

Becoming a Home Care Worker: Job-Seekers' Push and Pull Factors

Research on Aging
1–10

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DOI: 10.1177/0164027519886176

journals.sagepub.com/home/roa



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Abstract

This study examined “push and pull” factors associated with the decision to become home care workers among job-seekers in Israel. Participants completed measures of ageism, anxiety about aging, attitudes toward the home care profession, and personal relationship with older adults. Of 1,492 participants, 32.0% accepted the offer to become home care workers and were no longer in the job market, 36.7% accepted the offer but worked in the past, and 31.2% refused the offer. Compared to participants currently employed, the odds of being employed in the past were higher for participants who were younger, with poorer health and higher ageism; the odds of refusal were higher for males, Arabs, younger participants, with more education, lower ageism, and fewer personal relationship with older adults. The findings have implications for practice with job-seekers and for retaining current home care workers in the field. This may assist in expanding the home care workforce.

Keywords

home care workers, job-seekers, explanatory factors, Israel

The growth in the population of older adults in recent decades has entailed an increase in the proportion of older adults who cope with mental and/or physical decline, which limit them from performing activities of daily living (ADL; Jiménez-Martín & Prieto, 2012). Although the bulk of care for older adults' needs has traditionally been provided by informal family caregivers, social changes in the family structure and the increasing numbers of employed women negatively affect the ability of the family to cope with the needs of older relatives (Brodsky, Resnizki, & Citron, 2011). Therefore, care is no longer provided exclusively within the family, but a combination of paid and unpaid care has become the norm. This is why the demand for paid care workers is increasing (Iecovich, 2016), and the recruitment and retention of home care workers who provide care to older adults has become a critical concern (Yeo & Gallagher-Thompson, 2013).

This study addresses the increasing need for paid home care workers by examining the factors associated with the decision to become a home care worker among Israeli job-seekers.

Home Care Workers

Although home care work carries positive aspects, such as the opportunity to care and support older adults (Butler, 2013; Shinan-Altman, Riabzev, & Ayalon, 2018), research has indicated that providing home care to older adults is a difficult physical and mental work. It often requires looking after older adults and providing assistance in performing basic ADL such as bathing, dressing, and feeding (Kelly, Morgan, & Jason, 2017) as well as doing light household work such as cleaning and cooking. Even though the skills required to perform these

tasks are basic and supposedly simple, the characteristics of the work make it complicated, as home care workers need to cope with job uncertainty and changing job demands (Iecovich & Iecovich-Tishler, 2015). The blurred characteristics of their job requirements further promote a sense of lack of control and intensify the challenges associated with care work (Shinan-Altman & Ayalon, 2017). Home care workers are often employed in part-time jobs with no promotion opportunities and low employment security (Natan, 2012). Moreover, care work is considered to be a low-status job performed mainly by women from low socioeconomic status (Butler, Simpson, Brennan, & Turner, 2010; Iecovich & Iecovich-Tishler, 2015).

Home Care Workers in Israel

As in other countries in Europe and Asia (Kodate & Timonen, 2017), Israeli older adults enjoy a relatively strong family support system (Katz, Lowenstein, Halperin, & Tur-Sinai, 2015) and at the same time, they are offered a relatively generous support from the welfare system provided by the state (Ayalon & Green, 2013). This support may come in the form of home-based personal care services (Asiskovitch, 2013). About 16% of those aged 65 and more are limited in carrying out daily

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activities and receive financial assistance through the Long-Term Care Insurance Law that aims to support family caregivers and maintain older adults in their community for as long as possible. The majority of these people receive the support in the form of paraprofessional home care workers (Brodsky, Shnoor, & Be'er, 2017). Yet, this support covers a maximum of 28 weekly hours for those with the highest levels of disability; therefore, additional care is always required, and paid care does not replace family care (National Insurance Institute of Israel [NIII], 2019).

About half of home care services is provided by live-in migrant home care workers from the Far East or Eastern Europe, and the other half is provided by live-out Israeli home care workers (Green & Ayalon, 2018). Local home care workers are primarily Israeli citizens, with a substantial portion of the workers coming from the former Soviet Union as part of the large immigration wave of Jews in the early 1990s (Ayalon & Green, 2013). They usually work several hours a day or a week with each older person. Full day service (24/7) is provided almost entirely by foreign home care workers (Abraham & Tamir, 2012). The workers are employed by senior care companies that make the connection with the older person. Basic education is necessary but no professional registration is required, and the employer is responsible for providing some training for the workers as well as ongoing supervision.

Israel, similar to many other countries (Berry & Butterfield, 2015), suffers from a shortage of *local* manpower to provide a comprehensive response to older adults' needs. Moreover, there are continued difficulties in recruiting new home care workers for older adults (Zisberg, Topaz, & Band-Winterstein, 2014) and while the overall demand is high, the available manpower in the field of home care is relatively low. Position papers on behalf of professional organizations in the field of aging have clearly indicated the existing shortage of geriatric caregiving manpower (Shinan-Altman et al., 2018). While programs to increase the number of Israeli home care workers exist, their impact is questionable (Shinan-Altman et al., 2018). At the same time, there are ongoing efforts by the Israeli government to reduce or limit the number of migrant home care workers in the country (Ayalon & Green, 2013). In order to increase the number of Israeli home care workers and meet the growing demands, Israeli Employment Services (IESs) actively solicit possible home care employees among unemployed job-seekers.

The IES

The IES is a statutory corporation established in response to the Employment Service Law of 1959. This law followed the State of Israel joining the International Labor Treaty, which compelled member states to establish state employment services, including free placement services for workers and employers alike. IES assists approximately 500,000 job-seekers each year in 72 employment offices throughout the country (IES, 2018). The IES offers job-seekers to work as home care workers based on the job-seekers' qualifications, mainly their education level,

previous employment experience and/or training, language(s), and so on. On average, over a 6-month period in the year 2016, more than 19,000 job-seekers were offered to work as home care workers. According to the IES, during this period, about 3,200 job-seekers accepted the offer while the remaining 16,000 refused the offer to become home care workers. Hence, despite the relatively high number of Israeli job-seekers who are offered to work as home care workers, only a small percentage accepts the offer. As a result, challenges remain for recruiting home care workers in Israel similar to reports from other countries; globally, there is a shortage of home care workers in comparison to the growing population of older adults (De Groot, Maurits, & Francke, 2018; Kydd & Wild, 2013). In light of the current shortage and limited interest in pursuing a position as home care workers, it is important to understand factors that explain the decision of job-seekers who are offered a home care work position.

Factors Associated With a Decision to Become a Home Care Worker

Previous studies have identified barriers to work as home care workers for older adults (Coffey et al., 2015; Cooper, Blackman, & Keller, 2016; Eshbaugh, Gross, & Satrom, 2010). These barriers are "push" factors that deter job-seekers from accepting this offer. Yet, alongside them, other factors may pull people into this profession. Thus, the aim of the current study was to examine push and pull factors associated with the decision to become a home care worker among Israeli job-seekers. Based on previous findings which have mostly focused on barriers to becoming a home care worker (Coffey et al., 2015; Cooper et al., 2016; Eshbaugh et al., 2010), we include several push factors and one pull factor.

"Push" factors not to work as a home care worker. Three potential "push" factors not to provide care to older adults, examined in this study, are ageism, anxiety about aging, and attitudes toward the home care profession (Coffey et al., 2015; Cooper et al., 2016; Eshbaugh et al., 2010). Ageism and anxiety about aging were chosen for the current study as they are the most prevalent factors in the literature which deter people from providing care to older adults (Ben-Harush et al., 2017; Mejia, Hyman, Behbahani, & Farrell-Turner, 2018). Given that the current study examines the home care profession, we added a specific questionnaire that assesses job-seekers' attitudes toward the home care profession. This was done in light of various studies that have shown that attitudes predict behaviors (Cooper et al., 2016; Rego et al., 2018), stressing the importance of examining attitudes in the context of intentions to perform a behavior (Ajzen, 1991; Cooper et al., 2016). Thus, in the present study, we conceptualized attitudes toward the home care profession as a push factor in the context of one's willingness to pursue a job as a home care worker.

Ageism is defined by the World Health Organization (2015) as prejudice, stereotypes, and discrimination toward age and aging. More specifically to the case of home care, Kosberg

(1983) coined the term “professional ageism,” which refers to the negative attitudes and poor quality of care given to older people due to their age. Ageism has an effect on the provision of home care services. According to a review study, ageism and a lack of interest in working with older adults create a situation in which fewer people work with this population (Coffey et al., 2015). Ageism can be directed toward oneself or toward others (Ayalon & Tesch-Römer, 2017). In this study, the focus is on ageism toward others.

Anxiety about aging is defined as the “combined concern and anticipation of losses centered upon the aging process” (Lasher & Faulkender, 1993, p. 247). It reflects an emotional component of ageism directed toward one self (Ayalon, 2018). Providing care to older adults who need support and help with their day-to-day functioning, potentially exposes caregivers to the challenges and difficulties associated with old age, such as decline in physical, emotional, and cognitive functioning (Butler et al., 2010; Stacey, 2005), which in return intensifies anxiety about aging. Moreover, anxiety about aging could result in a reduced interest to work with older adults. Indeed, studies that examined students’ willingness to work with older adults have found that the more students reported anxiety about aging, the less they wished to work with older adults (Eshbaugh et al., 2010; Mejia et al., 2018).

Pull factors to be employed as a home care worker. Certain “pull” factors may motivate people to become home care workers. Among the pull factors are the personal relationship with older adults which may reinforce positive attitudes toward this population. For example, Cheng, Cheng, Tian, and Fan (2015) reported that students who had lived with older relatives in the same house had close relationship with their older relatives, and those students who provided care to older persons had a higher preference toward working with older adults. Others have shown that the experience of providing care to older adults has reduced anxiety about aging and negative attitudes toward older adults (Boswell, 2012). These studies demonstrate that personal relationship with older adults can potentially increase behavioral intentions to work with older adults.

To sum, as the gap between the number of home care workers and those needing care continues to grow (Berry & Butterfield, 2015), many countries are experiencing a substantial shortage of home care workers (De Groot et al., 2018). As a result, national organizations, in Israel and in the United States, for instance, call to examine the situation in which demand for home care workers exceeds the supply (Berry & Butterfield, 2015). The current study responds to these calls by examining the association between push factors (ageism, anxiety about aging, and attitudes toward the home care profession) and a pull factor (personal relationship with older adults) and the decision to become a home care worker among Israeli job-seekers. To the best of our knowledge, to date, these variables have not been studied among job-seekers. Given the fact that reliance on home care workers is not unique to Israel but rather represents a global phenomenon (e.g., Doniol-Shaw & Lada, 2011), evaluating these push and pull factors among local

job-seekers may provide important insights that are relevant to health-care professionals and policy makers in other countries as well. The main hypotheses of the study were that participants who were currently employed as home care workers, compared to participants who refused to become home care workers would report lower levels of ageism and anxiety about aging, would hold more positive attitudes toward the home care profession and would have more personal relationship with older adults.

Method

Procedure

This cross-sectional study was approved by the Ethics Committee of Bar-Ilan University and permission to conduct it was granted by the IES. Data collection was carried out by the survey department of the NIII as data regarding job-seekers can be transferred only between government offices. The IES transferred the names and phone numbers of all job-seekers who had met eligibility criteria to the NIII. Eligibility criteria to participate in the study were (a) being a job-seeker who applied to the IES branches during a 6-month period (February–July 2016) and was offered to work as a home care worker for older adults and (b) speaking Hebrew, Arabic, or Russian.

Data collection was conducted through phone interviews. Training was provided to interviewers by the researchers, and the data collection was monitored and supervised by the director of the NIII survey department.

A total of 2,716 potentially relevant telephone numbers were dialed, of which 202 (7.4%) did not speak Hebrew, Arabic, or Russian and were not eligible to participate in the study. Of the remaining, 1,492 (response rate of 59%) completed the questionnaire, 109 (4%) refused to participate, 793 (32%) had a wrong telephone number/no answer/answering machines, and 120 (5%) requested a callback; subsequent callbacks yielded busy signals/no answer/answering machine (up to three call attempts were performed to obtain a completion when we had busy signals/no answer/answering machine). As the IES transferred to the NIII only names and phone numbers of the job-seekers, there is no available information regarding the background characteristics of those who refused to participate in the current study.

Phone interviews lasted approximately 9–20 min and were conducted in Hebrew, Arabic, or Russian as necessary. To preserve anonymity, interviewers stressed, during the consent process, that participants would not be asked any identifying information. Participants gave their oral consent to participate in the study.

Measures

Employment as a home care worker (the outcome variable) was measured using 3 items: “I am currently employed as a home care worker for older adults.” This item refers to job-seekers who had accepted the offer and worked as home care workers during the time of the survey. These individuals were no longer

looking for a job. “I was employed as a home care worker for older adults in the past.” This item refers to job-seekers who accepted the offer to become a home care worker but dropped-off from this work; “I refused to be employed as a home care worker for older adults.” This item refers to job-seekers who refused the offer to become a home care worker for older adults.

Each item was coded as *yes* (1) or *no* (0) and the responses constructed the final three-category variable: currently employed, employed in the past, and refused to become home care worker (hereafter “refused the offer”).

Push factors not to be employed as a home care worker. *Ageism* was assessed using the Fraboni Scale of Ageism (Fraboni, Saltstone, & Hughes, 1990). Participants rated 18 statements which measure levels of agreement or disagreement with ageist statements on a 5-point Likert-type scale ranging from 1 (*completely disagree*) to 5 (*completely agree*; e.g., “Old people can be very creative” and “I sometimes avoid eye contact with old people when I see them”). Twelve items were worded positively (the higher the score, the higher the negative attitudes toward older adults), and 6 items were worded negatively (the higher the score, the lower the negative attitudes toward older adults). The numeric scores of the responses to these 6 items were reversed for calculating the average. An overall index was calculated as the mean of all items with higher scores indicating higher negative attitudes toward older adults. The internal consistency of the index was moderate (Cronbach’s $\alpha = .68$).

Anxiety about aging was measured using the Aging Anxiety Scale (Lynch, 2000). The scale contains six statements, and the participants were asked to rate their level of agreement or disagreement on a 5-point Likert-type scale ranging from 1 (*completely disagree*) to 5 (*completely agree*; e.g., “the older I get, the more I worry about my health”). An overall index was calculated as the mean of all items with higher scores indicating higher anxiety about aging. The internal consistency of the index was good (Cronbach’s $\alpha = .78$).

Attitudes toward the home care profession. This construct was measured using a 6-item Likert-type scale, which was developed and used in a previous study in Israel (e.g., “Often, a home care worker does not feel comfortable to say that he or she is employed as a home care worker”; Korazim, Goren, & Niran, 2002). The response categories ranged from 1 = *true* to 4 = *completely not true*. Preliminary analysis using factor analysis revealed two factors with eigenvalues of 1.85 and 1.24, respectively, explaining 30.92% and 20.69% of the variance. Items 2, 3, and 4 (e.g., “home care work is a job in which one cannot develop professionally”) loaded on Factor 1 which—based on the content of these items—was entitled “Attitudes That Downgrade the Home Care Profession” (coefficients ranged from .68 to .74). Items 5 and 6 (e.g., “special mental abilities are needed in order to become a home care worker”) loaded on Factor 2 entitled “Attitudes Regarding Required Home Care Skills” (coefficients were .77–.80). Item 1 (“home care is a profession and not just a simply job”) did not

load on any of the factors and was, therefore, omitted. Items were averaged on their respective factors, so that higher scores reflected higher level of attitudes that downgrade the home care profession and higher level of attitudes regarding required skills, respectively. Cronbach’s α was .55 for Factor 1 (“Attitudes that downgrade the home care profession”), and Pearson correlation was $r = .47$ ($p < .001$) for the 2 items in Factor 2. The correlation between the two factors was positive ($r = .20$, $p < .001$).

Pull factor to be employed as a home care worker. *Having a personal relationship with older adults* was measured with 2 items assessing whether participants have/had personal relationship with older family members or with nonkin older adults (Eshbaugh et al., 2010). Response categories to both items were dichotomized (1 = *yes*, 0 = *no*) and the correlation between them was positive ($r = .23$, $p < .001$). The final score was calculated as the sum of the 2 items (range 0–2) with a higher score indicating more personal relationship with older adults.

Background information included gender, age (years), place of birth (Israel, Former Soviet Union, Europe-America, Asia-Africa), marital status (married, nonmarried), population group (Jewish, Arab), number of children, education (years), and self-assessed health status (1 = *very bad*, 5 = *very good*; Idler & Benyamini, 1997).

Data Analysis

All data were coded and analyzed using SPSS Version 24 software. Descriptive statistics were used to describe participants’ demographic characteristics as well as the study variables. Pearson correlations were used to assess the associations between the main variables (ageism, anxiety about aging, attitudes toward the home care profession, and personal relationship with older adults). Factor 2 of the attitudes toward the home care profession (attitudes regarding required skills) was not associated with the other variables and was thus omitted from further statistical analysis. Finally, to examine the factors that explain employment as a home care worker, multinomial logistic regression was conducted with push factors (ageism, anxiety about aging, and attitudes that downgrade the home care profession) and the pull factor (personal relationship with older adults), net of demographic variables (gender, population group, age, education, and self-assessed health). The currently employed group was contrasted with the two other groups (“employed in the past” and “refused the offer”). The .05 criterion of statistical significance was employed in all tests.

Results

Participants

Of the total sample of 1,492 participants, 478 (32.0%) accepted the offer of the IES and were currently employed as home care workers, 548 (36.7%) accepted the offer and worked as home

Table 1. Background Variables, Push and Pull Factors by Employment Status.

Background Variables	Total Sample (<i>n</i> = 1,492)	Currently Employed (<i>n</i> = 478)	Employed in the Past (<i>n</i> = 548)	Refused the Offer (<i>n</i> = 466)	$\chi^2(2)/F(df), (\eta^2)$
Gender, <i>n</i> (%)					
Male	208 (13.9)	49 (10.3)	64 (11.7)	95 (20.4)	$\chi^2 = 23.90^{***}$
Female	1,284 (86.1)	429 (89.7)	484 (88.3)	371 (79.6)	
Population group, <i>n</i> (%)					
Jewish	1,227 (84.2)	408 (87.9)	465 (86.1)	354 (78.0)	$\chi^2 = 19.52^{***}$
Arab	231 (15.8)	56 (12.1)	75 (13.9)	100 (22.0)	
Marital status, <i>n</i> (%)					
Married	589 (39.7)	145 (30.5)	224 (41.3)	220 (47.5)	$\chi^2 = 29.32^{***}$
Nonmarried	893 (60.3)	331 (69.5)	319 (58.7)	243 (52.5)	
Place of birth, <i>n</i> (%)					
Israel	903 (60.6)	234 (49.0)	338 (61.8)	331 (71.0)	$\chi^2 = 48.69^{***}$
Former Soviet Union	407 (27.3)	178 (37.2)	144 (26.3)	85 (18.2)	
Europe-America	65 (4.3)	25 (5.2)	25 (4.6)	15 (3.2)	
Asia-Africa	116 (7.8)	41 (8.6)	40 (7.3)	35 (7.5)	
Age (range 20–73), <i>M</i> (<i>SD</i>)	45.27 (11.61)	48.88 (10.43)	44.45 (10.83)	42.55 (11.32)	$F(2, 1489) = 42.66^{***} (0.05)$
Education (range 0–30), <i>M</i> (<i>SD</i>)	12.09 (2.80)	12.01 (3.05)	11.90 (2.58)	12.40 (2.77)	$F(2, 1456) = 4.29 (0.01)$
Self-assessed health (range 1–5), <i>M</i> (<i>SD</i>)	3.74 (1.06)	3.67 (0.95)	3.65 (1.12)	3.91 (1.08)	$F(2, 1485) = 8.78^{***} (0.01)$
Ageism (range 1–5), <i>M</i> (<i>SD</i>)	2.54 (0.55)	2.54 (0.52)	2.60 (0.58)	2.47 (0.55)	$F(2, 1488) = 7.54^{***} (0.01)$
Anxiety about aging (range 1–5), <i>M</i> (<i>SD</i>)	3.63 (1.11)	3.59 (1.15)	3.73 (1.08)	3.57 (1.08)	$F(2, 1481) = 3.27^* (0.01)$
Attitudes that downgrade the home care profession (range 1–5), <i>M</i> (<i>SD</i>)	3.23 (1.21)	3.13 (1.21)	3.33 (1.15)	3.23 (1.26)	$F(2, 1477) = 3.51^* (0.01)$
Personal relationship with older adults (range 0–2), <i>M</i> (<i>SD</i>)	1.41 (0.71)	1.47 (0.72)	1.45 (0.70)	1.29 (0.71)	$F(2, 1485) = 8.97^{***} (0.01)$

Note. *n* = 1,492.

p* < .01. *p* < .001.

care workers in the past, and 466 (31.2%) refused the offer to become a home care worker. Participants were interviewed in Hebrew (*n* = 1,409, 94.5%), Arabic (*n* = 38, 2.5%), and Russian (*n* = 45, 3.0%). The sociodemographic characteristics of participants are shown in Table 1. Most participants were female, Jewish, nonmarried, born in Israel, with a mean age of 45.27 (*SD* = 11.61), had on average 12.09 (*SD* = 2.80) years of education, and reported a relatively good self-assessed health status.

Differences Between the Three Groups of Employment as a Home Care Worker

The bivariate analyses show significant differences between the three categories of employment (currently employed, employed in the past, and refused the offer) in the background and study variables (see Table 1). Most of the currently employed participants were female, Jewish, nonmarried, born in Israel or in the former Soviet Union, with a mean age of 48.88 (*SD* = 10.43), with fair/good self-assessed health. In comparison to participants who were currently employed, among participants who refused to become home care workers, there was a higher percentage of males, Arabs, married, Israeli-born, lower mean age, and better self-assessed health. No statistically significant differences were found between the groups in years of education.

Overall, the mean score for ageism and anxiety about aging was higher among participants who were employed in the past, in comparison to participants who were currently employed and participants who refused the offer to become home care workers. Attitudes that downgraded the home care profession were the lowest among those who were currently employed compared to the other two groups. Finally, lower levels of personal relationship with older adults were found among participants who refused to become home care workers, in comparison to the other two groups (Table 1).

Predictors of Becoming a Home Care Worker

A multinomial logistic regression was performed to test the association between ageism, anxiety about aging, attitudes that downgrade the home care profession, and personal relationship with older adults, net of demographic variables. Currently employed was the comparison category in the model. Parameter estimates are shown in Table 2.

“Employed in the past” in comparison with “currently employed”. “Employed in the past” in comparison with “currently employed” was explained by age, self-assessed health, and ageism. Namely, the odds to be employed in the past were higher for younger participants, participants with poorer self-assessed health status and for those with higher levels of ageism.

Table 2. Parameter Estimates Contrasting the “Currently Employed as a Home Care Worker” Group With the Two Other Groups.

Background Variables	B	SE	OR	95% CI
Employed in the past versus currently employed				
Gender	.32	.21	1.37	[0.90, 2.09]
Population group	.01	.21	1.01	[0.67, 1.50]
Age	-.04	.01	0.96***	[0.94, 0.97]
Education	.01	.02	1.00	[0.95, 1.05]
Self-assessed health	-.13	.07	0.87*	[0.77, 1.00]
Ageism	.25	.13	1.29*	[1.00, 1.66]
Anxiety about aging	.09	.06	1.10	[0.97, 1.24]
Attitudes that downgrade the home care profession	.09	.06	1.09	[0.98, 1.23]
Personal relationship with older adults	.07	.10	1.07	[0.89, 1.30]
Refused the offer versus currently employed				
Gender	.99	.21	2.70***	[1.80, 4.07]
Population group	-.75	.20	0.47***	[0.32, 0.71]
Age	-.05	.01	0.95***	[0.94, 0.96]
Education	.06	.03	1.06*	[1.00, 1.11]
Self-assessed health	.04	.07	1.04	[0.91, 1.20]
Ageism	-.32	.14	0.73*	[0.55, 0.95]
Anxiety about aging	.05	.07	1.05	[0.92, 1.19]
Attitudes that downgrade the home care profession	.07	.06	1.07	[0.95, 1.21]
Personal relationship with older adults	-.36	.10	0.70***	[0.57, 0.85]

Note. $N = 1,400$. The model was found to fit the data, $\chi^2(18, N = 1,400) = 184.85$, Nagelkerke $R^2 = .14$. “Currently employed” was coded with 0, “employed in the past” and “refused the offer” were coded with 1. Higher numbers indicate better personal relationship with older adults, higher ageism, more attitudes that downgrade the home care profession, and higher anxiety about aging. In addition, the following variables were encoded as follows: gender (1 = male, 0 = female), population group (1 = Jewish, 0 = Arab), and self-assessed health (1 = very bad, 5 = very good). B = unstandardized regression coefficient; SE = standard error; OR = odds ratio; CI = confidence interval.

* $p < .05$. ** $p < .01$. *** $p < .001$.

“Refused the offer” in comparison with “currently employed”. Multinomial regression results revealed that “refused the offer” in comparison with “currently employed” was explained by gender, population group, age, education, ageism, and personal relationship with older adults. Specifically, the odds of refusal to become a home care worker were higher for males, Arabs, younger participants, participants with more years of education, lower ageism levels, and less personal relationship with older adults.

Discussion

Overall, our findings showing the low rate of employed home care workers among job-seekers are worrisome; it reflects the ongoing shortage in the field of formal home care and indicates that job-seekers prefer to stay unemployed or to find another job, rather than work as home care workers of older adults. Moreover, it suggests that efforts to recruit home care workers for older adults are challenging.

In the current study, the bivariate associations revealed significant differences between the three groups of employment as caregivers (currently employed, employed in the past, and refused the offer) in all the push and pull variables. Yet, in the regression analyses, controlling for background variables, the associations of anxiety about aging and attitudes that downgrade the home care profession became nonsignificant. This suggests that demographic variables and the remaining

significant push and pull factors examined in this study might account for the associations at the bivariate level.

What Factors Predict Who Will Drop-Off and Who Will Refuse to Become a Home Care Worker?

Compared with those currently employed, the odds to be employed in the past were higher for younger participants. In the same vein, the odds of refusal to become a home care worker were higher among younger participants. These findings suggest that younger job-seekers are less interested in working with older adults. This worrisome finding might be a consequence of the characteristics of modern society which segregates between the young and the old, based on preplanned life scripts such as education, family creation, work, and retirement (Riley & Riley, 1994). Accordingly, when the younger and older generations do not socially engage, the motivation to provide care to an unfamiliar group is low or even nonexistent.

Given that the home care work is physically demanding (Kelly et al., 2017), it is not surprising that the odds of being employed in the past were higher among participants with poorer self-assessed health status. Thus, when health status is poor, it is possibly difficult to function and remain in this kind of job.

When we compared those “employed in the past” and those “currently employed,” we found that the odds of being employed in the past were higher for those with higher levels of ageism. Because this study is cross-sectional, caution

regarding cause and effect is required. We are also aware that this association might have been spurious. Nevertheless, we may assume that participants who were employed in the past might have had a biased experience with older adults because they tended to see and treat the frailest, sickest, and most senile older people (Ben-Harush et al., 2017). However, the finding that lower ageism predicted refusal to become a home care worker is surprising especially because it was expected that job-seekers who refused to accept the job would hold ageist attitudes that would make them want to distance themselves from the older adult population and especially not to be in a direct contact with them (Gonçalves et al., 2011). Indeed, a review study has demonstrated that negative attitudes toward older adults are associated with a lack of interest in working with this population (Coffey et al., 2015). Our finding that those who had accepted the job offer had higher levels of ageism is perplexing, particularly the higher levels among those currently employed as home care workers. Given that the average time between accepting the job and the interviews was about 3 months, possibly, the group that has agreed to accept the home care job has already developed ageist attitudes. Further studies should be conducted at the time of referral in order to clarify the contradictory finding.

Our findings showed that while comparing between those who “refused the offer” and those who were “currently employed,” the odds of refusal to become a home care worker were higher for male, Arabs, and participants with more years of education. Men’s refusal to become home care workers possibly reflects gender differences regarding the care work. Indeed, given that care is still socially constructed as a “natural” attribute of women, care work is seen as a feminized occupation (Huang, 2016). Furthermore, care work is often perceived as an extension of what comes naturally or is done by women at home with their children (Kofman, 2014).

The higher refusal to become a home care worker among Arab job-seekers may stem from the fact that older Arabs in Israel prefer to be cared for by their family members (Khalaila & Litwin, 2011). Hence, most of the care is provided in home by family members and only a minority relies on paid home care (Khalaila & Litwin, 2011). Given that care efforts are invested within the family, it might be that the willingness to work outside the family is almost nonexistent.

Overall, care work is usually deemed to be unskilled (Kofman, 2014) and is considered to be a low-status job performed mainly by people from low socioeconomic status (Butler et al., 2010; Iecovich & Iecovich-Tishler, 2015). Therefore, it is not surprising that job-seekers with more years of education refused to become home care workers. It may be that these job-seekers probably assumed that they can find another job in which they would be able to use their knowledge and skills and be rewarded accordingly.

Finally, the odds of refusal to become a home care worker were higher for participants with fewer personal relationship with older adults. This is consistent with past studies which have found that fewer relationships with older adults are associated with negative attitudes and avoidance of this

population (Bousfield & Hutchison, 2010). This can be explained by the fact that greater personal contact with older adults reduces barriers and increases compassion toward “out-group” members.

It should be noted that other variables in the multivariate analyses were not statistically significant. “Employed in the past” versus “currently employed” was explained by only three variables (age, self-assessed health, and ageism) of nine variables. In addition, “refused the offer” versus “currently employed” was explained by six variables (gender, population group, age, education, ageism, and personal relationship with older adults) of nine variables. There might be additional variables which have not been examined in this study, which can explain drop-off or refusal to work as home care worker such as wages and working conditions. It is suggested that future studies will examine these variables.

The present study has several limitations. First, this cross-sectional study cannot provide information about cause and effect and only points at associations. Second, the sample in this study was composed of job-seekers who applied to the IES. We acknowledge the fact that there are other ways to enter the profession such as through nursing companies. Most of job-seekers who apply to nursing companies know what jobs are offered by these companies, and that there is a high probability that they would be offered an apposition as a home care worker of older adults. It stands in contrast to the IES which holds a high range of potential professional and non-professional jobs, not solely in home care. Third, there is an imbalance between three push factors and the single pull factor examined in this study. However, these factors are in line with previous evidence introducing the imbalance between potential push and pull factors to provide or not to provide formal care to older adults (Coffey et al., 2015; Cooper et al., 2016; Eshbaugh et al., 2010). Fourth, internal consistency was low for attitudes that downgrade the homecare profession scale (Cronbach $\alpha = .55$). Finally, the variables “Attitudes toward the home care profession” and “Having a personal relationship with older adults” were assessed with items that were not previously validated.

Practical and Policy Implications

Despite these limitations, our study has several important implications. Practical implications include, first, the study emphasizes the significance of age and ageism as predictors in the decision to become a home care worker. Thus, exposing different age groups, specifically young adults, to realistic accounts of growing old may be important in reducing ageist stereotypes. This could be done, for example, by promoting contact in social activities with older adults (Bodner, 2009). Second, although care work is often considered to be a low-status job, it also has benefits such as the opportunity to care and support older adults, physically and mentally. Therefore, it is suggested that when the IES offers this work to job-seekers, its benefits would be stressed. Third, the characteristics of job-seekers who refused the offer to become a home care worker

(male, Arab, younger age, and more years of education) are relatively easy to identify at the time of the job offer. Therefore, it is important that the workers at the IES pay special attention to these population groups and adapt the offer by providing additional information regarding home care work. Finally, ways to ensure that home care workers receive ongoing guidance by the companies that employ them as well as emotional support are recommended, as this job exposes them to frail, sick, and cognitively impaired older people.

From a policy point of view, the identification of the factors associated with being employed in the past and refusing to work as a home care worker for older adults is central. This information potentially allows to expand the home care workforce and maintain home care workers who are currently employed in this field. Such information is important for policy stakeholders involved in the construction of services for older adults and for those involved in the placement of job-seekers.

As the decision to be employed as a home care worker may reflect different cultural values, future studies would benefit from investigating this topic by comparing push and pull factors to become a home care worker among job-seekers across different countries and cultures. The use of qualitative studies with in-depth interviews may also allow to better explore factors that shape the decision to become a home care worker and to examine changes in these factors over time.

To sum, the expected increase in the population of older adults, who need help and support in daily functioning, requires appropriate preparation in terms of recruitment, training, and maintenance of manpower to provide tailored care for older adults in their homes. According to the findings of the present study, it is recommended that the recruitment process of home care workers by the IES would include an examination of pull and push factors while offering this work to job-seekers. Mapping these factors may help to motivate new personnel to provide care to older adults as well as retain caregivers who are already working in this field.


Declaration of Conflicting Interests


The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This study was funded by the National Insurance Institute of Israel.

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