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To cite this article: Shiri Shinan-Altman & Liat Ayalon (2017): Perceived control among migrant live-in and local live-out home care workers in Israel, *Aging & Mental Health*, DOI: [10.1080/13607863.2017.1401584](https://doi.org/10.1080/13607863.2017.1401584)

To link to this article: <https://doi.org/10.1080/13607863.2017.1401584>



Published online: 20 Nov 2017.



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Perceived control among migrant live-in and local live-out home care workers in Israel

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ABSTRACT

Objective: To examine perceived control among live-in and live-out home care workers and to identify factors that contribute to perceived control among both types of caregiving.

Method: 338 migrant live-in home care workers and 185 local live-out home care workers were asked to report their perceived control. Burnout, satisfaction with the relationship with the care recipient and the care recipient's family, and satisfaction with social relationship were also gathered.

Results: Both types of caregivers reported high levels of perceived control, although live-in home care workers expressed more perceived control. Higher age, higher levels of satisfaction with the relationship with the care recipient and the care recipient's family and lower levels of burnout, predicted perceived control. Satisfaction with social relationship was a stronger predictor of one's perceived control among live-in home care workers.

Conclusions: Promoting social relationships outside the home care context by allowing migrant live-in home care workers to take part in social gatherings is recommended as this can strengthen their sense of perceived control.

ARTICLE HISTORY

Received 6 September 2017
Accepted 1 November 2017

KEYWORDS

Home care; formal care;
perceived control

Introduction

The growth in the population of older adults in recent decades in the developed world has entailed an increase in the proportion of older adults who cope with mental and/or physical decline, which limit them from performing daily living activities (Jiménez-Martín & Prieto, 2012). These facts, coupled by a declining birth rate, have increased the demand for caregivers for older adults.

Traditionally, caregiving has been delivered informally by family members. However, the combined effects of demographic changes, the fact that families no longer live in close proximity geographically (Harrington, 2000) and the growing rates of women employment, have led to a decrease in the family's ability to provide informal care (Weaver & Weaver, 2014). As a result, the recruitment and retention of paid home care workers has become a critical long-term care issue (Montgomery, Holley, Deichert, & Kosloski, 2005; Stone & Weiner, 2001).

In most countries, the majority of home care workers are paraprofessional women with relatively low levels of education compared with other aide categories (Stone & Harahan, 2010). Their work is characterized by a low status, low salaries, inferior employment conditions, and a lack of promotion opportunities (National Insurance Institute of Israel, 2011). In addition, home care workers cope with uncertainty and changing job requirements (Butler, Simpson, Brennan, & Turner, 2010). They often do not have specific guidance about their role, and how to manipulate situations in which the demands of the family are different from those of the care recipient (Ayalon, 2009). As a result, home care workers may experience low levels of perceived control. The current study aims to examine perceived control and to identify factors that contribute to perceived control among home care workers.

Perceived control refers to beliefs that significant aspects of one's life are under his or her control. It can be considered as a learned expectation that desired outcomes depend on one's own choices and actions (Mirowsky & Ross, 1998; Rotter, 1966). Positive outcomes reinforce a sense of control, whereas negative outcomes can have a weakening effect (Mirowsky & Ross, 1998). Nevertheless, it was concluded that people are able to maintain a sense of control, even in the face of uncontrollable situations, through the use of cognitive techniques. For example, the two-process model of perceived control suggests maintenance of control through a distinction between primary and secondary control (Rothbaum, Weisz, & Snyder, 1982). Primary control refers to actual efforts people undertake to maintain control, whereas secondary control refers to cognitive mechanisms individuals apply in order to maintain and exert control (Heckhausen & Schulz, 1995; Morling & Evered, 2006; Thompson, Nanni, & Levine, 1994).

Overall, research regarding perceived control among home care workers is scarce and mixed. Some have argued that home care workers generally have autonomy and control over their schedules and that they also tend to have responsibility for and control over patient care (Howes, 2005; Kemper et al., 2008). However, being a home care worker can be considered as a low control situation. For instance, in a study conducted among 2583 workers in home care and residential care in Denmark, Finland, Norway and Sweden, it was found that eldercare workers experienced low levels of control in their work (Trydegård, 2012). These findings are worrisome because perceived control is associated with workers' wellbeing and mental health (Delp, Wallace, Geiger-Brown, & Muntaner, 2010) as well as with burnout in work settings (Barber & Iwai, 1996; Maslach, Schaufeli, & Leiter, 2001). Burnout is defined as a psychological syndrome in response to chronic

stressors on the job (Maslach et al., 2001). It is very common among caregivers in general (Springate & Tremont, 2014) and among paid carers in particular (Shinan-Altman & Cohen, 2009).

Perceived control is mostly created in a social context, in interactions with others (McLeod, 2003). For example, in a study conducted among 300 older adults in India (Sinha, Nayyar, & Sinha, 2002) and another study conducted among 225 older adults in Australia (Ferguson & Goodwin 2010), it was concluded that social support enhanced participants' perceived control. These findings are in line with Bandura's (1977) conceptualization which suggests that the support from others maintains perceptions of efficacy.

Overall, there is an established body of research on the significance of social relationship in the caregiving context (e.g. Ayalon, 2009; Kemp, Ball, & Perkins, 2013). This is because care provided to older adults involves emotional and personal aspects and not just instrumental care (Ayalon, Halevy-Levin, Ben-Yizhak, & Friedman, 2013a). Indeed, it was argued that home care workers are able to build meaningful relationships with care recipients and families (Howes, 2005; Kemper et al., 2008). Research has shown that the relationships that are formed between older adults and their home care workers are often described as friendly (Bourgeault, Atanackovic, Rashid, & Parpia, 2010) or as family-like (Ayalon et al., 2013a). It is thus hypothesized that the quality and frequency of the relationship between home care workers and their care recipients and family members as well as social relationship outside the caregiving context are critically important determinants of perceived control among home care workers.

Home care workers in Israel

In Israel, similar to other developed countries (Browne & Braun, 2008; Carr, Chen, & Tate, 2000), much of the care provided to older adults is conducted in-home. Older adults who require a high level of care and wish to remain in the community have two main home care options: a) Israeli local live-out home care workers who provide care for several hours per week or b) migrant live-in home care workers who provide care round the clock (Asiskovitch, 2013). The main difference is that Israeli local live-out home care workers are primarily immigrants from the former Soviet Union, who are Israeli citizens, given their Jewish background and the Jewish identity. In contrast, as a temporary workforce, live-in migrant home care workers cannot settle in Israel for good and are obligated to work on a round-the-clock basis as home care workers (Ayalon & Roziner, 2016). The stay of the live-in migrant home care worker in the country is considered temporary, and the worker is expected to return to his or her home country within 63 months or when the care recipient dies (whichever is longer). Whereas the Israeli government subsidizes live-out home care services for up to 22 hr of weekly care (depending on the level of impairment of the care recipient), only a portion of the salary of the live-in home care worker is subsidized by the government (a maximum of 18 hr of weekly care), and the remaining salary (a few hundred dollars per month) is paid by the care recipient and his or her family (Natan, 2011). A little over one third of all home care services are provided by live-in migrant home care workers from the Far East or Eastern Europe and the remaining two thirds are provided by live-out Israeli home care workers. Eligibility for home care is

a function of age, financial status, and functional impairment (National Insurance Institute of Israel, 2011).

In contrast to local live-out home care workers, live-in migrant home care workers actually share their lives with the care recipients and spend many daily hours with them (Iecovich, 2011), which may increase their perceived control at their workplace. Yet, the need to cope with a variety of challenges such as language barriers, debt bondage, dependency on their employer (O'Shea & Walsh, 2010) and engage in work that is not limited to certain times of the day (Delp et al., 2010), may decrease their perceived control. It is thus hypothesized that there will be differences between migrant home care workers and local home care workers, with local home care workers reporting higher perceived control, compared to migrant home care workers.

The present study

Given the increasing prevalence of home care workers (Montgomery et al., 2005; Stone & Weiner, 2001), and the importance of perceived control for workers' well-being and mental health (Delp et al., 2010) and burnout (Barber & Iwai 1996; Maslach et al., 2001), the aim of the present study was to examine and compare perceived control between local live-out home care workers and migrant live-in home care workers and to identify factors that contribute to perceived control among both types of caregivers. Findings will provide valuable information regarding perceived control among home care workers, a job that often presents only a few opportunities to exert control, and will shed light on the mechanisms underlying perceived control.

Given the fact that reliance on home care services is not unique to Israel but rather represents a common phenomenon in the developed world (Onder et al., 2007; Penning, 2002), evaluating the two types of home care services should provide important insights to policy makers and health care professionals worldwide.

Method

Participants

The sociodemographic characteristics of the participants are shown in Table 1. Most migrant live-in home care workers were female, with a mean age of 38.9 (SD = 8.6). More than half were married, and the majority were high-school graduates. As for local live-out home care workers, most were female, with a mean age of 53.1 (SD = 10.6). About half were married, and about 70% were high-school graduates.

Compared with migrant live-in home care workers, local live-out home care workers were more likely to be female and older. They had more children, were more educated and were also less likely to report that their health was very good.

Measures

Perceived control was measured using a 10-point Likert-type scale ranging from 0 = 'absolutely no perceived control' to 10 = 'full perceived control.' An overall index was calculated by averaging the three items (concerning health, social life, finances) with higher scores indicating perceptions of greater perceived control (Lachman & Weaver, 1998). The internal consistency of the index was good (Cronbach's $\alpha = 0.72$).

Table 1. Characteristics of total sample and migrant live-in care workers vs. local live-out care workers.

Variable	Total sample (N = 523)	Migrant live-in home care workers (N = 338)	Local live-out home care workers (N = 185)	t-test/chi-square values and significance
Women [N (%)]	450 (86.2)	284 (84.0)	166 (90.2)	$\chi^2(1) = 3.84^*$
Mean age (SD), range	43.9 (11.6), 18–71	38.9 (8.6), 23–65	53.1 (10.6), 18–71	$+t_{(312)} = 15.63^{**}$
Marital status- married [N (%)]	299 (57.2)	195 (57.7)	104 (56.2)	NS
Mean no. children (SD), range	1.9 (1.5), 0–8	1.4 (1.3), 0–7	2.62 (1.5), 0–8	$+t_{(314)} = 8.24^*$
Education [N (%)]				$\chi^2(4) = 63.82^{**}$
Did not enroll	8 (1.6)	6 (1.8)	2 (1.2)	
Up to 8	62 (12.3)	41 (12.4)	21 (12.2)	
9–12	266 (52.9)	167 (50.5)	99 (57.6)	
13 and above	167 (33.2)	117 (35.3)	50 (29.1)	
Health status [N (%)]				$\chi^2(4) = 92.86^{**}$
Excellent	99 (19.0)	84 (84.8)	15 (15.2)	
Very good	134 (25.7)	109 (81.3)	25 (18.7)	
Good	215 (41.2)	87 (59.5)	128 (40.5)	
Moderate to very bad	74 (13.2)	17 (23.3)	57 (76.8)	
Mean years working as a home care worker (SD), range	2.66 (2.43)	2.73 (2.3)	2.53 (2.7)	NS
Perceived control	8.05 (1.77)	8.31 (1.56)	7.58 (2.00)	$+t_{(307)} = -4.30^{**}$
Satisfaction with the relationship with Care recipient	4.42 (0.67)	4.33 (0.66)	4.58 (0.65)	$+t_{(336)} = 4.08^{**}$
Care recipient's family caregiver	4.41 (0.74)	4.39 (0.69)	4.44 (0.83)	$+t_{(329)} = 0.64$
Social relationship	2.68 (1.65)	2.27 (1.38)	3.39 (1.83)	$+t_{(301)} = 7.30^{**}$
Burnout	0.93 (0.97)	0.99 (0.97)	0.81 (0.96)	$+t_{(369)} = -2.06^{**}$

Note: +Differences between migrant live-in care workers and local live-out care workers.

** $P < 0.01$. * $P < 0.05$.

NS = not significant

Satisfaction with the relationship was measured using a 7-point Likert-type scale ranging from 0 = 'very dissatisfied' to 5 = 'very satisfied' (Burns & Sayers, 1988). Respondents were asked to rate their level of satisfaction with the relationship in different areas such as communication and openness, resolving conflicts and arguments, degree of affection and caring, intimacy and closeness, and satisfaction with their role in the relationship. In the present study, each respondent was asked to complete this questionnaire in relation to the care recipient (7 items) and the care recipient's family caregiver (7 items). The internal consistency (α) coefficients were: 0.96 for satisfaction with the relationship with the care recipient and 0.74 for satisfaction with the relationship with the care recipient's family.

Social relationship was measured with one item asking participants how many times in the last week they were spending time with a friend/family member/any person who is not their care recipient. Participants were asked to indicate the frequency of this kind of relationship on an 8-point Likert-type scale (1 = not at all, to 8 = seven times or more), with higher scores indicating higher frequency.

Burnout was measured with 12-items asking participants to what degree they experience burnout as a result of providing assistance to their care recipient in six ADLs (Activities of Daily Living; e.g. eating, dressing; Katz, Downs, Cash, & Grotz, 1970) and six IADLs (Instrumental Activities of Daily Living; e.g. preparing a meal, managing finances; Lawton & Brody, 1969). Participants were asked to indicate their level of burnout on a 4-point Likert-type scale (0 = no burnout, to 4 = high levels of burnout). An overall index was calculated by averaging all items with higher scores indicating higher levels of burnout. The internal consistency of the index was excellent (Cronbach's $\alpha = 0.98$).

Background Information included gender, age, marital status, number of children, years of education, health status, number of years working as a home care worker, and type of home care worker (migrant live-in home care workers vs. local live-out home care workers).

Procedure

This study was part of a research project regarding home care services for older adults and was funded by the National Insurance Institute of Israel (NIII). A random stratified (based on age, gender and geographical area) sample of older adults over the age of 70 who live in the Tel-Aviv area was drawn from the list of older adults who receive financial assistance from the NIII in order to support their stay in the community. Eligibility criteria for care recipients were: over the age of 70, live in the Tel-Aviv area, speak fluent Hebrew or Russian, cognitively able to participate in the study based on family members' reports and meet the eligibility criteria for employing a live-in or live-out home care worker (e.g. highly dependent in activities of daily living). Corresponding care workers, based on the records of the NIII or based on the reports of the care recipients were invited to participate, provided they spoke fluent Hebrew, Russian or English. Participants were interviewed using a structured face-to-face interview. The protocol was approved by the Ethics Committee of the School of Social Work of Bar Ilan University.

Statistical analyses

Descriptive statistics were used to describe participants' demographic characteristics as well as the research variables. Pearson correlations were used to assess the associations between the main research variables [perceived control, satisfaction with (the relationship with care recipient/ the relationship with care recipient's family caregiver/social relationship outside the caregiving situation) and burnout]. In order to assess differences between migrant live-in home care workers and local live-out home care workers, t and χ^2 tests were performed according to the type of variable. Finally, a multivariate regression analysis was conducted with perceived control as the outcome variable. We examined the interaction between type of home care worker (migrant live-in home care workers vs. local live-out home care workers) and all

other variables [satisfaction with (the relationship with care recipient/ the relationship with care recipient's family caregiver/ social relationship outside the caregiving situation) and burnout], with background variables as covariates (i.e. age, education, health status). The significant level criterion for all statistical tests was set at .05.

Results

Table 1 summarizes the bivariate results, comparing migrant live-in home care workers and local live-out home care workers. Overall, our findings show that both local live-out home care workers and migrant live-in home care workers report relatively high levels of perceived control ($M = 8.05$ out of a maximum score of 10, $SD = 1.77$). Differences between the two types of home care workers were identified. In comparison to local live-out home care workers, migrant live-in home care workers expressed more perceived control but higher levels of burnout. Relative to migrant live-in home care workers, local live-out home care workers expressed a greater amount of satisfaction with their relationship with their care recipient and higher frequency of social relationship. No statistically significant differences were found between migrant live-in home care workers and local live-out home care workers in satisfaction with the relationship with the care recipient's family.

Significant correlations were found between the perceived control index and satisfaction with the relationship with the care recipient, the care recipient's family and burnout. Namely, higher levels of perceived control were associated with higher satisfaction with the relationship with the care recipient and the care recipient's family. In addition, the perceived control index was negatively associated with burnout. Namely, higher levels of perceived control were associated with lower levels of burnout. No significant connections were found between perceived control and frequency of social relationship.

Table 2 summarizes the multivariate regression results. Higher age, higher levels of satisfaction with the relationship with the care recipient and the care recipient's family caregiver and lower levels of burnout, predicted higher levels of perceived control. Finally, migrant live-in home care workers had greater perceived control and there was a significant interaction between type of caregiver (live-in vs. live-out) and satisfaction with the social relationship. No significant interactions were found with regard to type of caregiver (live-in vs. live-out) and satisfaction with the relationship (with the care recipient and care recipient's family) and burnout].

Table 2. Predictors of perceived control.^a

	B	SE	p-value
Age	-.03	.01	<.001
Gender – female reference group	-.17	.25	.49
Marital status – not married reference group	.37	.16	.81
Education – did not enroll reference group	.03	.02	.17
Satisfaction with			
the relationship with care recipient	.51	.13	<.001
the relationship with care recipient's family caregiver	.39	.11	<.001
social relationship	.09	.05	.07
Burnout	-.39	.09	<.001
Type of home care worker – local live-out care workers reference group	.73	.17	<.001
Type of home care worker * Satisfaction with social relationship	.23	-.05	<.001

^aRegression analysis-Unstandardized coefficients and Standard errors are reported.

Based on Figure 1, it appears that the relationship between frequency of social relationship and perceived control was stronger for migrant live-in home care workers than for local live-out home care workers. Hence, higher frequency of social relationship outside the caregiving context was a stronger predictor of one's perceived control among migrant live-in home care workers than among local live-out home care workers. This is particularly true as level of satisfaction with social relationship increases.

Discussion

The purpose of the present study was to examine and compare perceived control between local live-out home care workers and migrant live-in home care workers and to identify factors that contribute to perceived control. The findings are important because they provide an investigation of two types of home care services, which aim to maintain and prolong older adults' stay in their homes for as long as possible (Heller, 2003).

Overall, our findings show that both local live-out home care workers and migrant live-in home care workers report relatively high levels of perceived control. These findings are in line with past studies that have argued that home care workers generally have autonomy and control over their schedules and that they also tend to have responsibility for and control over patient care (Howes, 2005; Kemper et al., 2008). The finding that home care workers have relatively high levels of perceived control is important because live-out home care workers as well as migrant live-in home care workers who were given more job discretion and autonomy with regard to their role, reported greater job satisfaction (Benjamin, Matthias, & Franke, 2000). It is important to note that home caregivers' perceived control is important not only to the caregivers' wellbeing and mental health (Delp et al., 2010), but it is also associated with their patients' outcomes (Shinan-Altman & Cohen, 2009).

In comparing perceived control between the two types of home care workers, we found that migrant live-in home care workers expressed more perceived control in comparison to local live-out home care workers. This finding is surprising because migrant live-in home care workers often cope with a variety of stressors which may decrease their perceived control. For example, they work in isolation at the homes of older adults, with very little guidance and supervision (Barling, Rogers, & Kelloway, 2001). In addition, they engage in work that is not limited to a set amount of hours (Delp et al., 2010). Nevertheless, it was concluded that people are able to maintain a sense of control, even in the face of uncontrollable situations (Rothbaum et al., 1982). Thus, in a recent study conducted among 335 dyads of Philippino migrant home care workers and their frail care recipients it was revealed that the workers reported having job decision authority at their workplace (Iecovich, 2011). Based on the two-process model of perceived control (Heckhausen & Schulz, 1995; Morling & Evered, 2006), it might be that migrant live-in home care workers maintain primary control through engagement in treatment choices for their care recipient. In a similar vein, migrant live-in home care workers may exert control over other domains, for example, spare time and social relationships, thus compensating for the relative loss of control they experience with respect to their work, which is confined to their employer's home. In addition, it should be noted that

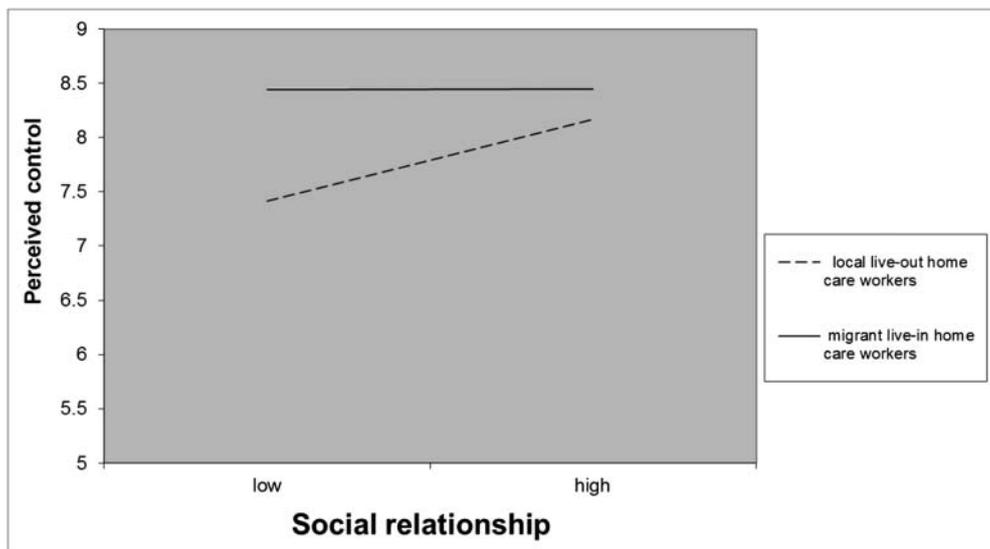


Figure 1. Perceived control as a function of satisfaction with social relationship.

migrant live-in home care workers often come from poor countries to earn money with which they can sustain their families who were left behind (Iecovich, 2011). In this way, they actually improve their status and possibly gain more perceived control.

Our findings suggest significant relations between perceived control and satisfaction with the relationship with the care recipient and the care recipient's family caregiver. This finding is in line with past research which has demonstrated that perceived control is mostly created in a social context, in interactions with others (McLeod, 2003). Because positive outcomes reinforce a sense of control, whereas negative outcomes can have a weakening effect (Mirowsky & Ross, 1998), it is likely that having satisfaction with the relationship with the care recipient and the care recipient's family caregiver will increase home care workers' perceived control. In a similar vein, being in a family-like relationship can help paid care-givers to cope with the challenges of their work (Berdes & Eckert, 2007; Karner, 1998), thus resulting in a higher perceived control.

Older age and lower levels of burnout were associated with greater perceived control among live-in and live-out home care workers. We suggest that older home care workers who experience low levels of burnout have more life experience and knowledge on how to manipulate challenging situations, consequently have more perceived control. In line with past studies (e.g. Shinan-Altman & Cohen, 2009), we suggest that burnout among paid caregivers can be alleviated in order to have greater perceived control through appropriate interventions such as teaching stress management skills, coping skills (Mimura & Griffiths, 2003), and interpersonal skills (Corcoran & Bryce, 1983).

A notable finding is the significant relationship between frequency of social relationship and perceived control which was stronger for migrant live-in home care workers than for local live-out home care workers. As already noted, perceived control is mostly created in a social context, in interactions with others (McLeod, 2003). This is much stronger in the case of migrant live-in home care workers whose presence in Israel often leads to the development of well-organized social networks that support their members emotionally, instrumentally, or financially (Drori, 2009). Given that migrant live-in home care workers are foreigners in the host country and are

far from their families (Iecovich, 2011), it is expected that higher frequency of social relationship will play an important role in their life and likely will increase their overall perceived control. However, it should be noted that a recent study found that round-the-clock home care workers in Israel have fewer close friends they can rely on compared with Israeli home care workers (Ayalon, Green, Eliav, Asiskovitch, & Shmeltzer, 2013b). Further longitudinal research is needed in order to evaluate the associations between social relationship and perceived control among both types of home care workers.

The present study has several limitations. First, only three items addressed perceived control. Adding more items would have given a wider picture of this understudied variable among both types of home care workers. Nonetheless, it is important to note that these three items have been used in large epidemiological surveys, such as the Health and Retirement Study. Second, the quantitative survey method used did not allow respondents to expand on their views and experiences regarding their perceived control. Finally, the use of a convenience sample does not allow for generalizability, nor does it provide an accurate representation of all home care workers in Israel.

As the perceived control meaning may reflect different cultural values, future studies would benefit from investigating this topic by comparing perceptions of control of live-in and live-out home care workers across different countries and cultures. The use of longitudinal data may also allow to better explore the importance of social relationship in shaping perceived control among home care workers and to examine changes in perceived control over time.

Despite these limitations, this study has several implications. Given that perceived control is significant for the home care workers' wellbeing and mental health (Delp et al., 2010) as well as for their patients' outcomes (Shinan-Altman & Cohen, 2009), it is important to preserve and strengthen perceived control among both types of home care workers. In addition, satisfaction with the relationship with the care recipient and the care recipient's family were found to be associated with perceived control. Hence, interventions that are aimed at improving the quality of the relationships within the caregiving setting are required. Intervention programs should

highlight the benefits from having good and satisfying relationship for both sides. Strengthening and maintaining social relations is particularly true for migrant live-in home care workers as we found that social relationship among this group was an essential factor affecting their perceived control. Promoting social relationships outside the home care context is recommended. It is important to note that given their status as live-in home care workers, migrant home care workers have only very few opportunities to interact outside the home of their care recipient. Hence, the present study stresses the importance of allowing them with free time to interact and explore social relationships outside the caregiving arrangement.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

National Insurance Institute of Israel

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