and vulnerable to abuse and exploitation of all kinds (Ayalon, 2009a). In order to protect themselves and avoid such situations, some distance should be taken and role boundaries should be framed. The literature (e.g., Aronson & Neysmith, 1996; Ayalon, 2009b; Karner, 1998; Timonen & Doyle, 2010) has alluded to the emotional aspects of formal care work and asserted that too close relationships can lead to exploitative relationships and to heavy workload requiring the care worker to perform more tasks and to work overtime hours, thus blurring the boundary between work and personal relationships. Therefore, professional home care workers may tend to establish more distanced and depersonalized relationships with their employers (Ungerson, 2004), so that they can reject demands to perform tasks that are beyond their duties or responsibilities.

Third, by acting according to a professional model of care, the workers actually increase the status of domestic work that is considered to be gender based with low wages and low status work with limited opportunities for advancement (Hondagneu-Sotelo, 2001; Martin-Matthews, 2007; Sims-Gould & Martin-Matthews, 2010). Migrant workers are also a marginalized group of workers who are prone to discrimination, occupying

Figure 2. Revised research model.
positions that native-born persons are reluctant to take, and have fewer job options than native-born workers, although they are better educated than nonmigrant workers (Khatutsky et al., 2010). Migrant live-in workers are for the most part women who come from poor countries to earn money with which they can sustain their families who were left behind. Therefore, home care workers seek jobs that offer them some level of autonomy and decision making (Stacey, 2005), which are characteristic of professional work. In this same way, they can improve their status and when this is feasible they are more satisfied with their jobs.

Finally, it might be that good quality of relationships is a precondition for job retention otherwise the worker would not continue his or her work for the same employer, as the results indicate. Additionally, good quality of relationships can decrease tensions and stress and positively affect the well-being of the home care workers, consequently affecting quality of care (Timonen & Doyle, 2010), whereas formal qualifications and workplace characteristics affect job satisfaction and consequently prevent turnover. Therefore, it might be that job satisfaction is primarily determined by factors that characterize the content of their work rather than their informal relationships. However, these issues have not been addressed in this study and warrant further and deeper investigation.

The findings also show that social support by employers had no significant effect on the workers’ job satisfaction. Taking into account that migrant live-in home care workers are foreigners in the hosting country and are far from their natural social support system, it might have been expected that social support from their employers would be welcomed and affect their job satisfaction. Our findings show, however, that this was not the case. This may be because Philippine workers in Israel, more than any other ethnic group of migrant live-in home care workers, have established their own transnational communities and social networks with whom they meet at weekends and contact during the week. These peer-group communities provide them with social and emotional support, as well as information about their rights and role boundaries, thus empowering them in their negotiations with their employers and encouraging them to be more assertive in setting role limits (Drori, 2009). Further research that compares migrant care workers from different ethnicities and countries can provide better insight into the impact of work-related characteristics on their job satisfaction.

Several implications can be drawn from this study. First, maximizing job satisfaction is important for recruitment and retention of this workforce (Decker, Harris-Kojetin & Bercovitz, 2009) and may translate to improved quality of care, although the workers were not asked questions about their intentions. Previous studies showed that increased job satisfaction, in particular satisfaction with benefits, can increase retention, which was found to be indirectly connected with work autonomy (Ellenbecker, 2004) and assure better quality of care (Eustis et al., 1993; Faul et al., 2010; Stone & Wiener, 2001).

Second, live-out workers as well as migrant live-in home care workers who are given more job discretion and autonomy about how they do their work report greater job satisfaction (e.g., Benjamin et al., 2000). Live-in home care workers provide care for clients who are increasingly sick and severely disabled, and therefore have to assume increasingly complex responsibilities and perform a wide range of caregiving tasks. Accordingly, increased attention should be given to their needs for more job discretion and better work conditions. This must be accompanied with ongoing training to improve their qualifications and skills (Stone & Harahan, 2010) on the one hand, and supervision to monitor the quality of care they provide on the other. Ongoing training can increase their job satisfaction (Ejaz et al., 2008) and therefore continuing education is one of the challenges that should be addressed in order to increase job satisfaction of this sector of carers.

Finally, previous studies (e.g., Ejaz et al., 2008; Feldman et al., 1990) showed that the quality of relationship between care recipients and care providers is an essential factor affecting care workers’ job satisfaction and consequently work retention. This study takes this issue one step forward by differentiating between care recipients’ and care workers’ perspectives on the quality of relationships between them and its implications on each dimension of job satisfaction. Hence, interventions that are aimed at improving the quality of relationships between clients and their live-in care workers can result in higher levels of both intrinsic job satisfaction and satisfaction with benefits of the care providers.

The limitations of this study include: First, generalization of the findings of this study is warranted.
for several reasons: The sample and the sampling procedure do not guarantee representativeness of all migrant live-in home care workers who provide care to older frail persons. This is because the sample was not randomly selected and included only care recipients with live-in Philippine home care workers who were employed by two home care agencies that were not randomly selected. In addition, the snowballing approach may be likely to bring in workers who share the same support network and similar formal views of their jobs, thus potentially limiting the variation that may exist among these workers. Given the point in time of the current analysis, it might be that the selection of cases biased the observed results. More research is necessary to include random samples of care recipients who employ migrant live-out and live-in home care workers because the experience of a live-in worker would be different from that of a live-out worker. In addition, because the employment of migrant homecare workers is rapidly becoming a global phenomenon, there is need for comparative and cross-cultural studies to identify country-related factors that may impact on the reasons that predict job satisfaction and enable generalization and application of the findings.

Second, cultural factors can bias research results. This study included only migrant workers from the Philippines, and yet ethnic and cultural diversity clearly exist among migrant workers who come from various countries on the globe. Workers’ cultural and ethnic backgrounds as well as language barriers may play a role in the measurement of the quality of relationships between migrant live-in workers and their employers. Similarly, there may be variations in the meaning of quality of relationships ascribed to by various ethnic groups. In addition, more research is necessary to develop valid and reliable measures to probe quality of relationships and their importance in affecting job satisfaction.

Third, a more thorough investigation of the determinants that affect job satisfaction that were not captured in this study as well as factors that affect workers’ well being and quality of care is necessary in order to broaden our knowledge. Randomized controlled longitudinal studies are necessary to determine causality of the factors affecting job satisfaction.

Finally, the comorbidity measure used in this study reflects only the number of chronic illnesses. Failing to take into consideration the severity of these diseases may mask the care workers’ experiences with divergent chronic illnesses and its effect on caregiving experience and job satisfaction. In spite of these limitations, the study sheds light on some aspects that have been barely examined with regard to migrant live-in home care workers and thus opens new avenues for further research in this emerging field of inquiry.

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References


