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## Family Caregivers as Employers of Migrant Live-In Care Workers: Experiences and Policy Implications

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### ABSTRACT

As policymakers globally recognize aging in place as the preferred option for most adults, there is a growing need to supplement family or informal caregiving for frail older adults with formal homecare services, particularly for those who require 24/7 care due to significant physical and/or cognitive impairment. The core objective of this qualitative study was to explore family members' experiences in employing live-in care workers, particularly the nature of their engagement and the quality of their relationships with these care workers. Our analysis of semi-structured interviews with 35 family caregivers revealed four themes: 1) challenges in acquiring support and developing dependency; 2) negotiation of roles, responsibilities, and moral dilemmas; 3) shifting emotions between trust and suspicion; and 4) role confusion, expectations, and disappointments. The study suggests that families might benefit from formal guidance regarding fostering and maintaining positive relationships in the homecare environment. This paper provides nuanced knowledge that may inform the development of such interventions.

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Aging in place; care work; employer-employee relationships; family caregivers; homecare; migrant care workers

## Introduction

The aging of the global population raises a crucial question: how can we best care for older people who have reached the stage of requiring ongoing, full-time support with the basic activities of daily living (ADLs) (Singh, 2021)? The blunt answer for older persons requiring 24/7 care is to either move to an institutional care setting or equip their home with around-the-clock home care services (Pani-Harreman et al., 2021). The view of home and community as the ideal places for growing old has gained policy traction globally, as seen in the concepts of “community care,” “aging-in-place,” and “age-friendly cities” (Hoens & Smetcoren, 2021; Scott, 2021). While most Western countries offer a range of community-based long-term support services for aging in place through various social policies (Ahn et al., 2020), many families,

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particularly those with older adults that are physically frail and/or cognitively impaired, find that the types and/or level of formal care are insufficient to support their loved ones (Calvó-Perxas et al., 2021; Liang, 2017). Consequently, they are in a position of having to take much of the responsibility upon themselves (Podgorica et al., 2021). This burden leads to a global growing demand for live-in care workers (Fujisawa & Colombo, 2009).

Globally, many of those who undertake live-in care work jobs for older people are migrant workers or recent immigrants, i.e., women and men from poor countries who seek employment as live-in, full-time homecare workers in a foreign country (Lutz, 2018). The literature on migrant care workers raises several important issues. One of the most prominent is the asymmetrical power relations, characterized by intersecting factors of race, culture, class, citizenship status and gender (Bélanger & Silvey, 2020). Migrant workers are often marginalized in the local labor market and susceptible to exploitation, accepting poor working conditions that would be unacceptable to local workers (Lovelock & Martin, 2016). The literature also highlights the significant personal and familial sacrifices made by many migrants, including the loss of family connections and basic rights, such as freedom (Bélanger & Silvey, 2020). This predominantly female workforce usually continues to support their families back home both through remittances (Sutradhar, 2020), as well as by actively participating in parenthood using technology enabling daily interactions (Madianou, 2016).

However, employing migrant homecare workers to care for an older family member can also be challenging for employers (Porat & Iecovich, 2010). Although many studies explore the emotional and physical burden experienced by family caregivers (e.g., Halevi Hochwald et al., 2022; Hemingway et al., 2016), relatively little attention has been paid to caregivers' role as employers of care workers and the impact of this role on their overall caregiving experience (Salami et al., 2017). Previous studies focusing on these employment relations offer a complex view, including descriptions of "kinin" processes and mutual contentment (Ayalon, 2009; Shinan-Altman & Ayalon, 2019), but also of abuse and humiliation (Liang, 2017).

Most of the literature on tensions in these relationships focuses on extreme cases, such as abuse and violence committed by either the employer toward the employee or vice versa (Ayalon, 2009; Ehrenreich & Hochschild, 2003). While this information is essential, it does not fully capture the complex and challenging "normal" everyday employment relationships in the homecare environment. More information is required to understand the emotional challenges both care workers and family members who are employers of live-in care workers face. Further research in this area is valuable for developing effective policies that improve homecare relationships and promote the well-being of all parties involved and the quality of care (Manthorpe et al., 2019).

### ***The context: home care in Israel***

The study was conducted in Israel, a country with one of the highest life expectancies worldwide (OECD, 2022). Although Israel's public expenditure on long-term care is relatively low compared to other OECD countries (Hasson & Dagan Buzaglo, 2019), most older adults live in their homes in the community and enjoy significant involvement on the part of their families. In fact, over 20% of older adults benefit from formal home-based care services, such as home help and personal care (Casanova et al., 2020). Given Israel's unique caregiving environment, it offers an ideal setting for investigating aging-in-place and the perspectives and experiences of family caregivers on hiring care workers.

To employ a foreign care worker in Israel, individuals must first obtain an employment permit, with the care recipient being the official care worker's employer. These permits are granted to individuals who require assistance in performing Activities of Daily Living (ADLs), which are evaluated through functional dependency assessment tests by the National Insurance Institute (The Israeli National Insurance website; Kotschy & Bloom, 2022). The Long-Term Care Benefits Law, launched in 1988, encourages the employment of care workers by individuals who wish to remain in the community and enables the financing of homecare through National Insurance. The benefit amount is based both on the applicant's functioning as well as his/her income. Although the Long-Term Care Benefits Law provides financial assistance for home care, it does not cover the full employment cost or further employment expenses, such as residential and food costs, as well as social security and health insurance. The care recipient and their family must cover these expenses (Hasson & Dagan Buzaglo, 2019; Porat & Iecovich, 2010).

As of 2022, there were over 70,000 foreign care workers in Israel. Out of these, 57,509 were legal workers, while at least 14,039 were undocumented. Most legal migrant workers in Israel at the end of 2021 hailed from the Philippines (35%), India (25%), and Uzbekistan (15%). Data on age and gender reveal that the most common age group across all labor categories is 31–40, with 83% of workers being women (Population and Immigration Authority). Migrant care workers are issued a one-year valid work visa, which can be renewed annually for up to five years and three months, or until the death of their last care recipient prior to five years and four months. They can only be employed in a full-time position by an employer who holds a valid employment permit. Employers must provide them with minimum wage and medical insurance, and they are entitled to the same rights and benefits as Israeli workers, such as sick leave, paid vacation, holidays, and sick leave days. They are also subject to the same laws as Israeli workers, including dismissal conditions. However, Israel's immigration policy does not provide a pathway to citizenship or permanent residency for migrant care workers, and

it also prohibits their spouses or children from working or living in the country (Fisher, 2021). This policy is based on the aim to prevent non-Jewish immigrants from settling in Israel (Porat & Iecovich, 2010).

The employment of live-in migrant care workers for the care of older adults who require full-time assistance is a growing phenomenon in many countries. This calls for social policies that support homecare relationships and the people involved in them: older adults, their family members, and employees. In order to develop such policies, there is a need to gain more information about everyday relations in the homecare environment. This qualitative paper aims to fill in some of the knowledge gaps by exploring the experiences and emotional challenges faced by family caregivers who employ homecare workers.

### **Design**

The current study employs a descriptive qualitative phenomenological approach, specifically through the use of semi-structured interviews. These were analyzed through thematic content analysis (Graneheim & Lundman, 2004), for a better understanding of the phenomenon and to unpack nuanced aspects of the family caregivers' relationship with the care worker (Sundler et al., 2019). Two researchers, experts in the field of qualitative research with a background in geriatric nursing and sociological research, carried out all stages of the study: design, data collection, data analysis, and writing the paper.

### **Participants and recruitment**

The study included 35 family caregivers (30 adult children [86%] and 15 spouses ([14 [%) of older adults with severe health problems – 90% of them with dementia (as reported by the family caregivers) – living at home in Israel and employing a live-in migrant care worker. All participants were secular Jews, and 30 of them were women, aged 43–82 (average age 62). All the adult children (30/35) live separately from the care recipient (Table 1). The average time the care worker was employed (at the time of the interview) was three years (ranging from eight months to eight years). The study recruited ten participants through Facebook ads published in family caregivers of disabled older adults groups. The additional 25 participants were recruited with referrals from previous interviewees, i.e., through snowball sampling (Stratton, 2021).

The live-in care workers employed by the interviewees were mostly women (90%), aged 28–45 (average age 37), and their country of origin was India (60%), the Philippines (30%), or Eastern Europe (10%). However, this paper focuses on the family members as employers and the care workers' perspective will be focused upon elsewhere. The Academic Institutional Review Board (IRB) approved this study and its ethical

**Table 1.** Characteristics of family caregivers – the “employers”.

Characteristics	Family Caregivers (n = 35)*
<b>Gender</b>	30 (86)
Female	5 (14)
Male	
<b>Family relationship</b>	26 (75)
Adult daughter	4 (11)
Adult son	4 (11)
Spouse -Wife	1 (3)
Spouse – husband	
<b>Religion</b>	35 (100)
Secular Jews	
<b>Place of birth</b>	28 (80)
Israel	7 (20)
Other	
<b>Residence</b>	28 (80)
Tel Aviv metropolitan area**	7 (20)
Outside of Tel Aviv metropolitan area (towns and villages)	
<b>Duration of care-workers’ employment</b>	8 month-8 years (mean 2.5 years)

\*Data presented as n (%); \*\*Central Israel.

procedures. The interviewees were recruited voluntarily, informed of the study’s objectives, and signed an informed consent form. The participants were assured they were free to withdraw from the study at any point, that their responses would remain confidential, and that the interview would be analyzed anonymously.

### **Data collection**

Using a digital recording device, 35 semi-structured in-depth interviews, with an average time of 60 minutes, were recorded in the place chosen by the interviewee (his/her home, the care recipient’s home, or another quiet place), and subsequently transcribed (Botes, 1996). All the interviews were carried out following an explanation of the research goals and conducted according to a semi-structured interview guide. The first part of each interview included closed-ended socio-demographic questions. The second part consisted of open-ended questions dealing with the research topics which had been selected according to former research conducted both in Israel and worldwide (Ayalon, 2009; Halevi Hochwald et al., 2022, Martin-Matthews & Cloutier, 2019; Salami et al., 2017), for a deeper understanding of the emotional experiences of family caregivers regarding their relations with the employed live-in migrant care workers. Prompts included: Please describe your relationship with the care worker; Describe your communication with the care worker; What are the prevalent communication issues? Describe how you feel regarding this relationship; Describe situations of conflict. Additional questions emerging from the dialogue between the interviewer and interviewee were added in an inductive, structured, evolving process (Corbin & Strauss, 2014). Interviews were conducted until saturation was reached (Schoenberg et al., 2011).

## Analysis

The study used an inductive content analysis process (Tong et al., 2007). The research aim was to identify themes in the interviewees' experiences in an effort to facilitate theoretical development and practical understanding (Graneheim & Lundman, 2004). To ensure the trustworthiness of the themes, the two researchers reviewed the transcripts independently (Patton, 2002). Issues, meanings, and strategies were considered themes when they appeared organically in most transcripts, and these were confirmed through detailed reflexive discussion between the two researchers. Each category and interpretive claim were repeatedly checked and developed through a re-scanning of the transcripts in search of examples, exceptions, variety, and nuance (Saunders et al., 2018). Each interpretive statement was accompanied by an illustrative verbatim quote (Sundler et al., 2019). The findings were summarized in connection to the existing theory and literature, demonstrating whether the information has complemented or supplemented current knowledge.

## Findings

The interviewees described their experience as employers in ambivalent terms: the care workers were described as a source of essential support, but the role of being an employer and the relationships with the workers were also described as very challenging and often frustrating. Four main themes were identified: 1) challenges in acquiring support and developing dependency; 2) negotiation of roles, responsibilities, and moral dilemmas; 3) shifting emotions between trust and suspicion; 4) role confusion, expectations, and disappointments.

### *Challenges in acquiring support and developing dependency*

*... Three years ago, my mom was officially diagnosed with dementia... with time, it became impossible to leave her alone: she forgot to eat to take her medication... and called me at all hours of the day... We needed someone to live with her and serve as a memory for her... She refused initially, but then I was more assertive, and she accepted it. (Shimon, 52 years old, his mother has been employing a care worker for two and a half years.)*

The recruitment of a care worker usually follows a prolonged deterioration in the older adult's health and functional abilities. Family caregivers described a long struggle to cope with the deteriorating situation, sometimes with the support of local care workers who came for a few hours a day, but mostly on their own. Eventually, they said, they realized it was too dangerous to leave their relatives unattended. Many said they wanted to start employing a live-in care worker earlier than they did, but their ill relatives refused to accept it. Nevertheless, the interviewees argued that the care recipients adapted fast, and even more so – developed a deep dependency on the worker.

*My mother became attached to her so quickly that when she was gone, she was lost. She doesn't want to be left alone at all. (Yael, 52 years old, her mother has been employing a care worker for four years.)*

The dependency was not only on the care recipient's side. All family caregivers we interviewed described themselves as extremely dependent on the care workers:

*I can't function without her; I'm reliant on her. (Ruth, 60 years old, her mother has been employing a care worker for five years.)*

This dependency often causes great stress. Interviewees described themselves as desperate when a care worker asked to take home leave. Finding a suitable replacement was stressful, and the fees the replacements charged were high. Nevertheless, the interviewees said they had no option, they could not cope without a care worker for their relative:

*It is so difficult; I need someone to replace my mom's care worker for a month and a half. No one is available. How can I find someone? And the prices are so high. But what can I do? (Liora, 55 years old, her mother has been employing care workers for two years.)*

Some interviewees not only said they were incapable of providing their relatives with sufficient care but also that their relatives preferred the worker's assistance and rejected theirs. In some cases, the relatives' attachment to the worker was described as a source of relief, as well as pain and loss:

*One day the worker was busy, and I wanted to accompany my mom instead of her. It is something I have been doing for many years. Mom said: "No, let's wait for the care worker" . . . My accompanying her was no longer acceptable to her. (Ruth, 60 years old, her mother has been employing a care worker for five years.)*

The fear of being abandoned by the worker and left without support caused several family caregivers to make an effort to please the worker:

*I'm so dependent on her. She's my oxygen, and therefore I'm very protective of her. I buy her presents and send gifts to her children. . . so she will stay with us. (Liora, 55 years old, her mother has been employing a care worker for two years.)*

For others, generosity toward the care worker was described as an expression of gratitude and appreciation for the hard work s/he was doing:

*I really appreciate her. . . They're stuck in someone else's house 24/7 and can't leave them for a second. (Dan, 43 years old, his mother has been employing a care worker for six years.)*

Most interviewees said they knew that the worker's job was very demanding. They also knew how hard it would have been for them without him/her. Their appreciation was combined with a sense of great dependency, therefore becoming a source of stress.



### **Negotiations of roles, responsibilities, and moral dilemmas**

Being an employer means being responsible for the worker's well-being, as well as having to negotiate with them over numerous daily matters. Almost all the interviewees noted that they did not receive appropriate guidance or support for this role. The employer's role was imposed on them as a result of their need for support. This became an extra burden, on top of other commitments they had to cope with as family caregivers.

One significant burden was the cost of the care worker's employment. Almost all the participants spoke about the financial issue as a prominent source of anxiety and insecurity. Some of them argued that considering their limited resources, and despite the government support they received, the cost of employing care workers had become beyond their means:

*My husband had only a small pension. It is tough.* (Rachel, 87 years old, has been employing a care worker for her husband for five years.)

This financial difficulty led to frustration and anger. Some of this anger was directed toward the state laws since interviewees felt unprotected against rising salary demands:

*The demands are increasing . . . How can people who don't have big pensions cope? And the children cannot always help . . . We should shout it out, so the decision-makers will hear us . . . only in Israel do foreign workers get rich, and we become poor . . . it's already difficult enough for us as it is . . .* (Mira, 69 years old, her mother has been employing a care worker for four years.)

Interviewees remarked on the growing gap between workers' supply and demand. This "care deficit" (Ehrenreich & Hochschild, 2003) affected their ability to negotiate with employees about both payment and the workers' duties and tasks:

*We've reached the point where families are being squeezed or blackmailed just because the workers can do so. There's no clear government policy, and no one is protecting the elderly . . . It is a severe problem.* (Dina, 55 years old, her mother has been employing a care worker for a year)

The interviewees' frustration and anger were directed at state policy, as well as at the migrant care workers. A few interviewees were very emotional when they described their workers as blackmailing them, and themselves as "trapped" in a no-choice situation:

*She came to me and said that all her friends got higher salaries. . . I didn't have a choice, did I? She would have left if I hadn't given her more money.* (Mira, 69 years old, her mother has been employing a care worker for four years.)

Negotiations with the workers were challenging because, apart from the officially regulated employment costs, the family members often encountered

demands for additional expenses that fell into gray areas, such as food preferences, cosmetics, and more. They were unsure whether covering these costs was part of their responsibility regarding the worker's well-being or excessive demands beyond their responsibility:

*She said she couldn't drink tap water and asked for a mineral water dispenser, and we bought it. But I don't have one in my own house. (Eden, 60 years old, her mother has been employing a care worker for four years.)*

*Am I, as her employer, supposed to purchase her cosmetics, such as body lotion and face lotion? (Mia, 44 years old, her mother has been employing a care worker for two years.)*

In some cases, when critical requests regarding the caregiver's well-being were at stake, employers faced complex moral dilemmas. An example of this was presented by sisters who were unable to agree on the degree of their responsibility for the care worker's welfare after she gave birth:

*One day, she called us and said she was pregnant. . . She asked if she could continue living with my mom with her baby during her maternity leave until she had to take the baby out of the country. . . My sister wanted her to leave Mom's house . . . She said it would disturb Mom . . . But I thought we shouldn't get her to leave the house. (Eden, 60 years old, her mother has been employing a care worker for four years.)*

Complicated situations require complex decisions, and in some cases, such as the last example, differences in perspectives challenged siblings' relationships and stimulated tensions among family members who felt differently about their responsibility as employers.

One issue that bothered many interviewees was the personal and familial price their employee paid by leaving her own family overseas. When the interviewees spoke about this, they were often emotional:

*She showed me her son's picture. I feel sorry for her and him. A kid with a sad face . . . she took care of our mom and lived with her instead of living with her children . . . (Eden, 60 years old, her mother has been employing a care worker for four years.)*

The combination of compassion, responsibility, and possibly guilt occasionally turned into specific gestures of kindness. Joe bought his mother's care worker a return ticket to India when he realized she was homesick after her return from her annual leave:

*I saw that she was upset . . . so I instigated sending her for another home visit in the middle of the year . . . We surprised her with a direct ticket to India. . . She was thrilled. (Joe, 61 years old, his mother has been employing a care worker for two years.)*

Feeling a sense of responsibility for the care worker's losses, on the one hand, and having to negotiate with workers regarding salaries and expenses that fall into gray areas on the other, were sources of emotional burden and stress.

### ***Shifting emotions between trust and suspicion***

The interviewees repeatedly mentioned the subject of building trust, which appeared to be a complex, ambivalent issue: the family caregivers wanted to trust the care workers but were often doubtful and distrustful. Some of them even expressed insecurity and helplessness because they were unsure of what was really going on in the care recipient's home:

*You need to watch them closely. They will ask for one hour off and return after two hours. They will go into their room at 8:00 and stay [there] for the whole night.* (Lea, 70 years old, her mother has been employing a care worker for five years.)

A significant concern was the quality of care provided when there was no supervision. Supervising by installing a camera in the house and continuously filming what was going on at home was mentioned as one of the ways to monitor the care worker:

*They need to be watched closely because, at the first opportunity they get, they will care only for themselves . . . I always keep my eyes open and watch her from my home through the cameras.* (Betty, 53 years old, her mother has been employing a care worker for two years.)

While the fear of being abused by the care worker caused some family caregivers to be vigilant, other interviewees shared the embarrassment they felt regarding having to act as 'police officers' and supervisors:

*We have cameras. . . But I've never looked at the videos. It embarrasses me and feels inappropriate . . . I am not a policewoman.* (Eden, 60 years old, her mother has been employing a care worker for four years.)

Another prominent issue that raised questions about trust and control was, again, money. Many interviewees stated that they often felt unsure regarding the care worker's use of money:

*We gave her money to buy groceries, and she said it cost 700 shekels per week, but we realized it was too much for two women, mainly as one of them hardly eats. And we noticed her bedroom door was always locked when we visited.* (Esther, 82 years old, her husband has been employing a care worker for three years.)

The discomfort that came with control led some interviewees to decide to "let go," but their descriptions reveal that this also came with a sense of unease:

*She brought receipts, but I never looked at them. I didn't want to be in the position of telling her she had spent too much, but I did feel it was strange.* (Ella, 48 years old, her mother has been employing a care worker for six years.)

The tension between the need for trust and the sense of suspicion seems disturbing. It was not easy to balance exercising control on the one hand and letting go on the other, and both were uncomfortable and unsettling for

the employers. This inner struggle, which many interviewees described, was related to another basic theme regarding the emotional attitude toward their relationship with the live-in care worker.

### ***Role confusion, expectations, and disappointments***

The interviewees expressed confusion about their relationship with the care workers. In many cases, it was not apparent to the family caregivers whether, or to what extent, this relationship was, or should be, based on affection and familial norms, or rather on rational business-like terms and expectations.

Rachel (a wife) described the stress she experienced after negotiating over money with the worker. It appears that her anxiety was caused not only due to the expense but also because of what it meant in terms of the relationship between them:

*What drove me crazy was when she started talking about bonuses . . . I realized that she was only here for the money. Taking care of my husband is entirely secondary to her. (Rachel, 87 years old, her husband has been employing a care worker for five years.)*

It seemed that Rachel wanted to feel that the worker was motivated, first and foremost, by a sense of care. The worker's demand for payments disillusioned and upset Rachel. For many family caregivers, it was devastating to acknowledge that the person taking care of their loved one was motivated by money instead of affection. Moreover, when she described the worker as being motivated by earning money, it seemed she was criticizing, even accusing, the worker of being immoral.

The interviewees' descriptions of conflicts with workers revealed that, in many cases, the source of tension was not only the issue at stake but also the interviewee's expectations and disappointments regarding the type of relationship they have with the care worker. In the following example, the interviewee described how she felt after she discovered that the care worker had taken a commission in order to arrange a replacement for her days off:

*We asked Ann to arrange a replacement for her weekends off. . . She told us how much it cost, and we paid her. But when we spoke with her replacement, we found out that Ann was charging us a commission. This hurt us. . . (Eden, 60 years old, her mother has been employing a care worker for four years.)*

In business-like relations, what Ann (the worker) did is considered legitimate; but in this case, it was perceived as hurtful. The employers expected the worker to act as a family member or friend who does not charge for assistance. When they discovered she did take a commission, they felt strong emotions as if she had deceived, and even betrayed, them.

In some cases, the confusion regarding the nature of the relationship with the worker ended in great pain:

*My parents loved their care worker . . . I trusted her and was glad she was there with them. . . One day she went on vacation and never came back . . . We found out later that she had found another job. . . I felt betrayed. We were friends . . . She loved my son. And then I realized they are nice, but they are just here for the money. (Ilana, 49 years old, her parents have been employing a care worker for three years.)*

The feelings Ilana expressed when telling this story were powerful. She described this as a shock, saying it caused her 'trauma.'

In addition to the emotional descriptions, the data includes many routines, or even mundane descriptions, illustrating the employers' constant effort to navigate their relationships with the care worker. A few brief examples: David said that he prefers not to ask his mother's care worker "too many questions"; Joe noted that he marks "boundaries" between him and his father's care worker because he "does not want to get too involved"; Ella described herself as struggling to listen to her mother's care worker's personal stories, feeling uncomfortable to ask the worker to leave her alone with her mom because she thought that the care worker was lonely and did not want to hurt her feelings. These, and further examples, illustrate how confusing these employment relations are, and the significant emotional challenges that employers' family members confront.

## Discussion

In this study, we sought to explore the experiences of family caregivers of older adults who employ migrant care workers providing round-the-clock personal care at home. The thematic analysis of interviews with 35 family caregivers identified four main themes.

The first theme was the "challenge in acquiring support and developing dependency", highlighting the stress, anxiety, and anger that arise when employers depend on the care workers. Hiring a care worker aims to solve the burden of care, but the dependency on the worker becomes a source of negative feelings. The current study shows that the resulting employers' dependence on the employees often leads to distress and anger directed at both the authorities (whom family members accused of abandoning them) and the care workers, who were blamed for exploiting the employer's dependency. Ehrenreich and Hochschild's (2003) work highlighted the exploitation of emotional labor from workers in poorer regions who provide care for those in wealthier countries. Ehrenreich and Hochschild (2003) argued that this practice perpetuates global inequality and further widens social and economic disparities.

The second theme of the study focused on the challenge of taking on the role of an employer, particularly when negotiating financial compensation. Many interviewees felt they needed to be better prepared to handle this responsibility, which became overwhelming when making decisions that affected the well-being of care workers. Family members also expressed

discomfort with the personal sacrifices made by care workers who had left their families overseas, underscoring the impact of their emotional distress on their employers. The literature extensively describes the pain of care workers (e.g., Ehrenreich & Hochschild, 2003; Parreñas, 2020), which also affects the emotional experiences of their employers.

In the third theme, the study highlights the issue of trust and suspicion among family caregivers who employ at-home migrant care workers. Studies show that family members of older adults who reside in long-term care facilities are often anxious regarding the care of their loved ones and seek more supervision (Jakobsen et al., 2019; Walmsley & McCormack, 2021). However, the ability to supervise and control in a home-care situation is even more limited (Strommen et al., 2020). The study suggests that due to their limited ability to manage and control the situation, interviewees often experienced ambivalence. Although they desired to trust care workers, they frequently felt doubtful and suspicious to act as supervisors.

The fourth theme described family caregivers' confusion regarding the nature of their relationship with care workers. Employers often expect this relationship to be based on emotional, familial bonding and loyalty. When these expectations are not met, the employers can feel betrayed and abandoned, leading to emotional stress. While the existing literature on homecare relationships tends to focus on the vulnerability of care workers (e.g., Ehrenreich & Hochschild, 2003; Parreñas-Salazar, 2015), this study adds to the literature by highlighting the vulnerability experienced by family employers.

Previous studies have suggested that the need to establish boundaries in ambivalent and paradoxical family-employee relationships can lead to exhaustion among family members (Ayalon, 2009; Martin-Matthews, 2007). This study adds to the understanding of the sources of stress and anxiety experienced by family caregivers. The research identifies previously underexplored stressors, including the added financial burden, the emotional toll of acknowledging the sacrifice made by migrant workers, and the ambivalence and uncertainty surrounding control and trust in the homecare environment. It is essential to recognize that these stressors contribute to the emotional toll of caring for a loved one, particularly in cases of dementia (G. Green et al., 2022; Halevi Hochwald et al., 2022).

### ***Policy recommendations***

The results of this study have significant policy implications. First, one of the most significant sources of stress for family caregivers is the immigration policy restricting the number of migrant care workers allowed into the country. This care deficit gives the workers more negotiation power, leading to additional stress for family caregivers (Hasson & Dagan Buzaglo, 2019). The immigration policy also limits the duration of stay for migrant workers in the

country to five years and three months, or until the care recipient passes away (Population and Immigration Authority, 2021), creating tension among care workers and making it difficult to find care workers for older adults with a shorter life expectancy (Arieli, 2021). In the Israeli context, given existing immigration policy concerns and financial limitations, we recommend extending migrant homecare workers' work visas to ten years and determining a maximum wage.

Moreover, the financial burden on family members is also a central area of concern. The Long-Term Care Law mandates that migrant workers reside in the care recipient's home and sets a minimum wage without a maximum limit, leading to salary negotiations that often have emotional consequences for both parties (Hasson & Dagan Buzaglo, 2019; Porat & Iecovich, 2010). In recent years, policymakers have taken note of the stress experienced by family caregivers, leading to several policy changes. The 2018 Long-Term Benefit Law reform provides the option to convert the benefits into hands-on financial compensation for people with long-term care needs. However, this led to a 60% increase in benefit applications, and critics argue that it is expensive and has not improved care quality (National Insurance- Israel, 2022).

An Inter-Ministerial Committee was established to examine changing the employment method in the home nursing sector in response to families' complaints. However, the committee's final recommendations, published in April 2022, concluded that changing the existing model, in which the care recipient is also the employer, to a corporate model, would lead to significant additional employment costs for the care recipient's family. Instead, the committee recommended a broader supportive framework for care recipients and their families, as well as an increase in the local supply of care workers through vocational training programs (Population and Immigration Authority, 2022).

The study underscores the importance of social policies that focus on establishing employment relationships in the home care setting. Specifically, the study highlights the need for socialization processes that educate both employers and employees on how to interact effectively. These processes should begin before employment and continue through ongoing training and support. However, interventions must be tailored to the specific context and cultural backgrounds of employers and employees. In addition, it is crucial to train health and social work professionals to assist in resolving conflicts between care workers and family caregivers. Furthermore, human resource companies should mediate conflicts instead of replacing workers. Delegating most bureaucratic responsibilities involved in employing care workers to corporate or public institutions is also recommended. Previous research has shown a correlation between family members' satisfaction and loneliness and care workers' satisfaction and loneliness (Ayalon, 2009; O. Green & Ayalon, 2017). Thus, understanding employers' experiences and implementing the above recommendations can benefit all members of the therapeutic triad.

### **Limitations and future research**

Patients with significant cognitive disabilities are particularly vulnerable, given their limited ability to self-advocate and express their needs and concerns (Arieli, 2013). For this reason, family caregivers are the primary source of information on employers' perspectives of homecare relationships. This study is based on 35 interviews with family caregivers from similar backgrounds, representing the majority: they are all secular Jewish Israelis. Qualitative research provides valuable insight but has limitations in describing differences among groups or within a population (Almeida et al., 2017), and this study is no exception. The study utilized convenience and snowball sampling, which may have caused a biased sample and limited the generalization of the results to a larger population. The participants were similar in sociodemographic characteristics and had a disproportionately high number of family caregivers for dementia patients.

Further research is needed to identify the challenges of family caregivers from other populations. Future mixed methods research (Creswell & Creswell, 2017) could allow a broader picture of family caregivers' experiences and coping strategies and resilience, burden, and stress in additional environments. Despite these limitations, the study still provides insights that can be used for further research and policy, addressing family caregivers' needs, especially for caregivers of individuals with cognitive disabilities, such as dementia.

### **Conclusion**

This study explored the experiences of family caregivers who employ migrant workers to provide 24-hour home care for older adults. The findings pointed out that while family caregivers value the assistance provided by care workers, they struggle with the challenges of being an employer. To ensure ethical aging-in-place and delivery of quality care to older adults in need, supportive social policies are essential. The study emphasizes the need for policies that provide training and support to family caregivers in their role as employers. Additionally, policy adjustments are necessary to address the shortage of care workers and its impact on relationships in the caregiving setting, as well as the burden on family caregivers.

### **Key Points**

- "Aging in place" often means increasing the burden on family caregivers. Employing a live-in care worker is a leading way for seeking support.
- Employment relationships in the homecare environment are often complex and challenging.



- Understanding family caregivers' emotional challenges regarding their role as employers of live-in care workers is essential.

There is a need for social policy that supports positive relationships in the homecare environment.

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