

*Who is going to take care of them?*



Master Thesis

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***“This job can be done only if you have a heart for it,  
not if you are planning to get rich”***

*A qualitative study to explore the personal motivations of Migrant Care  
Workers to get involved in formal elderly care work- Nursing Homes- in  
the Netherlands*

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# 1. Introduction

## *1.1. Problem Statement*

The focus of this study will be on analysing the motivations of migrant care workers to get involved in the formal elderly care work within nursing-homes in the Netherlands. Chapter 1 introduces the relevant background of the problem that has been investigated in this study, as well as addressing the aims and objective(s) of the study.

### *1.1.1 Ageing Society as a “New Social Risk”*

Due to increasing life expectancy and declining fertility rates, many EU countries face challenges posed by a so called “ageing society”. According to an UN report from 2001, the expected demographic changes (with people aged 60 years and above) in the Netherlands are going to increase up to (nearly) 5 million in 2025. This means that in 2025 the amount of people of age 60 and above older will make up about one third of the whole Dutch population (UN, 2001).

In the Netherlands, in the year 2000 there were over 3.7 million people older than 55 years, and this number is projected to grow rapid up to 6 million in 2030. In other words, the 55-plus population in the next thirty years will increase by over 60% (Verzijden & Fransen, 2004). As a consequence of this, in the Netherlands, and also in many other (developed) countries policy-makers fear that rapidly demographic changes will lead to great problems such as health care and also social security costs (WHO, 2002). These demographic changes as well as the labour market structure in different states are perceived as a new social risk (Taylor-Gooby, 2004). Regarding to labour market changes, CBS (2012) has indicated that there will be a gap between people older than 65 years and the productive group between 20 – 65 years old. CBS-statistical results have shown that this grey-pressure has increased over time, in 1995 the pressure was 21.1 and in 2010 it increased to 25.1 (CBS, 2012).

The results of the unprecedented shift in age demographics create two big challenges for many European countries:

- Firstly, the rapidly increasing ageing population will need more care services
- Secondly, there will be less supply of workers (care professionals) to provide care services for the older population while demand for care workers is increasing exponentially (Taylor-Gooby 2004; WHO, 2002; Goudswaard, 2009).

That means that due to the demographic aging of developed countries, the demand for extra people who can provide long-term care services for the elderly population is increasing. According to estimations of CPB's (Centraal Plan Bureau, 2004) estimations from 2004, about the consequences of an ageing society, the increasing demand for supply of care workers in the Netherlands will endure till 2040 (CPB, 2004).

### ***1.1.2 The Role of the Migrants in the Care Sector***

The growing demand for care workers compelled many developed countries to eliminate the care worker shortages, by finding new labour forces, such as "Migrant Care Workers" (Anderson, 2001; Spencer *et al*, 2010; Warburton *et al*, 2009; Cangiano *et al*, 2009). At present, in many European countries, we see a large number of Migrant Care Workers (MCWs) involved in the care sector, for example in (informal) home-care settings, nursing homes, as well as in residential homes. Especially after the EU enlargement and the removal of border-controls, many East European female migrants have become an important labour force for the care sector in many European countries (e.g. Austria, Italy, the Netherlands, and the UK etc.). They are involved in formal (nursing homes) and also informal (domestic works) care settings (Lutz and Palenga-Möllnbeck, 2010).

Previous studies (Anderson, 2001; Visser-Jansen & Knipscheer, 2004) have shown that many young people are showing fewer tendencies to participate in such work and it is mostly perceived as a labour intensive and/or a not well-paid job. In the Netherlands, not only native young individuals, but also (young) people from migrant backgrounds are unwilling to join the care sector (Bloemendaal *et al*, 2008). Despite of the increase of the demand side (a growing number of elderly people), the supply side is on contrary, in particularly among the ethnic minority groups in the

Netherlands, compared to host citizens (Visser-Jansen & Knipscheer, 2004). An empirical research conducted in the Netherlands (*Allochtone Vrouwen in de Zorg, 2008*) has indicated that the participation of migrant groups (particularly Turkish and Moroccan women) in the care sector is relatively low, compared to other groups (Antilleans and Surinamese and also host Dutch citizens), (Bloemendaal *et al*, 2008). This low involvement is mostly attributed to certain factors (barriers), such as language problems and the educational requirements (Visser-Jansen & Knipscheer, 2004), personal characteristics, religion, cultural beliefs and norms (Bloemendaal *et al*, 2008). Therefore, in order to fulfil the personal shortage in the care sector and create a multicultural working environment, the Dutch government activated several policies and projects with cooperation of different organizations. (Bloemendaal *et al*, 2008; Zorg & Welzijn, 2004). One of the projects for involving migrants in the care sector was to offer integration courses called “Inburgering” (Zorg & Welzijn, 2004). For this project, different stakeholders were involved such as municipalities, branch organizations, and regional education centres. The idea for involving different stakeholders was to enhance the collaborations among the parties for achieving a better result (e.g. involving more migrants in care sector). In this project, immigrants (especially women) who began an integration program were selected while they were following language courses, and a job-orientation training. Those who were selected for the program called BBL 2 (Beroepsbegeleidende Leerweg) need to follow the training program as an internship for 3 to 4 days and go to school for 1 day going to school in order to gain the theoretical knowledge about their study. As soon as they were finished their training programs- which might takes 2 or sometimes 4 years, then the project organizers would direct them to a permanent job in a formal elderly care work (e.g. a nursing home).

By this act the Dutch government aimed to achieve several objectives. Firstly, to integrate the immigrants from non-EU countries within the Dutch society by offering them Dutch language courses. Secondly, to create a new supplier of care work, while also establishing a multicultural environment within the care sector. Thirdly, to reduce the social and economic impacts of the migrants on the state’s expenditures, for example; removing the social assistance (Zorg & Welzijn, 2004). In this research, “Inburgering” integration courses might help us to understand the involvement of MCWs in the care sector and to analyse their personal motivations of caring.



### ***1.1.3 Understanding the Motivation of Care Work***

The care sector is globally becoming increasingly one of the most prospering employment opportunities in many countries (OECD, 2000). Several studies to date have been published on the role of care workers involved in the sector, but there have been fewer studies done that address the individuals' motivation for involvement in care work (Moody and Pesut, 2006). Most of the studies carried out in the Netherlands have focussed on questions of how many migrants are involved in the care sector, and why migrants do not select care oriented studies (Bloemendaal *et al*, 2008; Visser-Jansen and Knipscheer, 2004), but they do not specifically focus on their motivation for involvement. For example why have they decided to work in the care sector? Working in the care sector demands a high level of intensive labour and each person has a different motivation to get involved in such a sector (Abel and Nelson, 1990). Several authors attributed this involvement to different factors, such as cultural norms and values, personal moral values, empathy-altruistic behaviours, material expectations, self-esteem and helping others out of love etc. (Abel and Nelson; 1990; Lepore 2008; Noddings 1984; Lakoff (2002). In a motivation context, providing care services for elderly people can be understood as a social practice which can be informally or formally fulfilled by individuals (Weicht, 2010). In this research the focus is on the formal elderly care work (FECW).

Since the main motivations of the MCWs in the Netherlands are not very visible or have received less attention, this research might help to gain insights into the personal motivations of migrant care workers: "why and how" they have decided to involve themselves in elderly care work in the Netherlands rather than just the barriers that prevent them to do so. For instance a study on "Allochtonen Vrouwen in de Zorg" (migrant women in the care sector) has indicated that specific cultural factors of migrants (particularly Turkish and Moroccan women) emerged as one of the barriers why they were not willing to participate in the care sector. By cultural characteristics is meant the religious perspective that washing a man or physically being close to a man can be a barrier for this involvement (Bloemendaal *et al*, 2008).

In order to understand why MCWs have decided to get involved in formal elderly care work, several social-psychology theories on motivation of caring will be used. Furthermore, we have selected some (socio-psychological) factors which might

influence MCWs' motivations such as cultural beliefs, material values, empathy-altruism, cultural values and norms, personal moral values, family-replacement, self-esteem and helping others out of love. In this study, the main focus is to find out the extent to which these factors have influenced MCWs' personal motivations to get involved themselves in elderly care work.

## ***1.2. Objective(s) of the Research***

This study is written in the context of international project called "Caring Labour in a Migrating World". The main purpose of the project "Caring Labour in a Migrating World" is to study the caring concept, position of migrants involved in the elderly care sector, as well as the role of the migrant care workers in three countries: in Austria, the Netherlands, and the UK.

This study specifically is paying attention to "how and why" migrant care workers have decided to participate in formal elderly care work (FECW) by analysing their personal motivations.

*The objectives of this study are to:*

- Analyse the underlying factors which have influenced MCWs' motivations to get involved in the formal elderly care sector (more specifically in nursing-homes) in the Netherlands;
- Use the knowledge gained from MCWs' experiences in guiding policies and practices in the Netherlands, which might help to involve more immigrants in this sector.

As aforementioned, the participation of migrant groups in the care sector is relatively low in comparison to host Dutch citizens. With the research findings of this study responsible authorities would be able to understand the motivations behind this involvement. Thus they can try to create some incentives for other migrants to get involved in the formal elderly care sector.

## **2. Theoretical Position of Research**

### ***2.1. Background and Context of the Study***

In this chapter first a description of the background and context of the problem will be provided by illustrating the “Motivation of Caring”. Consequently, to reach above mentioned objectives the motivations of caring theories and related socio-psychological aspects of motivation will be illustrated. In this chapter the reader will be informed about the background information on the topic (motivation of caring) that has been studied in this research.

#### ***2.1.1. Motivation of Caring***

In order to understand why MCWs have decided to get involved in FECW (Formal Elderly Care Work), first it is important to understand how their motivations were shaped toward this kind of work. In literature, motivation has been studied by different authors in different contexts, such as social psychology studies, nursing studies, economic studies etc. (Maslow, 1943; Benson and Dundis, 2003; Deci and Ryan, 1980; Moody and Pesut, 2006). In social psychology studies the concept of motivation emphasizes the question of how and why people are being motivated to initiate certain behaviours in some particular circumstances (Markus and Kitayama, 1991). Motivation can be defined as a desire or willingness that a person would have, in order to perform a task (Deci and Ryan, 2000). In most of the cases desire or willingness aspects are influenced by needs of individual which must be fulfilled (Lambrou *et al*, 2010).

Why is motivation important? When we as human individuals are positively motivated, we are more likely to be happy and effective in our roles at work, within the family etc. Generally, when something motivates us we have a tendency to react and feel in a particular way toward certain things. Motivation can be a good stimulus to drive us to perform certain tasks and make some decisions (e.g. to get involved in elderly care work). Socio-psychology studies reflect on this in terms of the needs-based theories which include also Maslow’s hierarchy of needs. Maslow’s theory of

motivation describes a set of needs that can be displayed as a hierarchy. The individuals' need(s) can be formed and developed in a stepwise approach representing a pyramid. If individuals' needs are fulfilled then they can be motivated and eventually perform the recommended task (Maslow, 1943). In social-psychology studies, several authors assign the driving force behind motivation to other factors such as extrinsic motivations. Extrinsic motivations indicate environmental factors which come from the outside and not from the individual self (Deci and Ryhan, 1980). With extrinsic motivations there are more components which might play a role for an individual to perform a task such as money and status. When an individual achieves certain (material) satisfactions, then he would decide to perform that particular work.

Another study on the motivation of participating in care work was performed by Abel and Nelson (1990). The authors have examined the motivation of people who would participate in and provide care work which demands a high level of intensive labour. According to these two authors "care giving is an activity encompassing both instrumental tasks and affective relation". The distinction between these two modes of behaviour is that while the care giver is expected to provide love; s/he also needs to provide labour. Concerning the instrumental part, gaining financial benefits and income related factors are some of the critical motivators which attract individuals to get involved in care sector (Abel and Nelson, 1990). In the authors' view, gaining material satisfactions is one of the driving forces in the involvement process since, for example, a stable income can be as a critical motivator. During the decision making process (for involving in care work) individual weighs for instance, the salary of the job and the criteria for employment, which would determine and influence his/her motivation to get involved in care services for elderly people (Lepore, 2008). In this research, Maslow's theory of motivation is the basis and the starting point of several other theories which focus on individual needs, the satisfaction of these needs, reward-outcome expectations and the effects of these factors on the motivation of performing certain tasks- particularly involving in the care sector.

### ***2.1.2. Care Sector: 'New Job Opportunities'***

A growing demand for care workers compelled many Western countries to eliminate care workers shortages by finding new supply of care workers. Several authors have

illustrated that participation of migrant workers in the care sector can fulfil the personnel shortage in elderly care (Spencer *et al*, 2010; Anderson, 2001; Warburton, *et al*, 2009; Cangiano *et al*, 2009). At present in many European countries as well as in other countries such as Japan and the United States there is large number of migrant care workers involved in the care sector: in residential homes as well as in nursing homes where the elderly population is in full need of care (Redfoot and Houser, 2005; Lepore, 2008).

The care sector has great opportunities for a new form of labour market where people can find more job possibilities (Goudswaard, 2009; Visser-Jansen & Knipscheer, 2004; Baalen & Bekker, 2010). It is assumed that the importance of employment in the social services sector, due to the ageing population, will grow tremendously in the future (Pfau-Effinger and Geissler, 2005). Also OECD (2000) research has indicated that the care sector offers one of the most prospering employment opportunities in many European countries (OECD, 2000). After the EU enlargement, many people from Eastern Europe began to immigrate to different EU countries (e.g. Austria, the UK, Italy) due to increased employment opportunities in the (long-term) care sector. Some had immigrated to border countries, because of their geographical proximity and historical relations with those countries (Lutz and Palenga-Möllnbeck, 2010). Factors such as geographical and historical advantages have enabled many Eastern European female MCWs to access new job opportunities (e.g. domestic care work) in many European countries. Eastern European female MCWs are a well-known example, and their number is rapidly increasing in the care sector all over Europe (Lutz and Palenga-Möllnbeck, 2010).

Besides the migrant's initiatives to move to other countries for working in the care sector, there are also some countries which import many migrant care workers as a solution to the ageing society issue. The UK is known as one of the examples where a large percentage of nurses and care workers are migrating to work in the care sector. Most of those immigrants are (semi)-skilled and get involved in the long-term care system of the UK. (Kofman *et al*, 2005). For instance many MCWs from the Philippines are being encouraged by their own government to migrate to Europe, the Middle-East and the United States (Redfoot and Houser, 2005).

In the Netherlands, instead of importing migrant care workers from other countries, the Dutch government approaches the issue differently. Because of the ageing society and the already tight labour market in the care sector, the Dutch government is investing more in the multicultural care sector in the Netherlands (Bloemendaal *et al*, 2008; Zorg & Welzijn, 2004). By this the Dutch government aimed to achieve the following aims:

- First of all, by involving migrants who are already in the Netherlands in the care sector, multicultural environment can be created;
- Second, by involving migrants in the care sector, the burden that the ageing of the Dutch society poses on welfare state can be alleviated; for example, municipalities do not need to pay any social assistance anymore to those who are still not active on the labour market.
- Third, involving migrants in integration and job orientation courses could help them to better integrate within the Dutch society and to make great contributions to care sector.

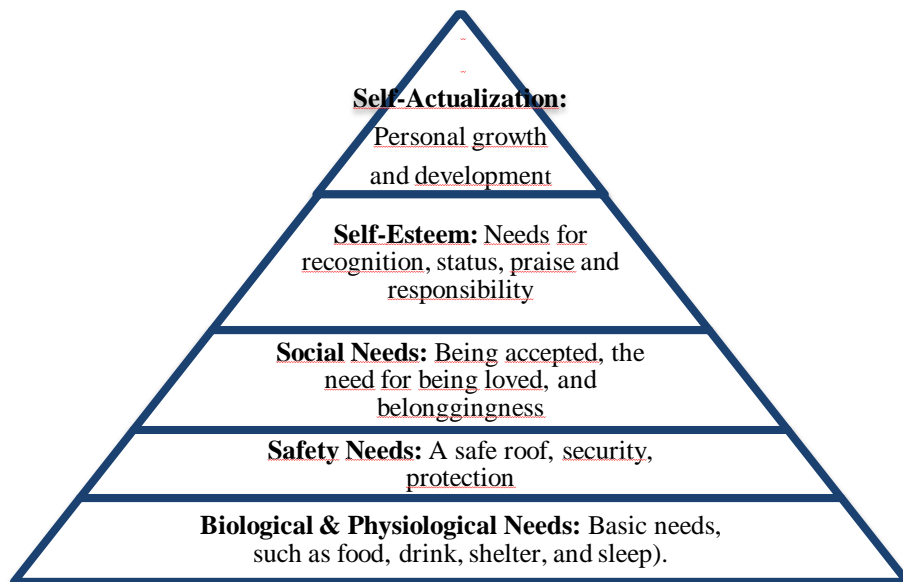
## ***2.2. Theoretical Framework***

In this theoretical framework, the emphasis will be on understanding the ‘motivations of caring’. In order to understand why and how individuals are motivated to perform certain tasks, particularly to get involved in FECW, theory of motivations and caring-theories will be studied. In literature there are several theoretical frameworks developed to conceptualize the motivation of caring (Folbre, 2001; Abel and Nelson, 1990; Dawson 2007). There have been several discussions on why one would work as a paid or unpaid care worker and become involved in care work, keeping in mind that many people think that this is a highly intensive and demanding work (Abel and Nelson, 1990; Thomas, 1993). Several authors attribute the motivation of involvement in care work to different factors such as cultural values and norms (Noddings, 1999; Lepore, 2008; Markus and Kitayama, 1991), whereas other authors attribute this to certain intrinsic and extrinsic motivations (Deci and Ryhan, 1980; Vroom 1964; Folbre and Nelson, 2000; Noddings, 1999). Maslow (1943) asserts that the motivation of individuals would be first influenced and shaped by the individuals’ certain hierarchy of needs (Maslow, 1943). According to Vroom’s expectation theory (1964),

the individual's motivation will be shaped by certain rewards and outcomes that the individual expects to receive. In the following section, those above mentioned motivation theories and caring aspects of motivation will be illustrated separately.

### 2.2.1. Maslow's Hierarchy of Needs

One of the well-known theories about the "motivation" of initiating in specific tasks in particular circumstances was first developed by Abraham Maslow (1943) and is known as the; 'theory of motivation', or as Maslow's Hierarchy of Needs. Maslow's Hierarchy of Needs model can be a constructive tool in order to understand an individual's motivation for exhibiting a certain behaviour (e.g. being involved in care work).



*Figure 1.* Maslow's Hierarchy of Needs (Maslow, 1943).

This model is commonly used in different settings and organizations, which provides a means to understand and assess employee's motivation (Benson and Dundis, 2003; Lepore, 2008). The motivation of getting involved in care work depends on certain rewards or satisfactions that an individual would first like to achieve. Maslow (1943) defines this as the hierarchy of needs of individuals, represented in the form of a pyramid. Maslow's pyramid about the hierarchy of needs describe a set of needs that can be displayed in a hierarchy. An individual' need(s) can be formed and developed stepwise in a pyramidal manner (hierarchy). Maslow (1943) indicates that the lower order or the most basic needs of an individual should be satisfied before s/he can reach a higher order of needs such as safety needs, social needs, self-esteem, and self-actualization (achieve potential). The lower order or the most basic needs are the basic

life needs such as food, drink, and sleep. Without these vital components individuals cannot sustain their life. The simplicity of the process of satisfying basic needs is that all human individuals need to find a solution for satisfying their basic needs in order to stay alive. If these basic needs are satisfied, then the individual would be (intrinsically) motivated to perform certain tasks or activities. As Maslow (1943) indicated, if an individual can satisfy his first basic needs, then he may concentrate on further and a higher level of need satisfaction such as social needs, self-esteem, and self-actualization (Maslow, 1943). After the first two levels of needs are fulfilled or achieved, then the individual can reach to the third layer. At this level, an individual would need to be loved, to have some interpersonal relations, to feel wanted, and feel that s/he is belonging to a place or a group. The fourth layer of Maslow's pyramid is about the respect of others, recognition, status and responsibility. After an individual has obtained the first three types of needs, he would like to go to fourth level. There an individual would like to be recognized, to be respected by others in his environment (e.g. by family, friends, colleagues, clients etc.). If the environment (e.g. clients) can praise and have recognition for the good performance of the individual, then he might enhance his self-esteem which might help the individual to feel and think that the work he does is meaningful and that his contribution is valued.

This (fourth) layer indicates that the intensity of the tendency to be loved, praised, and accepted by others would form a strong motivation to perform certain tasks. Self-esteem might have some implications when we apply it as a motivation in work settings (e.g. nursing homes). For instance if the MCW is well accepted and praised by his/her environment for the decision s/he has made (for getting involved in the FECW), s/he would be motivated perform that job. In individuals' working environment, appreciation and support from the environment would shape their motivation (Maslow, 1943). At the fifth level, the individual would then focus more on his personal and intellectual development.

### ***2.2.2. Cultural Aspects of Caring***

The motivation of participating in FECW is related to the personal characteristics of the individual such as cultural background, employment history, and previously followed education (Noddings, 1999; Lepore 2008). As aforementioned in Maslow's fourth layer (self-esteem) an environment can play an influential role for individuals'



motivations to perform certain tasks. In the context of motivation, the social environment can shape the culture which might have a powerful role on individual's motivation to perform certain behaviours (as social norm). According to Markus & Kitayama (1991) the motivation of people is shaped differently in each culture and is based on some cultural components of society. In each culture, societies have different life styles, social norms and values which influence and direct individuals to perform certain behaviours (Vonk, 2004). The cultural background (e.g. non-Western or Western societies) of an individual determines the way an individual would be motivated to perform certain tasks. Markus and Kitayama (1991), furthermore, differentiate this as collectivistic and individualistic cultures.

In Western cultures the term motivation, “involves some type of internal, individually rooted need or motive, and specifically a motive to enhance one's self-esteem”, while in Eastern cultures an individual has a strong tendency to keep everything in balance and harmony (social engagement) by thinking in a collectivist manner, and often by taking others into consideration (Markus and Kitayama, 1991). The next question that arises here then is how is the caring behaviour actually constructed in a diverse cultural context? There have been several discussions on providing care and emphasizing the role of cultural aspects in doing so (Halevy-Levin *et al*, 2007; Sung, 1994; Lepore, 2008; Kabitsi and Powers, 2002). It is assumed that non-Western cultures are often associated with their attitude to honour elderly people more highly (Redfoot and Houser, 2005). This can be attributed to the fact that in most non-Western cultures providing care for elderly (family) members is seen as a social norm in which an individual is obliged to do so (taking care of his parents), while in a Western culture that would be different. In a Western culture if an individual cannot take care of his/her parents, then a nursing home would be an option (or a solution) whereas in a non-Western culture this responsibility is mostly fulfilled by children (Sung, 1994). Aranda and Knight (1997) attribute the obliged feelings of providing care to family members to some culturally constructed understandings such as “cultural values and norms”. According to these authors, cultural values and norms have two different dimensions: individualism and familism. Considering individualism the provision of care in the majority of Western culture would be perceived as a laborious job because providing care for others might disrupt the care givers' life style. The second dimension, familism, is associated with perceptions of

providing care as being less laborious (Aranda and Knight, 1997). In the context of individualism and familism, a cross-cultural study was conducted on the motivation of providing care for a demented parent (Sung, 1994). Sung (1994) has compared American and Korean filial who were providing care for their demented parent. The author has identified several motivations that explain why a filial would provide care for his/her demented parent such as “affection-love”, “obligation-responsibility, and “repayment-reciprocity”. In both groups individuals appeared to share many common motivations, but in the Korean group family harmony, respect, and filial sacrifice emerged as important motivations which American care givers did not exhibit (Kabitsi & Powers, 2002).

As mentioned above, people from individualistic and collectivist cultures may have different motivations and social norms to provide care for others. Those cultural aspects (social values and norms) were mainly studied in the context of caring for family members. Several studies have investigated the effect of ethnicity, cultural norms and values, country of origin on the individual’s motivation of getting involved in care work (Lehning *et al*, 2008; Anderson-Dilworth *et al*, 1980; Wallace and Lew-Ting, 1992). The authors have indicated that due to cultural norms, regarding the strength and centrality of family responsibilities, individuals have a strong tendency to provide care for other family members (e.g. Asians, Latinos).

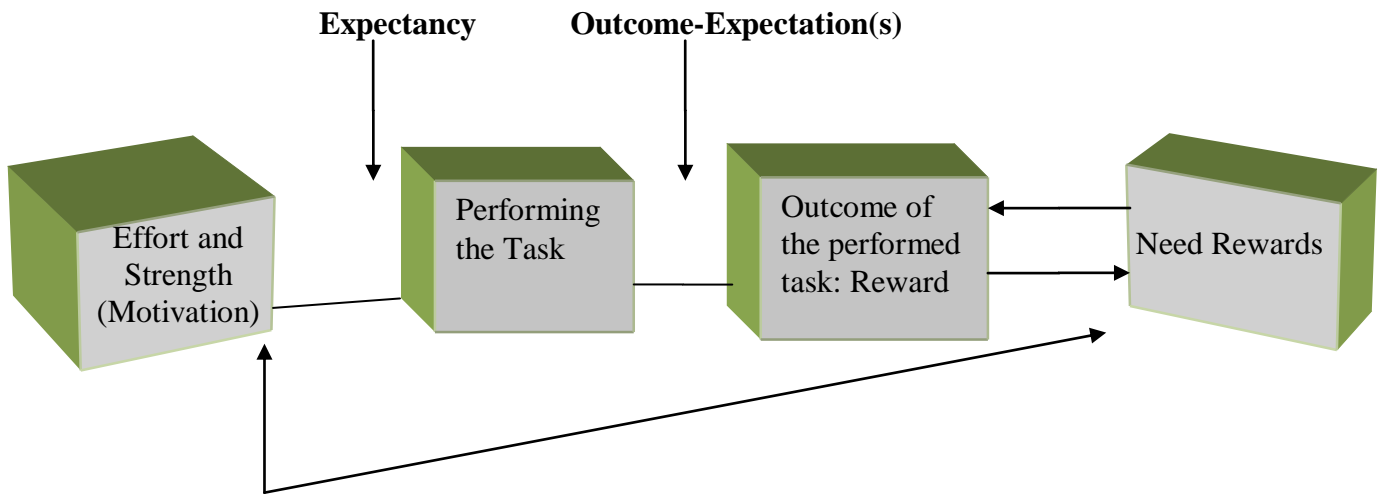
Culturally based values can be particularly significant among caregivers who come from non-Western cultures (e.g. the Asian culture) because moral values and cultural beliefs might create a motivational force and shape the behaviours of individuals to get involved in care work (Lakoff, 2002). These cultural values, i.e. family relations and providing care for other family members can even cross cultural boundaries. For instance, some studies indicate that MCWs can view care work as a connection to their past family care giving experiences ((Halevy-Levin *et al*, 2007; Lepore, 2008). By being willing to help elderly residents in nursing homes, MCWs create a kind of caring relationship with the elderly people as a replacement for family relations. Literature suggests that MCWs’ motivations are different than non-migrant care workers. Halevy-Levin *et al*, (2007) have investigated the differences in the care giving aspect between non-immigrant and immigrant caregivers. They have indicated that those who immigrate from non-Western cultures, in which the family norms or

societal sanctions are stronger than in Western cultures (e.g. North American and Western European cultures), are willing to provide more assistance than non-immigrant caregivers (Halevy-Levin *et al*, 2007). In non-Western cultures, cultural norm are seen as an influential factor which plays a salient role in an individual's motivation to provide care to the care recipients.

### ***2.2.3. Personal Expectations vs. Empathy-Altruistic Behaviours***

Besides the cultural aspects which determine the willingness to provide care to others, there are also other components which might influence the MCWs' motivations for getting involved in FECW. Those include: material values (positive outcomes and expectations), moral and spiritual values, affection and empathy-altruistic behaviours. Authors define these components of motivation such as extrinsic and intrinsic motivations (Deci and Ryhan, 1980; Vroom 1964; Folbre and Nelson, 2000; Noddings, 1999). Extrinsic motivation indicates environmental factors which come from the outside and not from the individual self. Considering extrinsic motivation, there are several aspects which might play a role for an individual to perform a task such as financial benefits and status, etc. (Deci and Ryhan, 1980). When an individual achieves his certain expectations (in terms of material benefits), then he will decide to perform that particular work. Material satisfaction is shaped by financial benefits that the individual intends to receive (Deci and Ryan, 2000). For instance, if the employment criteria are attractive for the care worker, then s/he might get involved in that work (e.g. working in nursing-homes). McClure (1983) argues that the availability of employment alternatives such as flexible scheduling practices in an organization might attract individuals in participating in care work. If the individual is satisfied with the flexible scheduling practices of the organization (i.e. nursing home) and with the supportive collegial environment, then s/he might remain in the same sector (Moyle *et al*, 2003; McClure, 1983). Based on this idea, many MCWs from developing countries are migrating to developed countries where they are able to earn more than they would able to do in their own country (Awases *et al*, 2004). By leaving their countries of origin MCWs aim to get better work opportunities and higher wages (Redfoot and Houser, 2005).

During motivation process of participating in care work, the individual does not directly achieve what s/he intends to receive. S/he first undergoes to certain processes which influence his/her decision to perform a given task (Vroom, 1964).



**Figure 2.** Expectancy Theory (Vroom, 1964).

The expectancy theory of Vroom (1964) describes how the motivation of an employee can be influenced and determined by an outcome such as reward which the individual aimed to achieve. This process is associated with certain emotional orientations such as extrinsic and intrinsic motivators. Extrinsic motivators can be represented by financial benefits or a promotion that an employee would like to get. The intrinsic motivation is characterized by the inner satisfaction that the individual feels once s/he has achieved a certain goal (Vroom, 1964). Once the individual is convinced about the expected outcome that s/he would like to achieve, he starts to analyse his strength and the conviction whether that particular outcome is attainable or not. The expectancy results depend on how much effort the individual puts in; because more effort will result in a better performance.

Expectations are shaped by factors such as the availability of resources, the crucial information, and supported in completing the job. In the next step, the individual moves onto the instrumental part of the expectancy. This step assures that if the individual performs very well, then s/he will achieve a valid outcome. The outcome can be defined as “a salary” which might be an influential factor for participating in care work. Deci and Ryan (2000) assert that the financial expectations of an individual can influence his motivation for getting involved in care work. When employment criteria are attractive and satisfactory such that, for instance the individual can receive a pecuniary compensation from the institution for providing

care services then s/he might participate in the care sector (Lepore, 2008; Deci and Ryan, 2000). However, Dawson (2007) indicates that due to low extrinsic motivation (low financial incentives and low rewards), few people are attracted to get involved in care work (Dawson, 2007) which is experienced negatively and is seen as being labour intensive (Van Hooren, 2011). When an individual is convinced that s/he will receive a fair payment, then s/he would not worry about receiving a salary (Maslow, 2000). If the low provision of extrinsic motivators (given the amount of salary received and the employment criteria) are not what drives people to get involved in the care sector, what can then be the reason for their participation? If low extrinsic motivation (salary, employment criteria) is not really attract many people to involve in such care work, what can be the reason then for this involvement? An individuals' achievement is not always based on material benefits or rewards. S/he can also perform a job due to other reasons as well. In literature the motivation for providing care to others is also attributed to factors such as spiritual values, affection, altruism and self-interest (Folbre and Nelson, 2000). Morse et al, (1990) assert that "the caring for others is as part of human nature and it involves a desire for the other's well-being, because caring is an innate human trait". It is in our nature to help others because we are programmed to do so. This desire illustrates the idea that an individual is willing to provide something and to be available for this (Noddings, 1984). Helping others without any particular expectation will give the individual a feeling that s/he has done something good for somebody else, which is defined as a part of human nature and is called pro-social behaviour (Vonk, 2004). Furthermore, the willingness to help others is mostly attributed to altruistic behaviour. Altruism characterizes behaviour in which an individual is motivated to do something for the well-being of someone else without any expected reward or a pre-condition (Vonk, 2004).

The provision of support can be done through emotional empathy, because empathy is one of the most important conditions for an altruistic behaviour. Empathy has two different components such as a cognitive and an emotional one. The most important aspect is that the individual willingly obtains the perspective of another person (Vonk, 2004). When the individual feels emotionally attached to another person, then s/he might support the provisions of care. It is about feeling what the other person might need (Thomas, 1993). There are two different emotional reactions when we encounter that an individual needs something (e.g. care). The first is that we will experience

some kind of unpleasant (personal) distress. The second is that we will experience and feel empathic concerns for that person in need of help. Both emotional reactions will occur if the individual activates his empathic feelings (Batson, 1991). In the context of providing care, nursing studies indicate that “showing empathy” can be an influential motivator which might shape the individual’s increasing emotional involvement (Leininger, 1983). However, not all displays of care called empathy-altruistic behaviours. According to Oliner (2002), individuals can show empathy-altruistic behaviour if it meets certain criteria such as “if the behaviour is directed toward helping another person; if it involves a high risk or sacrifice to the actor; if it is accompanied by no external reward and if it is voluntary (Oliner, 2002). An individual’s empathy-altruistic behaviour can also be influenced by the person’s religious beliefs, cultural values and norms (Lee, 2005). The individual’s religious views can be a good motivator for helping someone in need of care. For example, caring for others (without any expectation) from religious perspective can be seen as a personal responsibility which the individual obtained from his/her religious beliefs (Lee, 2005).

### ***2.3. Research Questions***

As aforementioned, the core component of this study is to analyse and understand the underlying factors which have influenced MCWs’ motivations in deciding to get involved in FECW, more specifically within nursing homes. To fulfil the objectives of this study an attempt was made to provide answers to the following research questions:

#### *General Research Question:*

What were the motivations and driving forces behind the participation of MCWs in FECW (formal elderly care work) in the Netherlands?

#### *Sub Questions:*

1. To what extent have cultural moral values and norms, material concerns, empathy-altruism and self-esteem aspects had effects on MCWs’ motivation to get involved in FECW (formal elderly care work)?
2. Which recent (positive/negative) experiences from their work might have influenced their motivations to remain in the elderly care sector?

### 3. Research Design

This chapter will illustrate the context in which this qualitative study was carried out and discuss what was done in order to answer the research questions. In this chapter, before I illustrate the choice and justification of the research methods and the formulation of expectations, firstly I would first like to operationalize the concepts used in this study.

#### *3.1. Operationalisation of the Concepts*

**Migrant Care Workers:** In this study the term MCWs encompasses foreign born workers who provide care services to nursing and residential homes in the Netherlands. MCWs are generally seen as one of the most essential labour force in the formal and also informal care sector by providing care services to elderly populations. In literature “care workers” are described as the group of people that cares for elderly people by acting as a maid, cleaner, and/or working as professional nursing-helps assistants (Scrinzi, 2010). Migrant care workers as the target group of this study are a very diverse range of people: from different cultures, backgrounds and of diverse age and professional backgrounds.

**(Elderly) Care Work:** Care can be defined as a paid and unpaid provision of support, involving work activities and emotional empathy (Thomas, 1993). Some care is provided with and/or without pay, for example professional nurses would provide care in a formal setting (e.g. a nursing home) while a mother would provide care for her children without any payment. Care provision might be organized by formal and also informal ways. Formal care provision is mainly related to public employment, and often by professionalized individuals such as care workers like the MCWs. In the context of MCWs providing care work is taking place in a formal setting as a paid work (e.g. in a nursing home). This “care-work” that is used in this study refers to the long-term care services provided by MCWs in formal nursing or residential homes. Concerning MCWs, care work can be operationalized as those occupations that provide a service to people who are in need of care to develop their capabilities (England, 2005). In formal (elderly) care settings such as nursing homes, care work

consists of certain tasks which are fulfilled by MCWs. In FECW, MCWs are responsible to provide these tasks, i.e. to assist residents living in the nursing homes by participating in daily life activities, such as feeding, dressing, changing their (soiled) diapers, bathing, and interacting with those who are mentally or physically not capable to manage to be on their own. Some of those tasks are fulfilled only by nurses who hold a particular diploma (Nursing-Level 3-4), for in order to give the medications to residents, a nurse needs to have a higher diploma.

**Motivation of Caring:** In social psychology studies the concept of motivation emphasizes the questions of how and why people are motivated to initiate certain behaviours in some particular circumstances (Markus and Kitayama, 1991). Motivation can be defined as a desire or willingness that a person would have in order to perform a task (Deci and Ryan, 2000). In most cases desire or willingness are influenced by individual's needs which must be fulfilled (Lambrou et al, 2010). These needs can be formed due to both material-values and internal satisfactions (spiritual and religious). In the context of the motivation for caring, one can work as paid or unpaid care worker and become involved in care work although, many people consider this type of work as being highly intensive and demanding (Abel and Nelson, 1990; Thomas, 1993). Several authors attribute the motivation of participating in care work to different factors such as cultural aspects (values and norms), material expectations (e.g. salary), empathy-altruism and *self-esteem* (Noddings, 1999; Maslow, 1943; Lepore, 2008; Markus and Kitayama, 1991). Literature suggests that the aspects mentioned above which are also illustrated within a theoretical framework are influential factors in shaping individuals' motivation for being involved care work.

In this research, the motivation of caring is measured through semi-structured interviews with several MCWs (20) from diverse cultural backgrounds who work in two different nursing homes. In relation to semi-structured interviews, in order to understand the personal motivations of MCWs, several themes (topic lists) and questions were formulated which relate to the four aspects of motivation mentioned above. For this research all levels of MCWs (concerning the level of diploma and the employee's position) have been interviewed. In this way, a better view of various people from different countries and socio-cultural backgrounds can be obtained,



which might also reveal more about their (different or similar) personal motivations. In terms of validity, the external-validity is not applicable in this type of research; due to the nature of the research, the type of research questions that were used, and the sample size. The objectives of this research were to understand the respondent's motivations rather than make a generalisation about participating in FECW. Therefore, it is difficult to generalise the research findings from a limited research population (20 respondents) to a much larger population. In this study, a qualitative research design with in-depth (face-to-face) semi-structured interviews underlies its internal validity. By conducting in-depth interviews with open-ended questions, the underlying factors of the respondents' motivations became clear and many details were obtained, which largely explains the choice of the research method. However, during the interviews three respondents gave the impression that they were giving socially desirable answers, which indicates one of the "four threats" of construct validity. These four threats apply to treatments, people, settings and outcomes (Cook and Cambell, 2002). Thus if respondents who were interviewed do not tell the truth or do not feel comfortable speaking, then this might influence internal validity. However, the large majority of the respondents (17) were trying to describe their reality as naturally as possible, which is positive for the internal validity of this research.

### ***3.2. The Choice and Justification of Research Method(s)***

In this study, a qualitative method has been used as a central approach in which (face to face) semi-structured interviews have been undertaken to find answer(s) to the research question(s). A qualitative method would be particularly appropriate for this study, largely due to its ability to generate rich data about complex phenomena like "motivation" by presenting narratives from the viewpoint of the actors involved in the research. Qualitative methods can be very useful in providing contextually rich data, especially in culturally specific topics (Mack *et al*, 2005). The qualitative approach can help researchers to gain an insight into topics about which little is known (Liamputtong and Ezzy, 2005), such as the motivations of migrants to participate in the elderly care sector. Strauss and Corbin (1990) suggest that a qualitative design can be very useful for an investigator who "attempts to uncover the nature a of person's experiences with a given phenomenon". Such a method would analyse the

experiences of individuals more thoroughly than some other experimental or survey methods. In order to find answers to the questions “why and how”, one needs to listen to the individual’s narratives and their life experiences. Thus, this may be a more effective way to understand their reasons behind migrating and factors that have influenced their choice to get involved in the elderly care sector. By open-ended and probing questions respondents may get an opportunity to answer in their own terms. A qualitative research method, unlike a quantitative research one, does not draw any conclusions from measurements or statistical data (Mack *et al*, 2005). It focuses more on seeking (in-depth) answers to the questions of “why and how” by collecting evidence through an interaction with the respondents and the conduction of interviews.

### **3.2.1. Sample Selection**

The sample group in this research project is Migrant Care Workers who were born abroad, but who now living in the Netherlands and are working in the elderly care sector, regardless of their gender, race, religion, cultural background, or education level (e.g. diploma level of care-work). As a step several residential and nursing homes’ executive directors and managers (gate-keepers) were approached and they were requested to help find the respondents for this research. The gate-keepers were approached by e-mail, phone calls, or the combination of both. After many attempts, one of the executive directors wanted to help find research respondents in her nursing home. I have met her during an annual public “open day” for her nursing home. During this meeting I spoke to her about my research. After several phone calls, and emails, we met each other to talk about which target group I am specifically interested in. Subsequently, she has forwarded my letter (background information on my research) to her employees and asked them whether they would like to participate in this research. I got mixed reactions as some of respondents from the (first) nursing home decided to participate, while others did not. All respondents were selected due to their certain characteristics such as being a foreign born migrant and specifically working in elderly care homes (e.g. in a formal setting within nursing home). From the first nursing-home, with the help of the gate-keeper, I was able to access 14 female respondents due to the fact they had only 14 respondents wanted join this research and exactly fitted in the research profile I was looking for. The gate-keeper has forwarded my letter (about the background of the research) to other nursing and

residential homes' managers and directors. After many attempts, finally another nursing home was willing to help me find 6 more respondents. The second nursing-home was specialized particularly in dementia (Alzheimers). After the gate-keepers have enabled my access to the key informants, the secretaries of both institutions arranged all facilities for the interviews (time and location). In total 20 female MCWs were recruited through two nursing homes. Even though it was not my intention to choose particularly (only) female care workers, in both institutions there were only female migrant workers. The limited sample group, especially involving only female respondents may have some consequences for the study. A possible consequence can be that study results or findings cannot be related to gender differences, because there was no male respondent in the study in order to make any comparisons between genders. Perhaps the motivations of male MCWs would be different than those of female ones.

The respondents of this study were diverse in terms of culture, race, ethnicity, age, and diploma level. In terms of cultural, racial and ethnical background, they were from 15 different countries (Iran, Curacao, Cuba, Peru, Brazil, East of Germany, the Ukraine, Belarus, Turkey, Iraq, Morocco, Philippines, Eritrea, Aruba, and Ghana). The age group of the respondents was quite diverse as well, ranged from mid-30s to early-50s, with the exception of one younger care worker who was 31 years old. All respondents have been living in the Netherlands between 8 and 20 years. Within the nursing homes, the tasks of MCWs are to assist residents living in the nursing homes by helping them out with daily life activities such as feeding, dressing, changing their (soiled) diapers, providing medical help, bathing, giving medicines and interacting with those who are mentally or physically not capable to manage to live on their own. Of course not each individual had the same task, due to the fact that some of workers had different diploma levels which obliges to them to perform only certain tasks. For example feeding a *gast-vrouw* (Guest-Lady) may only prepare the food and drinks, but s/he is not allowed to have any physical contact such as not lifting, or feeding. Despite the “*gast vrouw*” MCW has no formal nursing qualification, we have involved her in our study, because she is formal employee of a nursing home and provides care (certain) services for elderly people, and to some extent, she has interactions with elderly people. A nutrition-assistant is allowed to prepare (some special) food and for feeding the clients. To assist in giving medication, a nurse needs

to have a higher diploma in Nursing-Level 3-4. Only those who have this special diploma can help the clients with the delivery of the medications. Nurses with diploma Level 2 are allowed to assist the clients in feeding, bathing and dressing. This excludes giving any medication to clients until they have the special certificate mentioned or until they follow a special courses for this. Within the respondents, there were a variety in level of diploma's and positions. Respondents comprised the following under listed staff:

- 2 Gast Vrouw (Guest Lady)
- 2 Voedingsassistent (Nutrition Assistants- Level-1)
- 1 Voedingsassistent (Nutrition Assistants- Level-2)
- 7 Verzorgende (Nurses- Level 2)
- 6 Verzorgende (Nurses- Level 3)
- 2 Verpleegkunde (Nurses-Level 4)

### ***3.2.2. Sources of Data: Semi-Structured Interview***

Yin (2003) indicates that six types of data sources can be used in a case study. This includes interviews, direct observations, participation-observation, archival records, and documentation. One source of data was used for this study: that is, interviews with key informants. In this study, a face to face semi-structured interview have been undertaken to find answer(s) for the research question(s). In order to gain more in-depth information about the narratives, experiences, motivations, attitudes, thoughts and feelings of respondents, such method can be very useful (Van Dijk *et al*, 2003). Semi-structured interviews can probe the experiences of respondents more thoroughly than some quantitative research methods (e.g. survey) by asking open-ended questions (Mack *et al* 2005; Van Dijk *et al* 2003). Most of the questions for the interviews were formulated during the interviews, but were based on the themes organized before the interviews were conducted. Therefore, such a method requires a good planning, which includes: researcher need to identify respondents, deciding on the number of interviews and preparing the interview topics ahead of schedule (Cohen, 2006). The main objective of using such a technique is to understand the respondents' point of motivations rather than make generalisations about how and why they have decided to get involved in FECW. The advantage of asking respondents open-ended questions in an informal and conversational atmosphere are that respondents can get an ability to provide meaningful and culturally salient information about themselves which can

help the researcher to gain insights about respondents' attitudes, motivations, behaviours, cultures, and among others (Polit and Beck, 2010).

### **Data Collection Procedure**

After analysing the theoretical framework, a topic (theme) list was formulated for the interviews. For each theme sub questions were formulated (A4-typed text) which was aimed to used during the interviews. As a backup an A4-typed text was taken to interviews (**refer to Annex B**). In order to understand the MCWs' motivations on why and how they have decided to get involved in elderly care sector, the themes below were formulated:

- a) **Personal Background:** By focussing on MCWs' personal background, the aim was to gain insights on their reasons for migrating to the Netherlands, their previous job experiences (in care and also in the other sectors), educational background, process of involving in the care sector work etc.
  
- b) **Description of Care Work:** Description of elderly care work, by MCWs, would give an insight about how an individual perceived elderly care work in general, before s/he got involved in such sector. By analysing the way how elderly care work is described by MCWs, the underlying factors and motivations would be understood for their involvement in the sector. This helps to understand their decision of remaining to work in the care sector.
  
- c) **Personal Experiences in Care Work:** Personal experiences of MCWs in care sector, for instance the conditions of the work can be a good motivator. With this theme the aim was to understand how MCWs experience his/her work (e.g. emotionally and physically heavy job) which might influence the motivation of involvement. If MCW's general experiences are positive toward involving in care work, then s/he might choose to work in care sector.
  
- d) **Perception of care work- by others:** By this theme, the aim was to see the influences of the environment of the MCW's on their decision for involving in the elderly care work. If environment (family, friends) can praise for a good performance of a task, then individual might be well motivated to involve in that work (e.g. increasing of self-esteem).

- e) **Socio-economic Perceptions of Care Work:** With this theme, the aim was to find out how MCWs perceive elderly care work from socio-economic perspective. For instance, how does s/he describe his/her work in outside world (among friends, family etc) and how does she perceive this sector, in terms of future careers.
  
- f) **Relational Aspects of Working Environment:** The role of working environment might play a role in shaping the motivation of individual for involving in that work. For instance; relations with the colleagues, clients, and professional groups can affect the motivation of the care worker. If working environment is not pleasant, then s/he might not stay or other way around.
  
- g) **Future Career Planning:** By choosing this theme, aim was to understand whether individual have decided to involve in such work for making a future carrier or not. The second aim was to understand whether after involving elderly care work individual would like to go to a higher position in the care sector. Having a future career planning might shape individuals' motivation for involving or remaining in the (same) sector. If an individual is happy in his/her work, and (internal and also externally) satisfied with his/her work, then s/he might consider to go a further level and grow in the sector (Material gains oriented).

Interviews was performed (N=20) in two different care settings (nursing-homes) from April to June 2012 in Utrecht Region. I conducted firstly 14 (face2face semi-structured) interviews which have lasted between 20 to 60 minutes with 14 female MCWs who are working in a nursing home and later on with 6 more female respondents in another location (also in Utrecht region). All interviews were recorded by using a tape recorder. The length of interviews varied depending on each respondent's language skills, due to the fact that some respondents could not to find the right word to express themselves, especially when some abstract terms are involved such as emotions or feeling. Therefore, they were sometime giving very short answers. All 20 interviews took place at location where respondents were working (in nursing homes). Most of the respondents are working specifically with demented residents. First location was a formal nursing home which provides different care services for different target groups. They are mostly focussed on elderly people who are no longer capable to live independently (somatic or demented

residents) and need of long-term care. In the second location, all residents consist of people with Alzheimer-dementia. In order to protect the privacy of the respondents involved in this research, only fictitious names were used in citations. This is based on agreements made during data collection phase.

### **Data Analysis Process**

After conducting the interviews, all respondents' interviews were transcribed verbatim as interviews were completed. Then I began to analysis the transcribed audio taped interviews which helped me to understand and get familiarity with the data. For data analysis MDMM (manual data management method) was used. Despite there are other data-analysis methods and programs (e.g. Kwalitan, Qsr Nvivo,Maxqda etc), I have decided to use MDMM, due to the fact that CAQDAS (computer assisted qualitative data analysis software) might cause a potential loss of a qualitative focus and over coding. Therefore MDMM can be a very helpful tool for the entire analytical process of the data set, but also too much time consuming. (Russel and Gregory, 1993; Gold, 1999).

### **Manual Data Management Method**

In this method, firstly I coded all transcripts for each MCW. By coding I broke down the data and started to explore the information in data self. Secondly, I searched for the commonalities (-similarities) and differences among MCWs to categorize them. The similar data was placed in similar categories and for different data new categories was be made. Categorizing the data helped me to construct and make some descriptions for the each theme separately (**refer to Appendix-C**). During data analysis process, I used 4 codes which emerged from the theoretical framework. These 4 codes indicate factors which shaped the MCWs' motivation to involve in elderly care work: *Cultural aspects, Empathy-altruism aspects, Self-esteem and Material values*

### **3.3.Scientific Relevance**

Several researchers have investigated the motivations of providing care services for different care recipients- for parents or for elderly people (Halevy-Levin *et al*, 2007; Lee, 2005; Kabitsi and Powers, 2002; Aranda and Knight, 1997; Lepore, 2008).

Besides their studies, few socio-psychological studies have explicitly taking into account the motivation of MCWs and their reasons for involving in formal elderly care work. The focuses of their studies were the influences of cultural values and norms on their motivation of providing care. This research resembles the approach taken by researchers mentioned above.

### **3.4. Social Relevance**

Due to ageing of society, it is the expected that there will be great demographic changes in many developed countries. In the whole EU, people aged sixty five and over, rose from 13 to 17 per cent between 1980 and 2000 (Taylor-Gooby, 2004). This proportion is expected to rise to 27 per cent by 2040. This is mostly attributed to the increase in life expectancy and declining fertility rates. In the Netherlands, also in many other countries, policy-makers fear that rapidly increase in ageing of society will lead to great problems such as health care and also social security costs for the states (WHO, 2002). Therefore, “Ageing of the Society” is now seen as a great social risk in Europe (Taylor-Gooby, 2004). The care needs of these people might cause great social problems in a society and if enough supply of care workers cannot fulfil the care demand of these people. Due to growing demand for care workers, many Western countries (in the care sector) are now hiring migrant care workers (Spencer *et al*, 2010; Anderson, 2001). Therefore, there are a large number of migrant care workers at this moment in many European countries (e.g. the UK, Italy, and Austria). The idea behind hiring migrant care workers is to fulfil the personnel shortage in elderly care sector (Warburton *et al*, 2009; Cangiano *et al*, 2009; Anderson, 2001).

From migration studies there have been numerous research conducted by several researchers from the Netherlands (Bloemendaal *et al*, 2008; Visser-Jansen & Knipscheer, 2004), from Oxford University (Leeson, and his colleagues, 2009) and also from Cambridge University (Walsh and Shutes 2012) on the subject: “Migrant Care Workers”. Most of these researchers have highlighted the role of the migrant care workers in ageing society. In their research they have investigated the potential (future) role of MCWs as well as the quality of the care provided by migrants in elderly care sector. In this study by analysing the personal motivations of migrants,



we aimed to find out their reasons for involving themselves in elderly care work. If the personal motivations of MCWs- who have already involved in FECW- are understood well then the findings of this research later on might be used for helping to involve more migrants in the elderly care sector in the Netherlands.

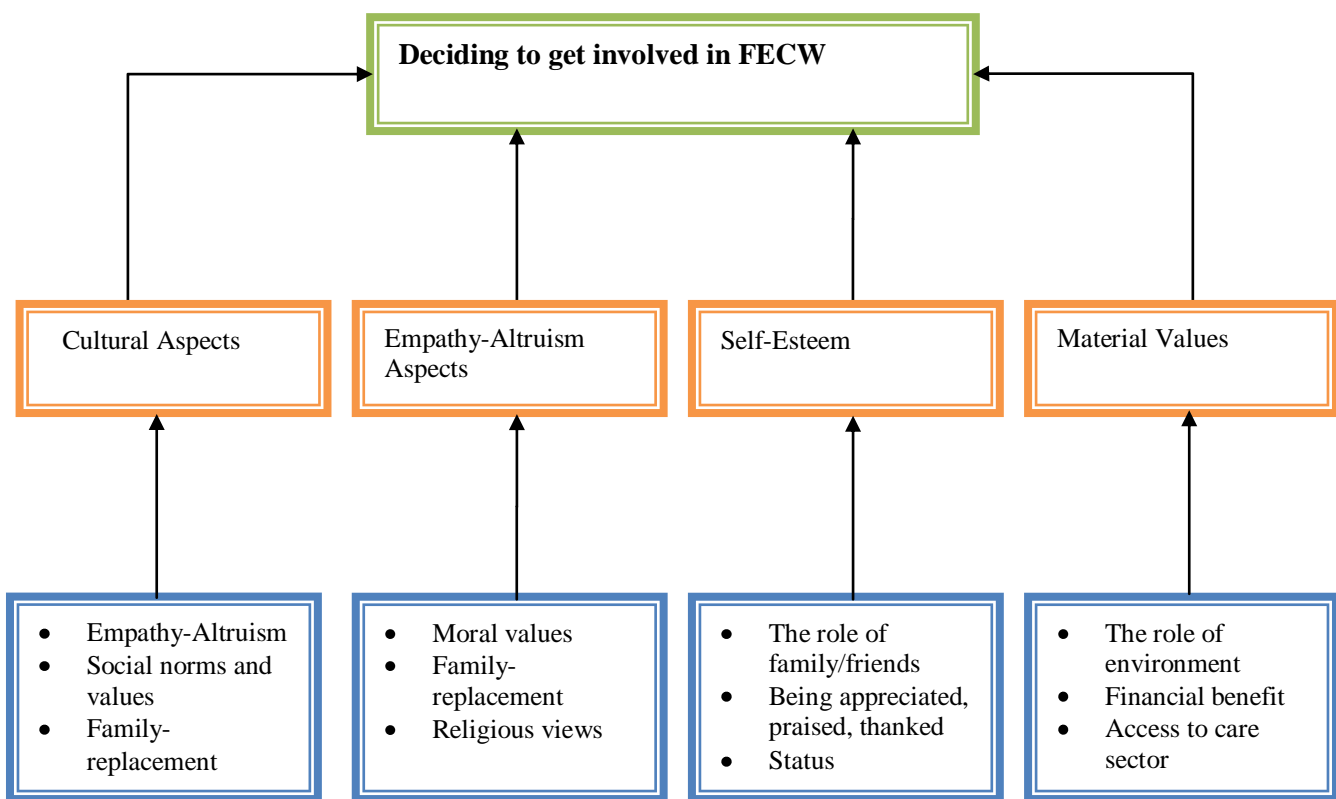
### ***3.5.Explanation of the Interdisciplinary Character of the Research***

This study is carried out within an interdisciplinary framework in attempting to address the motivations of the MCWs why and how they have involved in FECW. Human individuals are not static objects. They move, behave, feel, think, migrate and care in different environments and most of the time they do this by interacting with other human individuals. Due to this perspective of human individuals, an interdisciplinary manner is inevitable. Therefore, within this interdisciplinary framework several theories and studies were used to get a comprehensive perspective on the relatedness of MCWs' motivations and providing caring behaviour, such as the theories from "Social Psychological studies, Migration studies, and Nursing studies (Deci and Ryan, 2000; Abel and Nelson, 1990; Thomas, 1993; Noddings 1984; Anderson, 2001; Folbre and Nelson, 2000; Maslow, 1943).

From socio-psychological perspective, this interrelatedness shows the understanding of how an individual's motivation might be shaped before s/he performs a recommended task while analysing this through the empathy-altruist attitudes of the individual. From migration studies' perspective, this interrelatedness might be relevant and explain why actually people move from one place to another in order to provide care services. Combining the insights from these disciplines mentioned above, we can get a comprehensive understanding of the nature of this social problem: "why caring for others".

## 4. Research Findings

This chapter presents the findings of the research. These findings will be illustrated by using 4 codes, which derived from data analysis and the theoretical framework used in the research. Each code, including the multiple factors, indicates the extent of influence on the decision of MCWs to get involved in FECW. Each code is separately illustrated by describing the similarities and differences between respondents' views. These four motivations and multiple factors are summarized in *Figure 3*.



*Figure 3* Overview of MCWs' motivations for participating in FECW

**An Overview of Motivations of involving in FECW:** In this research four codes demonstrate several aspects of motivation of MCWs to get involved in FECW. Each code illustrates how motivations of MCWs are affected by various factors, such as moral values and norms; financial benefits, employment criteria, the role of environment (family, friends), religious view, family-replacement, status, access to care sector etc. These factors explain how and why MCWs made the decision to get involved in FECW. In terms of cultural-aspects, respondents' personal motivations

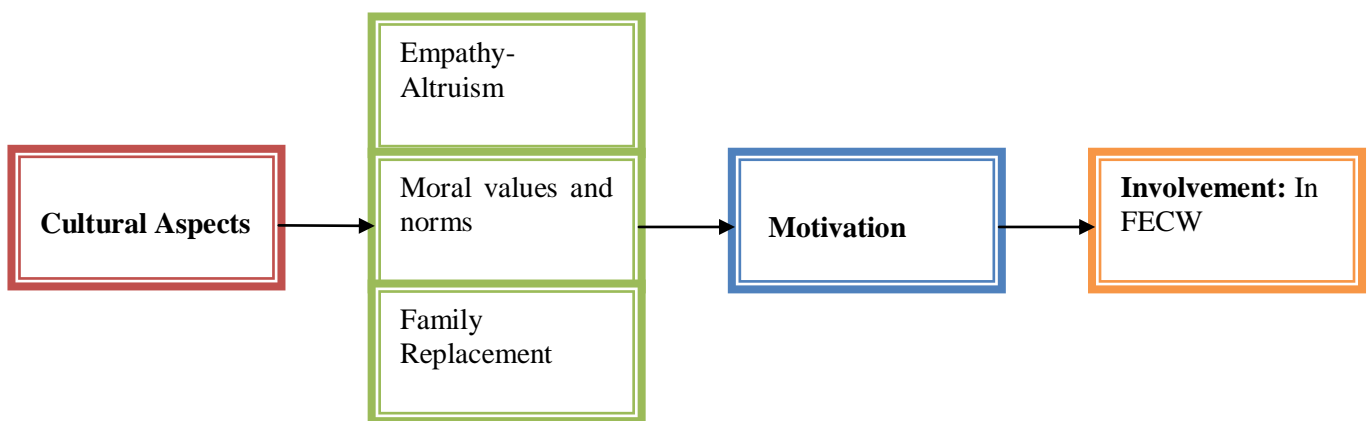
were influenced by several other factors such as empathy-altruism, social norms-values and family-replacement (**Figure 4**). The results show that there were some interrelations between cultural aspects and social norms-values. In respondent's view "willing to help others out of love", especially helping frail elderly groups are seen as something important and part of their cultures. From their cultural perspective those who abide the social norms (providing care for elderly people) are rewarded (praised and appreciated) by their environment. Although all care workers, including those with a nutrition assistant diploma or with diploma level 3/4, have different employment criteria, there were no differences among the respondents on the subject of cultural values and norms to get involved in FECW. In terms of involving process: there was a great resemblance between respondents about coming to work in FECW. They all were highly motivated and willing to work with people, instead of working in the office or the assembly line. Except three respondents, the rest of them were recruited to work as care giver via the integration "Inburgering" courses which were organized by municipalities. The other three respondents got involved in FECW via their friends and open applications offered by nursing homes.

Most of the respondents reported that they got involved in FECW due to material values - in order to satisfy their financial needs. Such respondents stated that they wished to have financial independence, because they did not want to rely on social assistance or on their partners. However, this motivation started to shift more to empathy-altruism direction as the years went by (i.e. reconciling the material, personal moral norms, and values). Data findings show that positive reactions from their environment (family friend supports etc.) had positive impacts on their decision making process. Those who got high self-esteem are the respondents who were well supported and appreciated by their environment.

In literature it has been shown that there is an interrelation between empathy-altruism aspects and cultural norms and values (Lee, 2005). Lee (2005) indicates that individuals' empathic-altruistic behaviours can be shaped by their social norms and values. Therefore, the motivation of empathy-altruism is interchangeably used to illustrate the cultural aspects (Figure 4 and 5).

### 4.1. Cultural Aspects

In order to understand the MCWs' personal motivation to get involved in FECW, it is important to know the cultural background of the respondents. Cultural background includes certain aspects such as cultural moral values and norms which individuals learn automatically from their social environment. By questioning this motivation, the aim was to understand the impact of cultural aspects on other factors. Such factors include but not limited to, moral values and norms, empathy-altruism and family replacement. The mentioned factors might also influence the MCWs' motivations for participating in FECW. These sub-factors, affected by cultural aspects indicate that the willingness to help others, provide care is a part of the main cultural values and norms of the individuals.



**Figure 4** Cultural aspects for deciding to get involved in FECW

As aforementioned empathy-altruism aspects are used in two different parts interchangeably. The most of important components of cultural aspects are empathic and altruistic behaviour, which are strongly influenced by cultural norms and values. The cultural aspects, serving their motivation for big majority of research respondents, were activated by the willingness to help others, respect for elderly people (altruism), and feeling bad or sad for those who are in need (empathy). For the majority of respondents the cultural component of motivation manifested the willingness to help others, respect for elderly people (altruism), and feeling bad or sad for those who are in need (empathy). To have respect and show empathy for elderly people were held as a salient motivation for MCWs. The majority of respondents attributed these aspects to

their ethnic norms and cultures. Most of them indicated that in their culture, the strong family norms and social sanctions are very important. Six respondents referred their caring behaviour to family-replacement aspects, such as helping Dutch elderly people as their own family members. Almost all respondents expressed their feelings that caring for elderly individuals in their culture is something very important and this is mainly the duty of the children.

The large majority of respondents reported that they like to obtain their parents in their own homes as long as possible. In their view; when their parents need special care or treatment then nursing home placement may be the last resort. They stated that if family members can no longer provide care or treatment then a nursing home placement may be the last resort. They all mentioned (stressing their voices) that people in their country have very strong negative stereotypes and prejudices towards nursing homes. Therefore, many people in their host country (almost) never send their parents to nursing homes. This aspect of response is related to cultural norms and values, and it is perceived as an influential factor which plays a salient role on individual's motivation of providing care for elderly people. In their (Non-Western) culture honouring elder people and serving them are basic parts of their culture in which the individual feels obliged to do so (familism). Participants, due to their cultural aspects (norms and values) - empathy and respect for elderly people they have decided to involve in care work, particularly working with the elderly population. They took this as part of their own identity from their host country. For instance, Newal a 34 years old female respondent stated that got involved in care work due to her mother's illness. Since she was 9 years old, she has been taking care of her mother. When she was 16 years old, she decided to get involved in a nursing home as an employee:

*My mother is very sick and I have been taking care of her since I was 9 years old. She has played an important role in my decision to get involved in care work...I wanted to help elderly people. I thought I could make them a little bit happier in the last years of their life, especially those who do not get any family visit. In my country, we do never send our elderly people to nursing homes...Actually because of my mothers' illness now I am here...*

As aforementioned in the theoretical framework, some of the MCWs tend to provide care for elderly people as they are helping their own family members. Six out of twenty respondents' motivation was activated by their family-replacement feelings. In their interactions with elderly people they assumed to have a family-like setting, by replacing their family members with their clients (e.g. treating them as a father or a mother). For example Ronya (48 years old) tells how she has decided to work in FECW by mentioning the role of family-replacement:

*I am married to a Dutch man, and I don't have any parents here. When I decided to come to work here, I had always a feeling that I wish I could take care of my parents, but due to (political) circumstances neither I could go there, nor they could come here. I miss them very much. I wanted help elderly people as they are my own parents. By providing care for Dutch elderly people I feel like I am taking care of my own parents... Perhaps, I am trying to fulfil the absence of my parents by providing care for others...*

The quotes above confirm the effects of familism, feelings for family-replacement, willing to help others as altruistic behaviour by showing empathy to elderly people. Regarding cultural aspect, respondents' motivations were affected by their cultural norms and values.

These above mentioned factors are interrelated to MCWs' decision making process before they involved in FECW. But respondents reported also why they like to remain in FECW. The majority of respondents reported that after several years of experiences they began to have a very deep affiliation and strong ties with their professional work, clients and colleagues. Therefore, they intend to remain working in this sector. For instance Yekta a 37 years old respondent mentioned her reason(s) why she would like to remain working in the same nursing home:

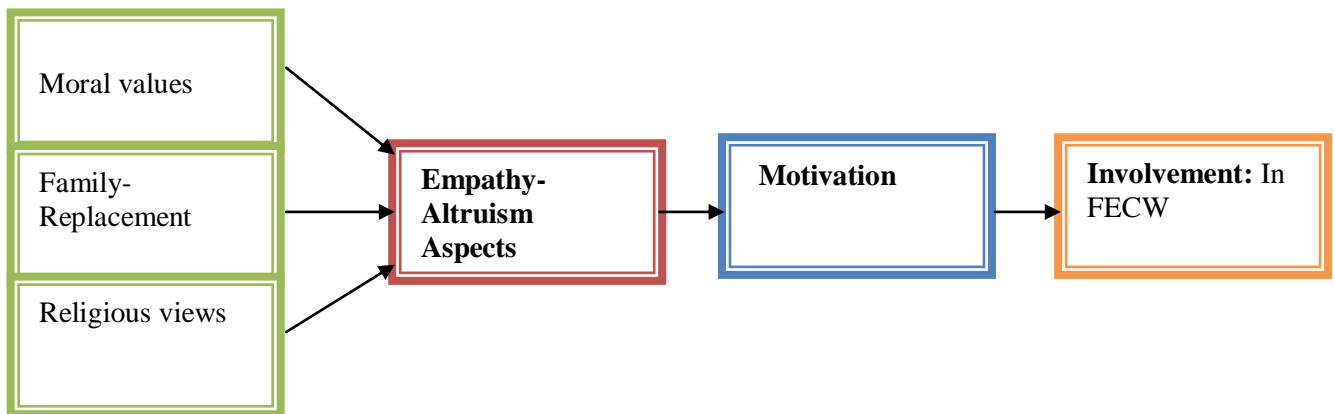
*I have been working here for almost 15 years. This is my first job in the Netherlands. I don't know any other jobs. I have a strong connection with my working environment; it is like my second home. There is no difference between where I live and where I work. I love residents and I take care of them as my own family. It makes me very happy to help them. My friends from my host country always mention that I do a good job by providing care for these people who are in needs. Of course there are also*

*other sad things as well, such as if one of the resident dies or get too sick... But I think I would like to remain working here as long as I can.*

The quote above confirms that after many years of experiences, respondents began to have a strong affiliation and high motivation for providing care for elderly residents. Having strong ties with her working environment motivated her (and many other respondents) to remain working in the same sector.

#### **4.2. Empathy-Altruism Aspects**

Findings of this research indicate that empathy-altruism motivations are grounded in family replacement, religious views, and moral values. The majority of respondents attributed their motivation to an empathy-altruistic point of view and some religious views. With empathy-altruism aspects an individual has a tendency to put effort in the well-being of the others (behaviour of improving the well-being of others). Caring for others, without any expectation or any particular reward, can be seen as a personal responsibility for an individual which might be influenced by his religious point of view, (Lee, 2005).



**Figure 5** Empathy-Altruism aspects for deciding to get involved in FECW

The study findings show very diverse and interesting results. As an example, we see that most of the respondents' empathy-altruism motivations were associated with moral values and family replacement. Some respondents explicitly emphasized their spiritual and religious views or family-replacement as crucial motivations to get involved and also remaining in the care sector when they were asked how and why they have decided to get involved in FECW and remaining working in the same nursing home. For instance Sewal a 45 years old respondents, explains how she is

affected by her religious point of view to show empathy and altruistic behaviour in the following statement:

*It is nice to help elderly people, especially when you help them for feeding....Food and drink is very important. For example, soon Ramadan fasting period will start. Particularly in this month you need to abstain from food or drink due to religious reasons. If you replace yourself in their position then you can feel and understand what these people exactly might feel. These people are totally dependent on us; they cannot say or talk anything due to their dementia situation. When they cannot express their needs, you cannot imagine how painful might be. Thus they are totally dependent on us. If you help them you get really a very good feeling that you have done something good. Especially when you receive the word "Thank you so much" makes you feel well.*

Similarly, another statement was made by Sarah (47 years old) about how and why she has decided to get involved in the care sector and also remain working in the same nursing home for almost 7 years. She reported her decision making process and her reasons very explicitly:

*Well, in the Netherlands everyone works, no one sits at home; I thought instead of sitting at home, perhaps it is nice to do something for good purpose. After I was accepted for this job, I came to meet with my boss, working environment, clients etc. When I saw first time in my life demented people, I was completely shocked! I left there immediately. When I get home, I started cry for almost one hour. My husband asked me why do you cry, did something go wrong I said no, and I couldn't tell anything else until I got calm. My reason for crying was my shock. I began to questioning that: why these people are like this, why god has made them like that. It was very hard for me to digest the reality of these people. But listen, then I stood up and said to myself, tomorrow you are going back to work and you will do your best for these people. So, I decided to go back for working exactly for demented people, why? Because this is not just an elderly care home, this is particularly demented groups. The other elderly groups can survive by themselves (to some extent) but look at this group, they people are like a baby and they really need more care and help. Therefore I said to myself: Yes I am going to help them and do my best for it. This was my story why and how I decided to involve in this work.*



Also another respondent – Delila (54 years old) reported a very interesting statement about her reasons for involving in elderly care work which explains her empathy-altruism intentions:

*When I take care of these older demented residents, I look at them and think: will there be also some people around me when I get too sick and too old who can also provide care services for me? I hope there will be also some people who can take care of me as I am taking care of these people now...*

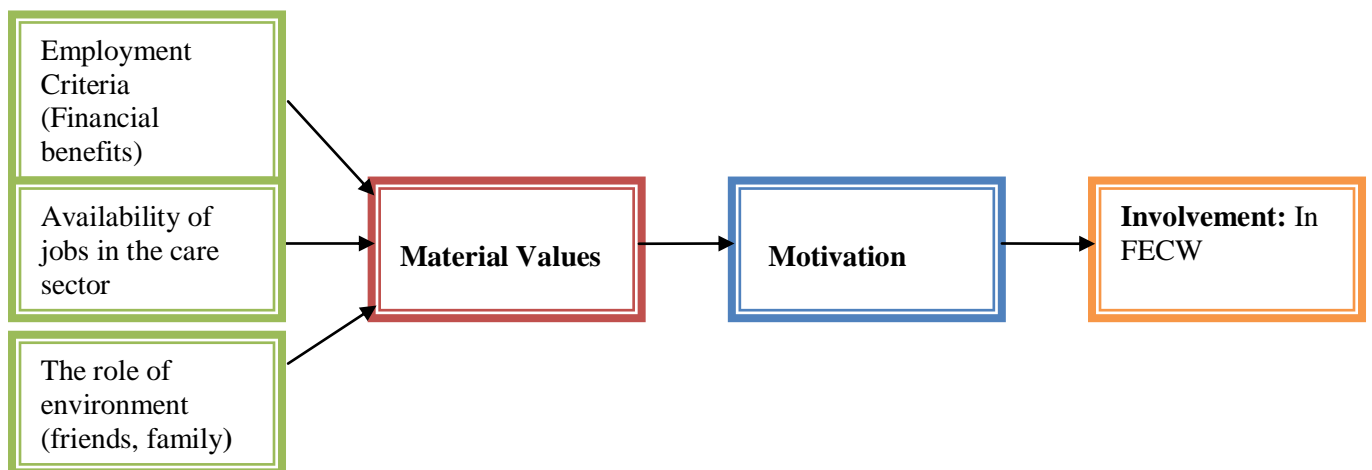
When analysing these statements it can be understood that Sewal, Sarah and Delila perform empathic and altruistic behaviours, and simultaneously emphasize how their religious views affect the motivation for providing care for the elderly residents. As aforementioned in the theoretical framework, if an individual is assured about the satisfaction of the outcome and reward, then s/he would perform that recommended task. This reward can be an extrinsic and also intrinsic factor. Extrinsic is related to financial benefits (promotion that the employee would like receive) and intrinsic is related to inner satisfaction that the individual would achieve (Vroom, 1964). For altruistic behaviour individuals' reward would be: "having the feeling that the care they provided is appreciated and thanked by the residents". In the context of empathy-altruism, the desire and willingness to get involved in care work indicates the idea that the individual is willing to provide something and to be available for others (Noddings, 1984). Helping for others, without any particular expectation would give the individual a feeling that he has done something good for the other(s), which is defined as part of human nature and called pro-social behaviour (Vonk, 2004).

In this study the big majority of the respondent reported that their motivations were not purely shaped by their extrinsic motivations (material values), but it was also affected by their moral values, such as the willingness to help elderly people (empathy-altruism), by placing their family members in their position etc.

### ***4.3. Material Values***

Although the majority of respondents in this study chose to work in FECW for mainly moral reasons, also the material values such as availability of jobs in the care sector

and the employment criteria, coupled with the financial benefits of the job played a role as a motivator during the decision making process. Deci and Ryan, (2000) asserted that the financial expectations of an individual could influence his motivation for involving in the care work. When the employment criteria are attractive and satisfactory such as if individual could receive a pecuniary compensation from the institution for providing care services then s/he might get involved in the care sector (Lepore. 2008; Deci and Ryan, 2000). In decision making process, an individual would overweigh for instance the salary of the job and employment criteria which would determine whether the individual would like to get involved in care work or not (Lepore, 2008). This is a necessary process for the individuals, because, as it has been also indicated in Maslow’s hierarchy of needs model, for the motivation of an individual first needs have to be satisfied such as food, water, shelter, a safe roof above etc. In other words, performing certain tasks in care work depends on certain rewards or satisfactions that an individual would first like to achieve (Maslow, 1943).



**Figure 6** Material Values for deciding to get involved in FECW

When an individual is convinced that such a sector can offer him what he needs or expects, then he might be well motivated on what he intend to receive. For instance if the nursing home offers good employment alternatives, such as flexible scheduling practices this might attract individuals for involving and also remaining in the care work (McClure, 1983). And if an individual is satisfied with flexible scheduling practices of the nursing home and supportive collegial environment, then he might remain working in the same sector (Moyle and her; McClure, 1983). More than half

of the respondents commented on the importance of having a supportive and collegial working environment when providing care for the residents in nursing home. Rana (37 years old) emphasized the importance of having a supportive and collegial working environment when providing care for the residents:

*This job is a team work, you cannot do everything independently. You need to first explain and exchange your opinion with other colleagues; then you can go to next task, if you don't do that then it won't work. I am very happy that I have very nice colleagues here because this is really important, especially when we need each other. For example if one resident becomes very aggressive or if I cannot handle him/her by my own then my other colleagues come directly for the help. Then we solve the problem together. It is a nice working sphere, like my second my home.*

This quote confirms that when the working environment is supportive and collegial, individuals would be satisfied and also remain working in the same work. Most of the respondents reported that employment criteria, which are offered by their institutions are favourable, in terms of flexible working hours and personal development oriented courses that are offered by their institutions. Norah (47 years old) reported about opportunities that her institution offers to its employees:

*Within this organization, if one wants to go a higher level, for example Nursing-Level 3 or 4 then s/he may follow some extra courses which are organized by our organization. For instance in coming September me and one of my colleagues who has been working here for a long time like me, we are going to follow some special medicine-treatment courses. If we get the certificate for this course, then we are allowed to be responsible for medication of residents as well.*

This quote above indicates the possibilities that organization offers to its employees (e.g. making a career) which might influence the decision of involving in the sector. Interestingly, none of the respondents mentioned any materialistic values explicitly, except one respondent who expressed her opinion that she chose to work in a nursing home because she needed to find a job after her divorce. Roza (53 years old) reported why she decided to get involved in this sector:

*I have never worked in this sector before. My involvement in this sector was due to my private issues. After my divorce I really needed a job; therefore I applied here for a vacancy which includes work & study together. And I was immediately accepted.*

This quote confirms that employee's motivations is influenced and determined by an outcome of a reward which an individual aimed to receive (Vroom, 1964). Roza indicates that she chose to work in a nursing home primarily due to financial needs. By participating in the care sector she aimed at supplementing her income. The expectations are shaped also by factors such as availability of right resources (availability of jobs) and the information, as well as being supported to complete the job. Some of the respondents reported that there are a lot of job opportunities in elderly care work, particularly in nursing homes. Four respondents mentioned that one could easily access a job in this sector, because there is high demand for care workers. Zozan (31 years old) expressed her opinion how she decided to work in elderly care work:

*A friend of me works in the care sector, she mentioned that I could also work in the elderly care sector; there are enough jobs to find. Normally I wanted work with children, but with level of my diploma, and lack of Dutch language skills did not allow me to work for child-care and besides all I did not want to be dependent always on social assistance. Therefore, I decided to work in elderly care work where you can always find job.*

Also Dilan (36 years old) reported about high demand for care workers in the care sector:

*Before I came to the Netherlands, I thought I would directly find a job and begin to work in something like an administrative work or so. But it was not really easy. After some discussions with my contact person from the municipality, I decided to work in the care sector, in a work where I could combine my theoretical knowledge with practical exercises. Then I thought that working in the care sector is something for me, because there are lots of nursing homes and more job opportunities in this sector than administrative works.*

Another statement comes from Nupelda (39 years old). She mentioned a similar expression how she got involved in elderly care work:

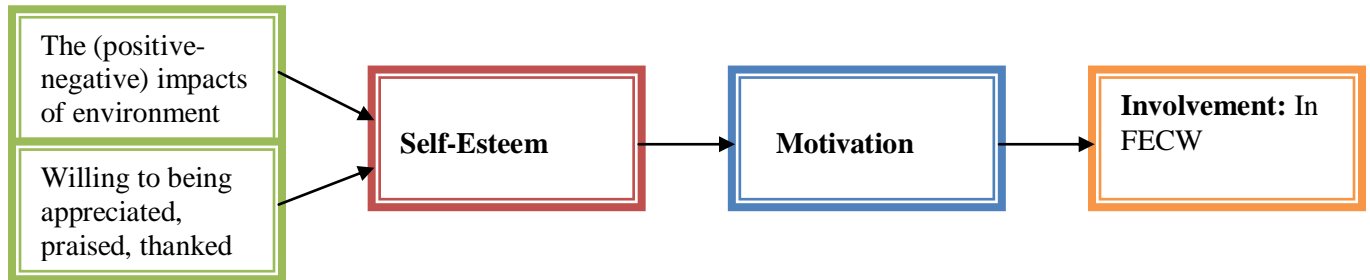
*I was searching a job and I did not want to be dependent on social assistance anymore. If I look at back now, I have never thought before that one day I would work in a nursing home. One of my friends from my home land has suggested me to go together to her working place, and see whether I would like to work there, which was a nursing home. After a few times visiting this nursing home as a volunteer then I decided to work there as an employee. Because I realize that I like to help these people. It is really a very nice work, but also very heavy.*

The statements above show that individuals perceive such sector as one of the most prospering employment opportunities. It confirms the factors (employment criteria, availability of jobs in the care sector, financial benefits, and the influence of environment) that have shaped the decision making process of MCW to get involved in FECW. These quotes above confirm also the effects of high demand for care workers in the elderly care sector. The majority of the respondents have worked earlier as volunteers in different elderly care homes (residential home, nursing home etc.). These experiences have played an important role in making decisions to get involved in FECW. It was reported that most of these voluntarily done jobs were accessed with the help of their friends, family or neighbours. Seventeen of the twenty respondents got involved in care work with the help of their friends, partners and municipalities. Due to reasons explained above, it can be concluded that the material value aspect is consistent with the reward and outcome expectations that the MCW intended to receive. Most of the respondents reported that they needed a job for living; therefore they got involved in the care sector. But also the big majority has strongly expressed their feelings that after gaining more experiences in the sector, their motivations toward material aspects were no longer very important. So, they began to have strong affiliations with their working environment (colleagues, residents etc.).

#### ***4.4. Self-Esteem***

As aforementioned Maslow's pyramid consists of a set of needs that can be displayed as a hierarchy. After an individual has satisfied his most basic needs s/he can go to a higher order of his needs such as safety, social needs, self-esteem, and self-

actualization (achieve potential). The fourth layer (self-esteem) of this pyramid indicates that an individual would like to receive the respect of others, recognition, status and responsibility. With respect is meant that an individual would like to be appreciated by others in his environment (e.g. by family, friends, colleagues, clients etc.).



**Figure 7** Self-Esteem aspect for deciding to get involved in FECW

If an individual is being praised well by his environment (e.g. partner, family, clients etc.) then he might be motivated to perform certain tasks (Maslow, 1943) and because of these positive feedbacks individual's self-esteem would be enhanced. An enhanced self-esteem indicates that an individual feels and thinks that the job he performs is meaningful, and others value his contribution. The large majority of respondents expressed that, during the decision making process for involving in care work they got many positive feedbacks and supports from their environment (partner, family, and friends). Their environment reacted in such a way that they have made a good decision of choosing to work with elderly people. In opposition to positive feedbacks, some respondents reported that they had also some negative feedbacks from their environment such as some people from their environment perceived the care work as a labour intensive, low, and/or not well-paid job.

**Example for positive feedback:** Rachel (37 years old) reported the reactions that she has received from her environment, during her decision making process: *The reactions from my environment were very positive, they told me that I have made a good choice by deciding to work in elderly care; especially my husband was very proud of me and supportive too, when I told him I want to work in care sector. And I am really proud of myself to do this job.*

**Example for negative feedback:** Beriwan (53 years old) describes how she has received some negative feedback from her environment when she told her friends that she is going to work in the care sector: *Well, I had a feeling sometimes that most of people think such work is the lowest work that someone would ever get. When I talked to my friends they say how can you do such work, isn't that too hard, and it is not even paid well.*

Most of the respondents stated that the impact of negative reactions began to disappear after years of experience working in the care sector which explains also why they have decided to remain working in the same nursing home or same sector. When respondents were asked whether they were proud of doing this job: they all were very enthusiast and reported that they are very proud of themselves to do such “thankful” work. In the respondents’ definition working in the care sector is something “very thankful” which refers to the idea of receiving a grateful and thankful word from the residents and families. All 20 respondents commented that appreciation and praise expressed by residents and their family’s fostered feelings of accomplishment that they have achieved what they intend. In that case achievement would be providing care well for the residents. For instance Hawa (33 years old) tells why she has decided to come to work and also remained working in the care sector, particularly with demented-Alzheimer residents.

*I wanted work with real people, not with machines or sitting behind a bureau desk. I chose something which I like to do deep from my heart because this is a “very thankful” work. It is such a great feeling providing care services for these people. After you have done something for them, they say several times “thank you, again you have done good job” etc. you know readying from their face how they feel happy when I do something for them, makes me incredibly happy. Especially when I go home on the way I say to myself well-done, you did your best again today.*

This quote confirms that positive reactions, praises, appreciations from the environment foster the feelings of accomplishment and achievement. This aspect, i.e. thankful job, is consistent with the fourth layer of hierarchy of needs: self-esteem. It indicates the correlation between receiving positive feedback (being appreciated-thanked by clients, praised by family and friends) and motivation to remain working in the care sector.

## 5. Discussion

This research investigated how and why migrant care workers have decided to participate in FECW by analysing their personal motivations. In this chapter the main findings will be discussed and used to reflect on the theoretical framework of the research. Then the limitations of this study and several recommendations for future research will be explained and finally the conclusion will be presented.

One of the most important factors that reported during this study was related to “*cultural values and norms*”. The majority of respondents reported that providing care for elderly people is something very common in their own cultures. More than half of the respondents shared that by helping elderly people they feel as if they are helping their own family members, which refers to the family replacement factor (e.g. treating residents as their own father or mother). Almost all respondents mentioned that due to their love and respect for elderly people they have decided to participate in FECW. These findings regarding the cultural values and norms provide an empirical support to Halevy-Levin’s *et al.* (2007) opinion, which indicates that “those who immigrate from non-Western cultures in which the family norms or societal sanctions are strong are willing to provide more care assistance than non-immigrant caregivers (Halevy-Levin *et al.* 2007).” The willingness to provide care particularly to elderly groups out of love and affection is in line also with what Redfoot and Houser (2005) asserted: “honouring the elderly people in non-Western cultures is seen as part of culture and as a social norm”.

Besides the participants’ motivation driven by cultural aspects, their *material value motivations* were also important drive for providing care. Most of the respondents stated that most of all they wished to be financially independent, because they did not want to rely on social assistance or on their partners anymore. The majority of respondents have pronounced with a particular stress of voice that they did not decide to get involved in the care sector just due to their material concerns, since they also stated that they enjoy working with elderly people. During the interviews only one respondent had explicitly declared that she got involved in care work particularly due to her financial issues, because she had divorced and needed to supplement her



income. All of the respondents who mentioned that their primary motivation for choosing to work in FECW was the availability of a job in the care sector (that were offered them by their mentors) reported that their motivation had started to shift with time from material values to empathy-altruism. This is indicative of the process of reconciling material values and personal moral norms. In that sense, the supportive character of their environment (colleagues, partners and family) played a crucial role for them to remain in the sector.

All respondents mentioned the opportunities that are offered by their organizations, such as flexible working hours and the possibility to reach a high position and make a future career (by following internal-courses) as being important. These findings in regard to material values and outcome-reward expectations are in support for Deci and Ryan (2000), and Vroom's (1964) view extrinsic and intrinsic motivation of involving in care work: "material satisfaction is shaped by financial benefits that the individual intends to receive such as attractive employment criteria i.e. salary, flexible working hours, etc."

Self-esteem as motivation for respondents was shaped by their environment: family, friends, and neighbours. All twenty respondents reported that when they have decided to get involved in FECW they were supported, appreciated, and praised by their partners, friends, and neighbours. However, some of the respondents stated that participating care work 'is not perceived as a very good job by some people in their surroundings', which has influenced their self-esteem and the corresponding influence on motivation. The findings regarding self-esteem are in line with the fourth layer of the Maslow's hierarchy of needs which indicates that if environment (e.g. partners, family friends, clients) can praise and have a recognition for the good performance of the individual then s/he will think that the work s/he is doing is meaningful and that his/her contribution is valuable.

Most of them also reported that working conditions are very well organised in terms of salary, working hours, etc. However, almost all participants shared the concern that due to the austerity measurements of the government, their organizations need to reduce the number of employees. For respondents reducing the number of employees meant that they need to fulfil more tasks which were previously taken by their ex-colleagues who left the organization. According to the majority, fulfilling the tasks of

their ex-colleagues creates a very chaotic working environment, because they need to perform more tasks in a very short time. Most of them expressed their opinion that such situations make them feel very sad and also guilty because they feel “as if they do not do a good job to satisfy their residents”. The government’s austerity measures compelled some of their colleagues to leave the organization due to heavy burdens and more responsibilities. Some of them mentioned “if these austerity measures get worse they might no longer work there”.

### ***5.1. Limitations of the Study***

All findings presented in this study are based on semi-structured interviews with female migrant care workers. There were no male respondents in the study. Therefore, with the results from the study we cannot make any assumptions about the motivations of male migrant care workers or any gender comparisons. There is uncertainty as to whether their involvement in the research would have altered the study results. Even if they had been involved in the study, it cannot be asserted what their motivations would be for participating in the elderly care sector. The second possible limitation is that all respondents were assembled through the directors of their respective institutions. In order to recruit MCWs in this research, the directors of nursing homes have approached the respondents by sending them my invitation letter (about my research). Therefore, there is a possibility that a bias was introduced during the process. However, before the interviews were conducted, all respondents were informed about the research and their roles in the study.

### ***5.2. Recommendations for Future Research***

In this research the most important factors which might influence the motivations of migrant care workers were revealed. Several aspects of the motivation for involvement in the elderly care sector were surfaced, and these findings might be used for future research. This study limits its scope by discussing only certain factors which might influence MCWs’ motivation of participating in the elderly care sector. Further research may focus on other related factors as well such as the effects of

migrants' age and the country of origin. Then, the individuals' motivation might be different which would deliver different research outcomes. Also it would be interesting to expand the scope of this study by the motivations and experiences of elderly care organizations. For example, it would be useful to understand why they hire migrant workers and what their motivations of hiring them are. Then, empirical research can make comparisons between the motivations of migrant care workers and that of the organization itself. By examining MCWs' the personal motivations of MCWs for participating in FECW, this research reveals several opportunities for responsible authorities (e.g. care organizations) to come up with new policies and practices, which will create the necessary incentives for other migrants to get involved in FECW. In this way the responsible authorities can create a new supply of care worker to alleviate the care crisis in the Netherlands.

## 6. Conclusion

In response to the research questions, the findings of this study showed that there were four main drivers which played a decisive role in determining the motivations to get involved in FECW: *Cultural Aspects, Empathy-Altruism, Material Values, and Self-Esteem*. All respondents' answers were quite similar as to the reasons why and how they have decided to get involved in FECW.

The motivations of MCWs related to material values (e.g. income) were an important drive for providing care. Most of the respondents stated that most of all they wished financial independence, because they did not want to rely on social assistance or on their partners anymore. Majority of respondents have pronounced that they did not decide to get involved in care sector just due to their material concerns, because they stated also that they like work with elderly people. All respondents who mentioned that they needed financial independence for choosing to work in FECW reported that their motivation had started to shift with time from material values to empathy-altruism (reconciling material and personal moral norms and values). Their involvement in the care sector was mostly supported by their environment such as family, friends and municipalities. Except three respondents, all of the remaining seventeen respondents decided to join in the care sector with the help of their partners, friends and municipalities. Out of the MCWs who were participated in FECW via the assistance of municipalities first followed the integration "Inburgering" courses. While following integration courses they were introduced to the care sector by their mentors from municipalities and ROC (language-integration) schools.

All respondents recognized their occupations as a part of their social identity and their role in the Netherlands. Their (positive) working experiences with the residents have played a crucial role for them to remain in the care sector. Furthermore, they established personal family (relationship) attachment with the residents of the nursing homes, which made them more suitable for a long-term investment in the care sector. Consequently they considered their work as rewarding experience. All respondents reported that working in elderly care homes is an emotionally enriching experience and that one would not participate in such work only for the sake of money.

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## 8. Appendices

### 8.1. Appendix-A

#### Letter to Director of Nursing Home(s)

Adres van de Onderzoeker

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

Director / Manager of Nursing Home

Utrecht

dd.mm.jjjj.

Geachte meneer/ mevrouw,

Ik volg de masteropleiding Arbeid, Zorg en Welzijn: Beleid & Interventie aan de Universiteit van Utrecht. Op dit moment doe ik een stage bij de Universiteit van Utrecht, als onderdeel van een EU-onderzoek genaamd “Caring Labour in a Migration World”. Dit onderzoek zal uitgevoerd worden in 3 EU-landen, namelijk Nederland, Oostenrijk, en het Verenigd Koninkrijk. In dit onderzoek zijn we geïnteresseerd in de motivatie van migranten die in deze landen in de ouderenzorg werken.

Een belangrijk deel van dit onderzoek bestaat uit het afnemen van interviews bij mensen met een migranten achtergrond (voornamelijk mensen die als een migrant uit Oost Europese landen, Turkije, Marokko, en Suriname zijn gekomen, diegenen dus die in het buitenland geboren zijn) en die werkzaam zijn in de ouderenzorg. Deze interviews zijn ontworpen om als basis te dienen voor de evaluatie van de verschillen

tussen het nationale zorgbeleid en de zorgsystemen die invloed hebben op de migranten die in Nederland in de zorgsector werken.

Ik zou graag de mogelijkheid krijgen om met migranten medewerkers in de ouderenzorg een interview te houden om inzicht te krijgen in de onderliggende factoren (bv. hun motivaties) bij de keuze om te gaan werken in de ouderenzorg en in hun werkervaringen.

De interviews duren ongeveer 1 uur en ze betreffen de volgende onderwerpen:

- het proces/de redenen waarom de geïnterviewden zich aangetrokken voelden om in de zorgsector te gaan werken;
- waarom de keuze daarbij op Nederland viel;
- de ervaringen en meningen van de geïnterviewde over het werken in de zorgsector (met focus op de ouderenzorg).

De interviews zijn vanzelfsprekend volledig anoniem en zullen anoniem behandeld worden. De privacy zal gerespecteerd worden voor het individu en de betreffende instantie en het zal dan ook niet mogelijk zijn om daaruit conclusies te trekken over de persoon, identiteit, noch voor de organisatie en/of hun werksituatie of werkgever.

In afwachting van uw reactie,

Met vriendelijke groet,

-----

Tel.: 06 xxxxxxxxxxx

## **8.2. Appendix-B**

### **Interview Guide for Respondents**

#### **Theme 1- Personal Background**

- Where do you come from?
- How and why did you ended up here in the Netherlands?

- When did you start working in the elderly care?
- Were you working in the elderly care while you were still in .. ?
- What kind of job did you do before working in the elderly care?
- Why did you choose to work in the elderly care?
- Can you elaborate about that?
- What motives and factors were involved by making this choice?
- Did other people (like family, friends or an organization) play a part by your choice?

### **Theme 2- Description of Care Work**

- What is your position here, what are your tasks here?
- What jobs' do you here exactly?
- Can you describe to me how a typical workday looks like?

### **Theme 3- Personal Experiences in Care Work**

- What do you like (most) about your job?
- What makes you smile or happy in your job?
- What part of your job is sometimes difficult to cope with?
- Before you started to work in the elderly care, did you already know what the job was about or what kind of tasks you had to fore fill?

### **Theme 4- Perception of Outside World**

- Did you ever notice that environment (friends, family etc.) didn't like working in the elderly care or found it too hard to work in the elderly care, even though you yourself do like this job?
- What is the opinion of the people surrounding you regarding you working here?
- What kind of comments do you get when you tell what job you do?
- Are you proud about your job?

### **Theme 5- Socio-economic Perceptions Care Work**

- In your view, does this job have a lot to offer?
- How is it/how do you feel in regards to work in a different country then the one you originally come from?
- How do you perceive the elderly care here in the Netherlands if you compare this to the country where you originally come from, in regards to rules and working possibilities etc.?

### **Theme 6- Relational Aspects of Working Environment**

- Can you tell me something about your relation/interaction with you colleagues, patients, clients, professional groups etc.?
- Do you have the feeling that you can work independently here, or you need to discuss everything with your colleagues?
- Can you plan, organize and execute the job at hand by yourself?

### **Theme 7- Future Career Planning**

- Do you want to "grow" in this job, possible to a (higher) position?
- Did you aim for a higher position even before you started working here?

## ***8.3.Appendix-C***

### ***Topic Lists from Manual Data Management Method***

#### **General Background Information**

- Country of birth
- Reasons for migrating to the Netherlands
- Educational background

### **Decision Process**

- The role of previous work experience
- The role of environment (family, friends, organizations)

### **Involving Process**

- The role of “working as a volunteer” in elderly care home
- Reasons for deciding to work in nursing home
- Reasons for choosing: particularly elderly groups

### **Helping Others**

- Willing to help others
- Liking to see elderly people happy
- Thankful job

### **Employment criteria**

- Attractive job
- High / low salary

### **Material Concerns**

- Choosing for love or money
- Materialistic reasons for involvement
- Making future career

### **Cultural Aspects**

- Cultural comparisons of caring
- Emphasis on caring for others
- Caring for elderly people in different cultures