

Mixed motivations to provide formal care to older adults: lessons from a training program

Shiri Shinan-Altman,¹ Aviya Riabzev² and Liat Ayalon¹

¹Louis and Gabi Weisfeld School of Social Work, Bar Ilan University, Ramat-Gan, Israel

²Department of Music, Bar Ilan University, Ramat-Gan, Israel

ABSTRACT

Objective: With the aging of the population, the demand for long-term services is increasing accordingly and the recruitment of paid caregivers to older adults has become a critical issue. Hence, there is a great need to train people in the care of older adults. This study examined motivations to participate in a new program, which aims to train young people (ages 19–25) to become paid caregivers for older adults.

Methods: The study is based on focus groups with program participants ($N = 33$) and on phone interviews with former participants ($N = 8$) and face-to-face interviews with staff members ($N = 14$). Transcripts were analyzed using qualitative content analysis.

Results: Three major themes emerged: (1) “Motivations to participate in the program,” referred to participants’ motivations to work with older adults. (2) “Reduced motivations due to ambiguity of roles,” referred to the unclear definition of the care worker’s role, which created a decrease in participants’ motivations to provide care. (3) “Inadequate financial compensation,” concerned participants’ reduced motivation to participate in the program as a result of financial promises that were not realized.

Conclusions: Findings suggest that it is important to be cautious about the motivations for participation in the program because by emphasizing the difficult situation of older adults, one stresses the low status assigned to older adults, rather than positive attributes. It is also suggested that care workers should be financially rewarded, so that despite the difficulties that may arise during work, they will feel valued and will want to remain in the profession.

Key words: training program, motivations, older adults, evaluation research

Background

The growth of the population of older adults in recent decades is a worldwide phenomenon (Madeira *et al.*, 2016). This trend is reflected in the Israeli society as the number of older adults is estimated to be 865,000 (about 10.6% of the total population). However, statistical forecasts predict that in 2035, the older adults’ population will reach 14% of the total population in Israel (Brodsky *et al.*, 2017). Thus, with the aging of the population the demand for home-based long-term services is increasing accordingly (Iecovich, 2014), and the recruitment and retention of paid caregivers to older adults has become a critical long-term care issue (Stone and Harahan, 2010). Hence, there is a great need to train people in the care of older adults.

Providing care to older adults involves difficult physical and mental work. Even though the required skills are basic and supposedly simple, the treatment characteristics make this work complicated. For example, care workers need to cope with job uncertainty and changing job demands (Yacovich and Yacovich-Tishler, 2015). The blurred characteristics of their job requirements further promote uncertainty and intensify the challenges associated with care work (Shinan-Altman and Cohen, 2009). These negative aspects may reduce motivations to provide care to older adults.

Motivations to provide paid care to older adults

Motivations can explain the reasons for engaging in a particular behavior, such as helping someone. Caregivers may have varied motivations to providing care to older adults (Quinn *et al.*, 2010). For

Correspondence should be addressed to: Dr. Shiri Shinan-Altman, Ph.D., Louis and Gabi Weisfeld School of Social Work, Bar Ilan University, Ramat-Gan 52900, Israel. Phone: +972-46180175; Fax: +972-37384042. Email: shiri.altman@biu.ac.il. Received 13 Jan 2018; accepted 2 May 2018.

example, providing care to older adults fosters a sense of meaning and self-esteem as well as an opportunity to help older adults toward the end of their lives (Kamp, 2012). In addition, care workers report relatively high levels of perceived control (Shinan-Altman and Ayalon, 2017) and job decision authority at their workplace (Iecovich, 2011), which may raise their motivations to keep their job. On the other hand, the provision of care to older adults is characterized by a low status, low salaries, inferior employment conditions, a lack of promotion opportunities, and low employment security (National Insurance Institute of Israel (NIII), 2011).

Attitudes toward older adults also may explain behaviors toward them (Gonzales *et al.*, 2010). Kosberg (1983) coined the term “professional ageism,” which refers to the negative attitudes and poor quality of care given to the older adults’ population due to their age. Indeed, it was found that care workers who had no understanding of the characteristics of old age and the needs of older people were more likely to hold negative attitudes toward older patients (Joshi and Flaherty, 2005). Thus, negative attitudes toward older adults may serve as a barrier to adequate care provision.

To sum, the literature proves that there is a growing need to expand manpower that will provide comprehensive care to older adults. However, it is complicated to recruit quality personnel for this kind of work. Many of the care workers in this field lack proper training and are not required to acquire such training as part of their work. At the same time, there are negative aspects in providing care to older adults, as detailed above. Therefore, it is of importance to build a system that will empower care workers and provide them with tools to facilitate treatment in order to improve the quality of life of older adults and their families.

Care workers and care recipients in Israel

Israel employs a relatively generous welfare system in order to maintain older adults in the community. Less than 4% of older adults in the country live in institutions (Brodsky *et al.*, 2011). Care workers in the community and in long-term care settings are responsible for the provision of personal care, such as assistance with transfers and cleaning (Ayalon, 2016).

The situation of older adults, as care recipients, deserves special attention, as many of them report high levels of loneliness (Ayalon, 2016) and depression (Ayalon *et al.*, 2010). Moreover, news about abuse in long-term care settings in Israel have skyrocketed in the past years and elder care has

become a contested phenomenon (Cohen *et al.*, 2010), with the realization that older adults often receive sub-standard care in long-term care settings (Cohen and Shinan-Altman, 2011). As a result of the complexity associated with providing care to older adults, there is a need to provide care workers with knowledge and skills through designated training programs, prior to their integration as care workers at home and in long-term care facilities.

Training programs for care workers of older adults

In Israel, most care workers do not have adequate professional training to provide care to older adults, even though they provide the bulk of the treatment. In the absence of appropriate training, these care workers may feel pressure and burnout when they are exposed to various difficulties and sources of pressure at work, which they have not been prepared for and do not have the tools to cope with (Yacovich and Yacovich-Tishler, 2015). Furthermore, currently, there is no requirement for special occupational training in the framework of legal regulations for long-term care workers. Moreover, position papers on behalf of professional organizations in the field of aging have clearly indicated the existing shortage of geriatric manpower – in general, and the lack of high quality and professional manpower – in particular (Katz *et al.*, 2009).

A training program for paid caregivers of older adults

The present study is focused on a new Israeli program that aims to train young people (ages 19–25) to become caregivers for older adults in the community and in long-term care settings. The aim of the program is to create a change in the care of older adults by integrating young caregivers into a meaningful and vital profession. The six-month training program runs in three regions, five days a week, for 8 h each day. The training program includes theoretical contents, such as nursing courses and psychosocial aspects of old age, as well as practical material concerning long-term care settings. It should be noted that the training program offers financial support to participants during and after the program. The training program is financed by public organizations and is considered a core program of national priority at the country level.

The aim of the present study was to identify participants’ motivations for participating in the program and for dropping out of the program,

Table 1. Demographic characteristics of the sample

SOCIO-DEMOGRAPHIC CHARACTERISTICS	
Reports by program participants (<i>N</i> = 33)	
Female (<i>N</i> (%))	28 (87.5)
Mean age (SD), range	20.1 (1.4), 19–25
Marital status- single, (<i>N</i> (%))	28 (90.3)
Place of birth- Israel (<i>N</i> (%))	29 (90.6)
Mean years of education (SD), range	12.2 (0.8), 12–16
Mean years experience with older adults (SD), range	0.6 (1.3), 0–6
Reports by former participants (<i>N</i> = 8)	
Female (<i>N</i> (%))	5 (62.5)
Mean age (SD), range	22.4 (1.6), 20–25
Marital status- single (<i>N</i> (%))	7 (87.5)
Place of birth- Israel (<i>N</i> (%))	8 (100)
Mean years of education (SD), range	12.4 (0.1), 12–15
Mean years experience with older adults (SD), range	0.4 (0.1), 0–3
Reports by staff members (<i>N</i> = 14)	
Female (<i>N</i> (%))	12 (85.7)
Mean age (SD), range	33.16 (8.99), 20–74
Marital status- single (<i>N</i> (%))	12 (85.7)
Place of birth- Israel (<i>N</i> (%))	11 (78.5)
Mean years of education (SD), range	13.9 (2.0), 14–18
Mean years experience with older adults (SD), range	3.47 (4.1), 0–30

respectively. Interviews with participants were supplemented by interviews with staff member.

This study is timely because of ongoing efforts by national organizations to increase the number of Israeli care workers in the community and in long-term settings. Given the fact that reliance on care workers is not unique to Israel but rather represents a global phenomenon (e.g. Doniol-Shaw and Lada, 2011), evaluating the motivations of participants to participate in the training program should provide important insights to healthcare professionals and policy-makers worldwide.

Design and methods

Sample

Participants consisted of three groups: (1) participants in the program (*N* = 33); (2) former participants (*N* = 8); (3) staff members (*N* = 14). Participants were from the three regions of the training program. The sociodemographic characteristics of the participants are shown in Table 1. As can be seen, most participants who remained in the program and former participants were women, with a mean age of 20.06 (SD = 1.44) and 22.4 (SD = 1.6), respectively. Almost all participants were single, born in Israel, with a range of 12–16 years of education. As for staff members, most were women with a mean age of 33.16 (SD = 8.99) with an average of 13.93 (SD = 2.0) years of

education. All were single, and most were born in Israel.

Procedure

DATA COLLECTION

This study was part of a research project that evaluated a training program for paid caregivers of older adults. The study was funded by the National Insurance Social Funds, Fund for Demonstration Projects and Eshel Joint Israel. A research assistant called each of the three program coordinators in each of the three regions and scheduled an appointment to conduct a focus group with the participants who took part in the program. The research assistant arrived to each of the regions during a training day and conducted focus groups with participants. All participants signed a consent form. All program participants agreed to participate in the focus groups (without the presence of staff members). Focus groups occurred on weeks 16–22 of the training program. Of the 37 participants, 33 were interviewed. Phone interviews were conducted with former participants, who dropped out of the program, 8 out of 13 were interviewed while five refused to participate in the study claiming that they have no time to be interviewed.

Structured face-to-face interviews were conducted with staff members. The protocol study was approved by the Ethics Committee of the School of Social Work of Bar Ilan University.

An interview guide was constructed to address each of the three groups of participants. Each interview guide started with broad questions such as “Tell me about the training program,” followed by more detailed questions for clarification and emphasis such as “Based on what motivations did you decide to participate in the program?” Finally, selected demographic questions were included to better situate the respondents in a sociocultural context. See interview guides in the appendix.

Interviews lasted between 45 min and 1 h; interviews were recorded and verbally transcribed. Interviews were conducted by a research assistant (AR) who is a trained interviewer and a Ph.D. student in the social sciences. The research assistant received training in qualitative research, including the conduct of a mock interview prior to the start of this project.

Qualitative analysis

Content analysis of the issues raised by the participants was performed as follows:

1. Open coding: The researchers first independently read each interview transcript line by line, jotting down notes to capture and identify initial units of meaning (categories) that emerged from the data (Strauss, 1987).
2. Axial coding: In a second reading of the transcripts, the researchers gradually detected associations between themes and sub-themes related to context and content. They compared interviews to consolidate meaning and reach a theoretical construct (Strauss, 1987).
3. Integration: The core themes or main categories that emerged from the data were reordered conceptually and placed back into context, making it possible to analyze and integrate large amounts of data (Shkedi, 2003).

Trustworthiness

Trustworthiness was achieved in several ways. First, to meet the credibility criterion, this study used in-depth interviews that allowed participants to freely and fully express their perceptions. The depth and breadth of the interviews enabled the researchers to claim that they obtained comprehensive and authentic understanding of the experiences of respondents. Second, the interview material was transcribed verbatim, enabling the researchers to return to the original narrations. Third, researchers performed the analysis separately. They compared the identified themes and attempted to negotiate disagreements regarding the main themes (Lincoln and Guba, 1985). Fourth, the researchers used credibility criteria which can be met if the data are presented as a thick, detailed description of multiple contextually based realities (Lincoln and

Guba, 1985). Finally, findings were triangulated through interviews with several different groups involved in the training program: program participants, former participants, and staff members who operate the program.

Results

The present study is focused around motivations as a means to explain participation, drop-off, and satisfaction with the program. Three major sub-themes concerning motivations emerged from the data. The first theme was identified as “Motivations to participate in the program” and was focused on participants’ social and personal motivations to work with older adults. The second theme was identified as “Reduced motivations due to ambiguity of roles.” This theme referred mainly to the unclear definition of the care worker’s role that created a decrease in participants’ motivations to provide care to older adults. The final theme concerned participants’ reduced motivation to participate in the program as a result of financial promises that were not realized. This theme was identified as “Inadequate financial compensation.”

Theme 1: Motivations to participate in the program

The motivations to work with older adults were prominent in interviews with all participants. Participants in the program as well as those who dropped out from the program argued that they decided to join the program in order to learn how to dispel the loneliness of older adults, and to improve the status of older adults in Israeli society. Respondents stressed that they appreciated older adults and that they were curious to learn about old age:

The main reason that I signed up [to the program] was because I really love older adults and because I wanted to learn how to dispel the loneliness of older adults (participant, region 2).

I wanted to come and to help to improve the status of older adults in Israeli society...I was very attracted to this profession...I think that it is a very important and interesting profession (former participant, region 3).

Participants in the program said that the training program responded to their initial motivations and therefore they remained in the program. They stated that the program taught them about older adults and basic principles, such as respect and patience:

Thanks to the program, I learned to listen to older adults, to see that they are not transparent, I learned how to help them ... I learned principles such as respect, understanding and patience...this is why I stay in the program (participant, region 1).

Another participant explained that thanks to the program, she understood older adults, she looked differently at older adults and she even looked in a different way at her parents:

Thanks to the program I understand that there are a lot of older adults who need help. I look at them [older adults] in a different way – I also look at my parents in a different way (participant, region 2).

Similar to participants, staff members ($N = 3$) also spoke about motivations for running the training program out of a vision and desire to improve the status of the older adults by training caregivers and providing them with theoretical and practical knowledge about old age. Additional motivations for running the program were related to strengthening the connection between young and old people and making older adults “visible”:

The vision is that we want to improve the status of older adults so that they will not be transparent, and to improve the situation of care so we will have more competent and serious caregivers and that everything will be done based on theoretical and practical knowledge...in addition, to strengthen the connection between young and older adults (staff member, region 1).

Theme 2: Reduced motivations due to ambiguity of roles

In spite of the great motivations to work with older adults, in practice, the role definition of a care worker was not clear and the participants expressed confusion regarding their role and reduced motivation to work with older adults. Participants in the program ($N = 34$) and former participants ($N = 5$) articulated that emotional support for older adults was presented as one of their most substantial tasks in the initial role definition they received. Participants argued that they were never told that the caregiver role included personal care. The following quote is from one of the participants in the program. All other participants in the focus group supported her and unanimously stated that they agree:

At first they told me...‘you come to the older adult and you sit with him, talk to him, provide him with emotional support’ ... they [staff members] said that it was not personal care ... however, when I started working I was so surprised...there were rules what a

caregiver had to do - you had to clean, you had to cook, you even needed to change a diaper - we were not told about that before (participant, region 1).

Another participant explained that she came to the program in order to respond better to older adults’ emotional needs. She was shocked when she realized that providing care to older adults meant also to cook and to clean for them:

I thought that I was coming to take care of their emotional needs [of the older adults] ... I was so excited... I thought that I would talk to them, support them...and then I realized that I needed to prepare food, to clean.... I’m sorry... I did not come here to do this [cooking and cleaning]... I was shocked when I understood it (participant, region 3).

The surprise by the added requirement to provide personal care has led some to argue that their initial motivation to become caregivers of older adults has disappeared. This was supplemented by interviews with staff member. Moreover, the ambiguity in the definition of the caregiver role has caused some of the participants in the program to leave the training program. The ambiguous definition of the caregiver role also created anger and a lack of understanding regarding the caregiver role among staff members:

One of the reasons for leaving [the training program] was that the role definition was unclear, and I really wanted to define this role in an orderly manner ... I cannot explain what the care worker’s role includes (former participant, region 3).

This guy will have to change a diaper ...so when I started talking about it, they [participants] told me, ‘Why are you teaching this?’...from the beginning they [administrators] had to explain the people who decided to come to this program, that their role includes bathing, replacing diapers...they [administrators] did not explain it – and the students were very surprised (staff member, region 1).

Participants and former participants said that their staff members and the managers in long-term care settings that employed the participants as part of the program did not understand what the role of participants in the program encompassed:

I had questions, and they [staff members] did not know how to answer me ... I asked them: What our role includes? they [staff members] answered me: you come to play, to dispel loneliness...these answers did not answer my question ...I realized that the staff members themselves do not exactly know...so I left (former participant, region 3).

Theme 3: Inadequate financial compensation

Another motivational factor, other than interest and desire to work with older adults, was financial. Prior to the beginning of the program, the participants received promises for financial incentives from staff members. These promises for financial incentives during the training program and for finding a place of work upon completion of the program served as basic motivations for participation in the program. Some of the staff members ($N = 7$) described the different financial incentives that the participants receive or were supposed to have received:

The participants receive 5,000 NIS at the end of the program...in addition, they have a subsistence grant and income support payments - each according to what he/she deserves ... that's pretty nice (staff member, region 1).

In contrast to this view, the participants ($N = 34$) mentioned that they did not receive the rewards and grants that were promised to them. Because the promises were not realized, the participants had to cope with financial difficulties accompanied by emotional feelings of frustration and helplessness:

They [staff members] promised us that in the first three months we would receive 1,200 NIS... and then they told us that if we have another job - we will not get it...I feel helpless (participant, region 2).

Another participant also talked about the different promises regarding financial compensation and the plans he made based on these promises:

They promised us a lot! ... of course all of these promises were before the program began ...where are these promises?...they [staff members] said that we would have about 6,000 NIS per month...I made plans relying on these promises... (participant, region 3).

Some of the participants even said that their only motivation to stay in the program was financial:

I really want to quit... my only motivation to stay in this program is to make sure that they [staff members] will not take my money (participant, region 2).

Two participants argued that they left the program because nobody helped them to find a place of work upon the completion of the program:

I left a few weeks ago ... I saw that I could not find a job and nobody helped me to find a place of work ... I know that they [staff members] found a place of work only for two students (former participant, region 3).

Discussion

Overall, most studies have focused on the negative aspects associated with providing care to older adults (Gopalan *et al.*, 2013; Steiner and Fletcher, 2017) and a limited body of knowledge exists regarding the factors that contribute to the fact that people are interested in becoming care workers (Ayalon and Roziner, 2016). For example, it has been argued that providing care to older adults fosters a sense of meaning and self-esteem as well as an opportunity to help older adults in the final stages of their lives (Kamp, 2012). Understanding motivations to provide care to older adults is critical because these motivations highlight the reasons for which people are interested in this kind of job.

According to participants in the current study, their main motivation to participate in the training program was to learn how to dispel the loneliness of older adults, and to improve the status of older adults in Israeli society. These findings are in line with a past systematic review which has demonstrated that, in caregiving, a person may be motivated to provide care for various reasons, such as altruism and responsibility for the care recipient (Quinn *et al.*, 2010).

It can be assumed that in the current study, participants took upon themselves social responsibilities in order to improve the emotional and social status of older adults and therefore they joined the training program. It is important to note that we interviewed participants upon the completion of the program. Hence, these motivations might have been colored by their training. Nevertheless, the participants also mentioned that the program met their initial motivations and therefore they remained in the program. They stated that the program had taught them about older adults and basic principles for dealing with older adults such as respect and patience.

In addition to social responsibilities, staff members had an additional motivation. They wanted to strengthen the connection between young adults (the participants in the program) and older adults (care recipients) in order to improve older adults' well-being and social status. These findings are in line with other studies that demonstrated the importance of intergenerational relationship between young and older adults, as this bonding reduces ageism and promotes compassion and empathy toward older adults (Bergman and Bodner, 2015).

Despite the interest and liking of older adults, the motivation of some of the participants declined when they identified ambiguity in the care worker's role definition. Reportedly, although the role was introduced as emotional, it included physical

aspects of personal care as well. In the case of the current study, not only was the care worker's role ambiguously defined, but it also included personal care such as changing diapers of older adults, which were not stressed as being part of the job when first described. Possibly, this ambiguity was intended in order to attract people to the program (Shinan-Altman and Cohen, 2009). Past research has shown that personal care is devalued compared with emotional care (Ayalon, 2009). Consistently, the main motivation of participants was to take care of the emotional and social needs of the older adults (such as reducing loneliness, promoting their status in society).

It is apparent that even after participants experienced work with older adults, they still did not want to cope with the need to provide personal care. This alludes to the importance of providing clear messages to potential elder care workers as ambiguous messages create resentment and dissatisfaction. Moreover, it stresses the fact that personal care is an essential component of elder care (Swinkels *et al.*, 2016) and thus should not be ignored.

Based on interviews with participants and former participants in the program, it appears that not only was the definition of the care worker's roles unclear, but also information about the financial compensation provided to participants was vague and ultimately inaccurate. It might be that the financial promises which were given in the beginning of the program were meant to raise motivation to take part in the training program. However, it should be noted that motivations (such as providing care) can be undermined by economic considerations, psychological stress, or poor working conditions (England *et al.*, 2012). This means that financial compensation could play a significant role in preserving the motivation to provide care to older adults.

Overall, the program was designed to train young adults (ages 19–25) to provide care for older adults. In other words, the participants in the program were young adults in the initial stage of settling an independent life, a stage that requires economic stability. Participants were motivated by the financial promises that were given to them, however, these promises were not materialized. Participants in the program did not receive the financial compensation they were promised and also did not receive assistance in finding a job in their new profession. As a result, they could not make a living during their participation in the program. They also have lost trust in the staff as a result of unsupported promises. This has hampered their motivation to remain in the program. To sum, two main reasons have led

students to drop out of the training program: the ambiguity in the definition of the caregiver role and inaccurate information about financial compensation that damaged participants' trust in staff members and also forced participants to leave the program in order to make a living.

The present study has several limitations. First, we did not compare the differences between the three regions given the size of the study. There might be differences between participants according to different curriculum and geographical distribution (center and periphery). Nonetheless, this could also represent strength as we were able to identify common themes beyond the different regions. Second, the qualitative nature of this study precludes our ability to generalize the findings. Nonetheless, we took several measures to improve the rigor of the study, including the coding of the data by several researchers and the reliance on a "thick description," which consisted of quotes from the interviews to ensure that the findings are transparent (Polkinghorne, 2005) and to allow the readers to judge the proposed interpretations (Creswell, 1998).

Despite these limitations, our study has practical and policy implications. Practically, given the fact that participants' positive motivation to participate in the program was mainly to learn how to dispel the loneliness of older adults and to improve the status of older adults in Israeli society, it is important to be cautious about relying on this motivation as a significant factor for participation in the program because it emphasizes the low status assigned to older adults, rather than positive attributes of older adults. It is also important to ensure that care workers be financially rewarded, so that despite the difficulties that may arise during treatment, care workers will feel valued and will want to remain in the profession.

From a policy perspective, given that positive motivations were impaired as a result of unsuitable conditions (role ambiguity, unfulfilled financial promises, etc.), attention should be paid to a clear and precise construction of the training program.

The findings make a strong case for further research on the motivations of participants and staff members regarding older adults' care work. Future research should evaluate the longitudinal effects of respondents' motivations. Finally, the present findings can be used to develop a more definitive role for care workers, while taking into account the two dimensions of the care worker's role: the emotional dimension and the personal care dimension. It should be made clear that both dimensions are part of the carer's role.

Conflict of interest

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

Description of authors' roles

S. Shinan-Altman and L. Ayalon developed the design of the study. A. Riabzev conducted the interviews. All three authors wrote sections of the manuscript; and reviewed and revised the entire manuscript. All authors read and approved the final version of the manuscript.

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Appendix –Interview guides.

QUESTIONS FOR PROGRAM PARTICIPANTS	QUESTIONS FOR FORMER PARTICIPANTS	QUESTIONS FOR STAFF MEMBERS
Tell me about the training program	Tell me about the training program	Tell me about the training program
What are the advantages and disadvantages of the training program?	What are the advantages and disadvantages of the training program?	What are the advantages and disadvantages of the training program?
Based on what motivation you decided to participate in the program?	Based on what motivation you decided to participate in the program?	Based on what motivation you decided to participate in the program?
What information did you receive about the program?	What information did you receive about the program?	In what situations you experience low motivation in your role?
What tools do you receive in the program that you can use as a caregiver?	In relation to the stage you were in the program, what in the program met your expectations? What did not meet?	What are the main characteristics of the students who remained in the program and students who dropped out from the program?
What are the goals of the caregiver's role?	What are the main reasons for which you dropped out from the program?	What kind of rewards the students receive in the program?
How do you think the role of the caregiver can be improved?	If the reasons for dropping out are related to the training program, what response have you received from the staff members for these reasons?	How can the profession of the caregiver can be promoted?