

DEMANDS AND RESOURCES IN THE ELDERLY HOME-CARE JOB: A QUALITATIVE STUDY IN THE ITALIAN CONTEXT

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Home-care of the elderly is often neglected among the care professions, despite the fact that it can be exposed to a high level of stress due to prolonged contact with suffering and often in solitude at home. In the theoretical framework of the Job Demands-Resources (JD-R) model, this paper aims to identify the demands and resources proper of this profession. We have carried out the template analysis of 49 interviews with both Italian and immigrant home-care workers. The results show that the relationship with the elderly and their relatives is the main source of both demands and resources, as they can be demanding and aggressive, but also offer social support and recognition. For immigrants, the conflict between caring for the assisted elderly and their relatives in their countries is then crucial. Greater social recognition and government protection would help to balance the burden of this profession, which is carried out in private homes.

Keywords: Home-care workers; Demands; Resources; Immigrant; Template analysis.

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The progressive ageing of the population is a phenomenon present throughout Europe, and Italy is one of the countries with the highest average age in the world. Even if the life expectancy is increasingly higher, about half of the people over 75 years suffer from one or more serious chronic pathologies and need help and assistance in their daily life, as they often become progressively not self-sufficient. On the other side, women, who traditionally looked (and still, somewhat look) after their older relatives, are active in the labor market more frequently and longer, as the retirement age has risen, than in the past. This “gap” of caring toward elderly people cannot be covered by public and private residential services as they are still not enough and often too expensive for lots of families. Moreover, being “uprooted” from their own home and from their own habits, for the elderly, can be a source of suffering that, if possible, relatives prefer to avoid (La Bottega del Possibile, 1998).

All these reasons explain the fact that in Italy the need for paid home-care work is really high. In the last decades number of Italian home carers is increasing (Pasquinelli & Rusmini, 2021), even if the number of home carers who live with the care recipient is decreasing respect to the past, probably because of the higher economic difficulties that force families to provide for themselves (De Luca, 2020). Anyway, in the 2020 regular home-care workers were about 400.000 but not regular workers were estimated about 500.000 (De Luca, 2020). Home working is, indeed, characterized by lot of irregular workers, both if it is carried out by immigrant and by Italian people (Pasquinelli & Pozzoli, 2021). Home-care work is carried out in large majority by women (92% in 2019) and by strangers (77% in 2019; mainly in the North of Italy).

Several initiatives, at the state or local level, have been undertaken in the last two decades to define, regularize, and protect the home-care work. However, it remains primarily a job regulated in, and relegated to, the private sector, carried out mostly by Italian women with low levels of education and low income or by immigrant women mainly from Eastern Europe and Latin America (De Luca, 2020; Pasquinelli & Pozzoli, 2021). For these reasons, home-care work is not highly socially renowned, home-care providers go easily among “the invisible” health-care providers (Sterling et al., 2020), and most part of literature on care professional neglect them. As care professionals, notwithstanding, home-care work is characterized by high emotional contact and with facing suffering for several hours daylong, so these workers are exposed to risk of burnout (Cooper et al., 2016).

Burden and Burnout of Home-Care Workers

Home-care workers are in a middle zone between care professionals and informal caregivers (Kelly et al., 2013). As the same as care professionals, they look after elderly people who are not their relatives and are paid for their service (Schulz & Sherwood, 2008). As the same as informal caregivers, they have often not specialized formation for their work (Lilly et al., 2012), they spend a lot of time every day with the care recipient (Sterling et al., 2020), and not always they have had the possibility to choose if doing this work (Monin & Schulz, 2009).

For the informal caregiver, usually a family member of the elderly sick and/or not self-sufficient, the perception of the care workload is expressed in the literature as “caregiver burden” (Bastawrous, 2013; Hoenig & Hamilton, 1966; Zarit et al., 1980). Even if variously conceptualized (Chou, 2000), the construct of caregiver burden was developed to express the amount of efforts that taking care of a suffering relative requires of the family member. The perception of high burden can have a negative impact on the caregiver in terms of stress and reduced subjective well-being (Lu et al., 2015). Caregiver burden was initially conceptualized referring to relative caregivers, who added to the fatigue of looking after a suffering person, their personal involvement with the care recipient and the ongoing care load throughout the day and week, perhaps over several years. In any case, the concept of caregiver burden can be extended to home-care workers (Novak & Guest, 1989), who, unlike other care professionals such as physicians or specialized nurses, spend a lot of time with the care recipient (sometimes even living in the same house) and often establish a fairly close relationship with him/her that goes beyond mere assistance (Zito, 2016).

Chou (2000) states that “burden is the impairment between requests and resources” (p. 399), but such a perceived impairment can result in the burnout syndrome (Freudenberg, 1974; Maslach, 2003; Maslach & Jackson, 1981). This construct was developed precisely for people in care professions, as paid home-care is. One of the most widely used theoretical models to explain the perception of burnout and work-related stress or, conversely, work engagement, is the Job Demands-Resources (JD-R) model proposed by Demerouti et al. (2001).

According to this model, excessive demands can increase burnout and reduce engagement (or well-being at work in general), while the availability of job resources can increase engagement and reduce, through a buffering effect, the risk of burnout. Demands are the aspects of the job (physical, psychological, social, organizational, and related to the wider context) that require an effort from the worker and therefore entail a cost. Resources, on the other hand, are those aspects of the job (physical, psychological, social, organizational, and related to the wider context in which one operates) that make it possible to manage the demands and contain the resulting costs and support professional accomplishment (Converso, 2012; Demerouti et al., 2001). In other terms, facing an excessive number of requests, without adequate protective resources, means being exposed to the risk of stress or burnout. Thus, exceeding requests can also be considered factors of risk (International Labour Organization, 1986) that have to be evaluated and prevented to sustain workers quality of life. The JD-R model, which considers the impact and mutual influence of each type of job demands and resources (Bakker & Demerouti, 2017; Bakker et al., 2023), is suitable for analyzing the well-being at work of different types of professionals.

Demands and Resources for Home-Care Workers of Dependent Elderly People

Although not many studies have focused specifically on the peculiarities of care work for dependent elderly people (exceptions are Delp et al., 2010; Sterling et al., 2020; Vander Elst et al., 2016; Weman et al., 2004; Zito, 2016), some aspects can be recalled. This profession has many elements that can be defined as demands. Among the others, we can certainly include the physical fatigue for the material care (e.g., dressing, washing, helping in moving around; Delp et al., 2010; Hasson & Arnetz, 2008). In addition, home-care workers have to face the fatigue of an emotionally demanding job in which there is a constant imbalance between giving and taking, to the detriment of the carer, in the relationship with the suffering person (Bakker et al., 2000). This can be very emotionally draining for the carer. The relationship with care recipients can also be very demanding, as in some cases older people make excessive demands or are verbally and sometimes physically aggressive toward the home-care worker (Dormann & Zapf, 2004). In some cases, verbal aggression or excessive demands may come from the elderly person's relatives (Loera et al., 2016). These aspects can be particularly burdensome when the relationship with the care recipient lasts for many hours a day, many days a week, if not continuously, in the case of caregivers who live in the same home (Delp et al., 2010; Sterling et al., 2020). In practice, this type of homecare work does not allow for a clear definition of the time limits of the assistance activity (Aronson & Neysmith, 1996; Delp et al., 2010).

Italian home-care workers, on their side, in many cases add to paid assistance of the non-self-sufficient elderly person, the care for their family members after work, whether they are children or elderly people (such as their parents). This is the case of the double-care burden that can be particularly demanding for those who manage it (DePasquale et al., 2016). For these professionals, the work-family conflict (Greenhaus & Beutell, 1985), that most of workers, mainly women, experience, is made more intense by the high similarities between paid and relative work activities and their demands.

In addition to these aspects, there is the fact of working in several cases without a formalized contract, and therefore without protection. This exposes irregular home-care workers to greater uncertainty and, also, to the risk of abuse (Ambrosini, 2005). An irregular position, indeed, means that the worker has not employment protections of his/her rights nor insurance in case of injury or illness (Döhner et al., 2008). Moreover, it means that if an employer is verbally or physically aggressive, it is more difficult to report it.

All these elements of load, if not balanced by protective factors in the work or personal sphere (Lu et al., 2015), can result, for those in a caring profession, in experiences of exhaustion and progressive

emotional and cognitive detachment (cynicism) from those being cared for (Loera et al., 2014). This means that the care professionals experience psychological (Sherwood et al., 2005) and, sometime, also physical malaise (Pinguart & Sörensen, 2007; Schulz & Sherwood, 2008) and the reduction of general well-being (Lu et al., 2015; Rose-Rego et al., 1998).

To balance care burden and reduce its negative effects, some resources can intervene. Primarily, social support, already introduced by Jonhson and Hall (1988), seems to be the most effective buffering element against the onset of stress and burnout (Delp et al., 2010).

In this work context, as recently pointed out, the care recipient and their family members (Converso et al., 2015), in many cases, are not demanding or aggressive, but might express gratitude and support toward those who carry out the care work: this is particularly valuable for home-care workers who assist non-self-sufficient elderly people. Support from users (both the cared elderly people and their relatives) can be expressed in several ways: behaviorally, by helping materially the carer in its work; emotionally, by expressing affection and empathy toward the carer; informationally, by providing information that can help the carer in its work; more, expressing gratitude for carers work and commitment (Loera et al., 2016; Martini & Converso, 2014; Zimmermann et al., 2011). The same affective relationship, almost familiar, that is created with the assisted can be a source of emotional support and gratification (Zito, 2016). Important sources of support for home-care workers are outside working context, in their relatives, friends, or colleagues that do the same job who can offer emotional sustain, relief for their concerns or, simply, opportunities for leisure and diversion (Sterling et al., 2020).

Other positive aspects that can balance the burden of the home-care work are referred to the characteristics of the work itself. In particular, some scholars (Hägström et al., 2005; Vander Elst et al., 2016) evidence a certain autonomy in decision-making and in the organization of the work, which can contribute to perceive satisfaction and professional fulfilment, when the carer sees that the assisted person is doing well. Another positive aspect can be the possibility to organize their time of work, that can help to face other familiar or personal commitments. Moreover, the possibility to have an income, also without specialized formation, can then contribute to self-accomplishment.

Immigrant Home-Care Workers

As De Luca (2018, 2020) highlighted, about 70% of home-care workers in Italy are immigrant from other countries, mainly Easter European countries and South American countries, and a relevant part of them are not regular. Most of them, independently from their educational and professional profile in the country of origin, choose this work because in many cases no specific certification is requested, especially in elders' homes (Pasquinelli & Rusmini, 2021). Jointly to difficulties of living in a different country and speaking a different language from their own and facing all the complex procedure obstacles to regularization that all immigrant workers have in common, however, they have to manage some aspects of home-care profession (Boccagni, 2018; Liao et al., 2024).

The lack of confrontation and the limited professional formation can be perceived more severely by immigrant home-care workers, who live a condition particularly trying. Primarily can be demanding to care for and, in some cases, to live with people with different cultural habits (e.g., food customs). Their relatives, then, are often away and they live in a different cultural reality from their own: they may feel a certain nostalgia for their own family (Zito, 2016) while having to care for strangers. It is precisely this aspect of caring for strangers as a profession that can be a source of particularly struggling experiences: in some cases, for those who work

away from home, it replaces caring for their loved ones. People in this condition, substitute affective and daily care to their relatives, left in their country, with economic resources for their maintenance (Zito, 2016).

Moreover, to overcome the sense of isolation, the friendships with other people who come from the same country and often do the same work can offer emotional support and a sense of belonging. In some cases, indeed, they look for groups of immigrant people from the same country that re-create their own traditions and habits and reduce the feeling of uprootedness and nostalgia (Liao et al., 2024).

Aims

Starting from these considerations, through the analysis of the experiences described by the direct voice of the workers, the aim of this paper is therefore to explore the specific demands and resources of the profession of home-care for the elderly, as well as the negative and positive consequences for the well-being of the workers that result from them. Moreover, we wanted to highlight, if at all, the specificities for the group of Italian or immigrant workers.

METHOD

Data Collection

The data collection has been carried out within November 2019 and March 2020 using a semi-structured interview. Participants were recruited using a “snowball sample method” and were reached through associations (charitable institution, worker association, etc.), social network (in particular Facebook), or research-team personal contacts. To each participant, it was asked, at the end of the interview, to provide (if any) references of other home elderly-care workers in order to purpose the participation to the study. Eligibility criteria to take part to the study was to currently work/have worked within the past year as a home, elderly-care worker in Italy and to consider this job his/her main occupation. In total, 49 elderly-care workers took part to the study. The researcher, before starting the interview, explained the purpose of the study, asked his/her permission to audio record the interview, and guaranteed anonymity when processing personal data. The research protocol was developed in compliance with Italian Law 101/2018 on the protection of privacy in the workplace and was in accordance with the provisions of the 1964 Declaration of Helsinki (General Assembly of the World Medical Association, 2014). All ethical guidelines for research involving human subjects were followed in this study. In addition, each participant signed an informed content. The interviews took place face-to-face or telephonically (e.g., using Skype, Whatsapp) with an average duration of 40 minutes (from about 20 minutes to about 70 minutes).

Participants

The participants were 49 elderly-care workers, well-balanced between Italians (24) and immigrants (25), mainly from South America and East Europe. The interviewed people live (and work) mostly in Central and North Italy. Respect working conditions, most part of Italian participants has not a regular contract, while the most part of immigrant has. Most part of immigrant, then, look after elderly people in cohabitation, unlike the Italian ones. More details about the characteristics of the participants are reported in Table 1.

TABLE 1
 Characteristics of interviewed home-care workers

		Italian <i>n</i> = 24	Immigrant <i>n</i> = 25
Children	No	7	6
	Yes	14	18
	Not said	3	1
Place of birth	Northern Italy	2	–
	Central Italy	10	–
	Southern Italy	9	–
	South America (Perù, El Salvador, Cuba, Ecuador, Colombia)	–	12
	East Europe (Romania, Moldavia)	–	12
	Not said	3	1
Place where she lives	Northern Italy	7	12
	Central Italy	13	11
	Southern Italy	4	1
	Not said	–	1
Level of education	Primary school licence	2	–
	Middle school diploma	6	4
	Bachelor degree	10	17
	High school diploma	2	1
	Other specific courses	2	2
	Not said	2	1
Experience of cohabitation with the assisted people	Yes	4	16
	No	20	9
Regular contract	No	16	7
	Yes	7	18
	Not said	1	–
Age (years)		<i>M</i> = 50.33 (min 30, max 69)	<i>M</i> = 46.64 (min 34, max 62)
Years in Italy		–	<i>M</i> = 14.16 (min 3, max 28)

Analyses

The check-list for the interview and the data analyses were developed following the template analyses by King et al. (2018). In the present study, a mixed approach was employed that involves simultaneously a deductive and an inductive approach. An initial template including very broad a priori themes was developed and used as a guide to build the check-list for conducting the semistructured interviews. Specifically, based on the Job Demands-Resources model (Demerouti et al., 2001) and the analysis carried out on the literature reported in the introduction, an initial template was built, including three main categories (first-order themes): “demands”, “resources”, “outcomes.”

After the first five interviews were conducted, the template was modified to include additional sub-categories that emerged from these first interviews. Once all the interviews were fully transcribed, analyses were carried out by two independent researchers using ATLAS.ti (2023) to identify sections of text relevant to the research aims and to mark them with one or more appropriate codes from the initial template. As the categories gradually took shape, further categories and subcategories were created, leading to the identification of the final template. Specifically, the codes assigned to sections of the text were organized into second-order and then third-order categories (see Table 2).

As second-order categories, on the side of the demands, we have included: job demands, relational demands, work-family conflict, and being immigrant. On the side of the resources: job resources, job-related relational resources, work-life balance, and personal-related social resources. Respect outcomes: positive and negative ones.

In the following paragraph main evidences and one or more quotations (from Italian/IT or immigrant/IM interviewees) representative of each category are reported. For each category, quotations from different participants are selected.

RESULTS

Demands

This first-order category included all aspects of the home-care profession that the participants described as demanding and exhausting, referring to the characteristics of the work, the relationship with the users and their relatives, and the work-family interface, in addition to the aspects of work fatigue specific to being an immigrant worker.

Job Demands

Physical load. Home-care job is described as physically demanding because the physical effort (e.g., for personal hygiene or for moving them) of dependent elderly people is strenuous, with frequent consequences in terms of back pain and fatigue. “*It’s heavy when you have to lift it, you have to change it, you have to move it, because you’re doing the strength, you have to watch that it doesn’t hurt your back or something... Or not hurt the other person as well*” (IM).

The physical load can be due also to the number of tasks, both of care and household to be fulfilled daily and that can increase if the elderly person’s illness worsens. “*You always add tasks, because with older people as you go along situations get worse... always you add something, another medicine, another treatment, one has to do the diet...*” (IM).

Cognitive load. Another source of fatigue is the cognitive load due primarily to the constant attention required to care for a dependent person. In addition, there is the responsibility, often almost entirely one’s own and with not full sanitarian preparation for caring for people with even serious illnesses. Great patience is also required with elderly people who, because of their illness, become demanding, often repetitive in their requests. “*Psychologically... is that she would repeat from morning to night always the same thing. I mean every, every, every second... It takes immense patience*” (IT).

TABLE 2
 Final template: Categories, codes and number of quotations

First-order categories	Second-order categories	Third order categories	Codes	Number of quotations		
				IT	IM	Total
Demands	Job demands	Physical load	Physical effort	5	7	12
			Many tasks	4	7	11
		Cognitive load	Constant attention/responsibility/patience	18	9	27
			Attention h24/confinement in cohabitation/no privacy	16	25	41
		Emotional load	Surface acting	–	3	3
			Involvement and suffering for the care recipient	12	15	27
			Trauma for care recipient's death	12	9	21
			Social disqualification	17	5	22
		Poor recognition and insecurity	Low remuneration	20	11	31
			Insecurity of job and no pension	–	6	6
	Relational demands	Demands from care recipients	Lack of acceptance/of trust/of respect	3	8	11
			Verbal and/or physical aggression	7	25	32
			Sexual harassment	2	2	4
		Demands from care recipient's relatives	Too many requested tasks	5	11	16
			Lack of their presence	10	13	23
			Difficult relationship/lack of trust	9	14	23
			Sexual harassment	–	2	2
	Work-life conflict	No time for personal needs	No time for personal needs	4	19	23
			Conflict between caring the elderly people and of their own family	10	20	30
			Emotional conflict between being present for the care recipient and being away from their family	–	6	6
Being immigrant	Impact with the Italian culture	Difficulty in entering into Italian culture	–	12	12	
		Responsibility toward the family in the country of origin	Worries and nostalgia for their family	–	37	37
		Sending money to the family at their home	–	23	23	

(table 2 continues)

Table 2 (continued)

First-order categories	Second-order categories	Third order categories	Codes	Number of quotations		
				IT	IM	Total
Resources	Job resources	Work meaning	Social utility	17	22	39
			Work as a mission	5	4	9
		Decisional autonomy	Decisional autonomy	10	15	25
			Advantage of having “board and lodging” in case of cohabitation	1	8	9
		Economical reward	Live with dignity	4	12	16
			Help financially their family in the origin country	–	23	23
	Employability	Employability	5	7	12	
		Job-related relational resources	Being involved in fulfilling human relationship with direct recipients of the care	Empathic relationship	22	12
	Affective relationship			32	20	52
	Familiar relationship			19	26	45
	Trust		From the elderly assisted	8	12	20
			From elderly’s family	20	26	46
	Perceiving gratitude and appreciation for the job done	Perceiving gratitude and appreciation for the job done	28	31	59	
	Support from families	Support from families	15	25	40	
	Work-life balance	Opportunity to select jobs compatible with personal and family duties	Opportunity to select jobs compatible with personal and family duties	6	7	13
			Personal/familiar situation compatible with job demands and working hours	3	4	7
			Availability of family (employer) in revising working schedule to meet personal and recovery needs	2	4	6
			Opportunity to “turn off” during working hours	1	9	10
	Personal-related social resources	Social resources at a personal level	Family	15	22	37
			Friends	10	13	23
Employer family (current and/or past)			4	10	14	
Outcomes	Negative outcomes	Psychological suffering	–	9	9	
		Intention to leave	–	7	7	
	Positive outcomes	Satisfaction	14	21	35	
		Engagement	12	14	26	

Note. IT = Italian; IM = Immigrant.

These aspects are even more burdensome in the case of cohabitation with the elderly, because cognitive fatigue is in fact perceived constantly, even day and night. The condition of cohabitation, more frequent for immigrant home-care workers, in itself can be a source of very high cognitive load. The home-care worker experiences de facto confinement, and in six cases, she does not even have real space for herself, adequate privacy. This point is reported more often by immigrant participants, as it is common for them to leave their family in their country and then live in the care recipient's home (see Table 1), also to reduce household expenses. *"You are always there, locked in the house... Can you leave a person who is not self-sufficient alone at home? No!"* (IT).

Emotional load. Homework care for elderly people is described by workers as heavily emotionally demanding. *"I used to get to the point where I felt cornered... Because there is no such thing as easy work with the elderly"* (IM).

One aspect to be considered is the needing to show a smile and good humor toward the user to help him/her feel good, even if they have personal difficulties, that is surface acting. *"If I'm not in a good mood, because it also happens to us that we have our own thoughts, our own problems... For example, these days my daughter, the one in England, gave birth. I was supposed to be there, take a week, but I couldn't go. It is obvious that these days I am a bit sadder. But sad inside, because outside I acted as if nothing was wrong"* (IM).

The most important source of emotional load, however, is that, passing a great amount of time with the elderly, there is an affection toward the assisted person and an involvement in his/her story, sorrow for his/her suffering or, when it happens, for his/her death. However, the fact itself of managing every day and all-day long suffering, illness and the idea of imminent death is perceived as emotionally draining. *"I realized that I started to suffer from depression because at a certain moment 'you put yourself in it,' you put yourself in the disease, you put yourself in the same situation, you see them being sick, they might die..."* (IM).

Nine participants described the death of the elderly person as a trauma or as a very strong pain, as if he/she were a relative. *"Then I also had a person, who I saw die, and it was very strong because she was like a mother to me... with her it was even more difficult, because I was really attached to her"* (IM). This aspect is reported more frequently by immigrant interviewed home-care workers, who more often live with the care recipients.

Poor recognition and insecurity. In front of these sources of fatigue, no counterbalance comes from forms of recognition. Respondents, mainly Italian ones, affirm that socially it is a very disqualified job, both because many do not understand the delicacy and responsibility of this profession, and because it requires performing tasks that are considered menial and sometimes unpleasant. *"In most cases those who don't know this job well take you as a... a cleaner who takes care of the other, who changes nappies basically"* (IT).

Moreover, it is a job with fairly low remuneration, that is perceived as further expression of little recognition of the value of the care work performed. Low pay can be critical, especially for immigrant workers, as it implies a forced choice to live with the beneficiary in order to save on rent and other household expenses, especially if they have to financially support the family left behind in the country of origin. *"I didn't have to pay rent. I thought that way I would send more money for them. I got this job, I wasn't spending so much money on food, rent. I preferred to send them home... I had almost nothing left"* (IM).

Then, in many cases it is not protected by a regular contract, which also means not receiving contributions for a future pension. In addition, looking after elderly ill people means that they could die or need to be hospitalized and thus the care worker remains unemployed. Three of immigrant interviewed declare to be worried about her own old ages, as they will be probably in Italy without relatives that can look after them

nor a secure income to paid assistance (the same assistance that now they are offering). “*Because my job is him: if he is missing, my job ends*” (IM).

Relational Demands

Demands from care recipients. The interviewed workers describe the relationship with the care recipients as difficult, in five cases, because they are not well accepted by the elderly people, who do not trust them or do not want them at their home: the home-care workers are often strangers or, simply, extraneous, not family members. This lack of acceptance is sometimes expressed through not respectful behaviors toward the home-care workers. “*She has never accepted me, because she wants the daughter, the daughter!... She has not accepted me and no one else ever... And when you are not liked it is not easy*” (IM).

Several participants (12 of them) affirm that the care recipients are even aggressive, verbally and/or physically. These aggressions are often justified by the elderly’s mental illness or suffering, but are really demanding. “*Sometimes the lady I was watching... She used to beat me up. She had a strength!... Sometimes she didn’t recognize me and pushed me back, out of the house... Even when I was washing her she didn’t like it so much. She would grab me by the hair, she would hit me*” (IM).

One interviewed workers report sexual harassment by the male care recipients, sometimes explained by mental illness or by the intimacy of some situations as personal hygiene activities. “*This aspect of sexuality, a little bit, is violated because the fact that you still go to take care of their intimate hygiene is seen as a person who has no limits about this thing*” (IT).

Demands from care recipient’s relatives. The participants describe as particularly demanding the relationship with elderly’s relatives, who are actually their employers. Seven of them affirm that the relatives can be source of fatigue because they ask home-care worker to perform many tasks, which in several cases go far beyond looking after and caring the dependent elderly person. “*It happens every time. Sometimes from half past two to five, in the afternoon while she’s asleep, I can rest a bit... But sometimes they start with: ‘Give me a hand to clean the windows,’ ‘Clean my kitchen,’ ‘Iron this’*” (IM).

In addition, seven participants, both Italian and immigrant, affirm that care recipients’ relatives are not present at all nor for their parent nor to reduce the burden of assistance. “*They don’t have much regard for the parent or even the home carer. So at the end of the month they give you money and you are responsible for doing everything*” (IM).

The interviewed describe also difficult relationship with the relatives for lack of trust, jealousy, or simply poor character affinity. “*Often the problem is not with the elderly, but with the relatives. The relatives give you more problems than the elderly, it is the relatives who make life impossible for you*” (IM).

Two immigrant participants tell of sexual harassment by relatives of the care recipient. “*The employer always called me aside to pay me... I think ‘Do you want to make some remarks to me? What have I done wrong?’ And he looked at me, he grabbed me... He hugged me tight, he wanted to kiss me... I don’t know how I got free because he wanted something else... And it’s not the first time...*” (IM).

Work-Life Conflict

No time for personal needs. The profession of home-caring, especially in condition of cohabitation with the care recipient implies looking after the care recipient all long the day, every day with few moments

or days of rest. The participants affirm that this can be very exhausting, because time per se, for recovery or for rest, is very poor. Five of them affirm that they have no time for their own health care or for bureaucratic requirements, which are very demanding for immigrants. *“Even if I say ‘I want to go out for two hours,’ it can’t be done, not least because I can’t leave him alone”* (IM).

Conflict between caring the elderly people and their own family. The participants express the perception of a conflict between their commitment and time for caring for the elderly person and the possibility of caring for one’s own family, also because of the long hours of care and because home-care is emotionally draining. Both for Italian participants and immigrated ones with their own family in Italy the conflict was expressed in terms of difficulty to be contemporary present with the care recipients and with their own relatives. *“My daughters, when they had to see me, came to where I worked”* (IT).

On the contrary, interviewed immigrated who were in Italy without their relatives affirm that they perceive an emotional conflict, because they dedicated energy and attentions to care recipients, for work, and they cannot look after their own parents and relatives who are in their home countries. They affirm to need to work, to be able to earn money, but they suffer for not being present for their family. *“When we arrive here, our hearts are split in two, our thoughts are split in two because you have to think about doing your job well... And then afterward you think about home, about your family...”* (IM).

Being Immigrant

Most of requesting aspects of the work experience were reported by both Italian and immigrant participants. However, some points are described specifically by immigrant participants because they are closely related to the experience of migration, both to the encounter with the new culture and to what was left behind in the country of origin.

Impact with the Italian culture. Similar to all immigrated workers, the participants tell difficulties with the language and with the “cultural rules,” different from their country. In addition, however, for home-care worker who look after elderly people at home, there is both the relationship with a care recipient who does not speak other languages and, often, speaks dialect, not even Italian. The difficulty in understanding and being understood by the care recipient makes, especially in the first months in Italy, more difficult care work, as it is centered on the relationship. *“At the beginning it was not easy, there was the ‘intercultural clash,’ he understood one thing, I another... the old person makes the joke in the Italian way and you don’t understand anything because you are a foreigner... When you don’t understand a language well... you don’t really know what to say, then maybe you use the wrong tone of voice”* (IM).

Moreover, two of them denounce that relatives take advantage of the situation to disregard some of the rights and protections of those who do this work, especially in the agreements on working time and tasks. *“At the beginning [the relatives] tried to take advantage because I didn’t know ‘the idiom’ well. Then when you know how to say things you defend yourself better and say ‘No, I don’t do that. That’s not in the contract’”* (IM).

Responsibility toward the family in the country of origin. Another source of demands for immigrated workers is the emotional and practical tie with their family. In any case, it is difficult maintaining an intense relationship in years abroad and in any case worries for their relatives are deepen as they are far away. Six of them express feeling of great nostalgia for their country. *“I am nostalgic. I am nostalgic because everything is missing. I miss the family, I miss the environment. One misses — how to explain it? — where one was born, where one got used to as a child...”* (IM).

Moreover, many home-care workers have to send money at home to help their family, even if their wage is quite low. *“I got this job, I didn’t spend so much money on food or rent. I preferred to send them all home, I had almost nothing left. Because in Romania you needed it for food, rent, clothes, you needed a lot of it”* (IM).

Resources

This category includes all aspects of the home care profession that the participants reported as a source of relief or as aspects that can counterbalance the fatigue of the job: they refer both to the job itself or to the working relationships and to resources that the workers find in themselves or in their personal relationships.

Job Resources

Work meaning. Twenty-six workers identify as a resource the opportunity to finding a significance attached to the job. In many cases, this job has been undertaken accidentally, often for economical need and without positive expectations; however, over time, sometimes the job has started to be perceived as meaningful. *“The rewarding aspects... I have always said that I did not choose this profession, but it was the profession that chose me. Because I studied economics which had nothing to do with all this. But finding myself in this profession I felt it was mine. I felt it was mine precisely to feel useful”* (IM).

Work meaning often refers to the sense of social utility of the profession or the sense of gratification related to the opportunity that this job gives to significantly and positively impact on others’ life. *“It’s a nice job because you feel really useful, really important to that person”* (IT).

In addition, four workers compare their job to a mission, highlighting that the meaning attributed of the job reflects own personal values (rooted in their religious belief or in their cultural background). *“Every time I put myself in front of a patient I bring love, I bring the Christian sense of accompanying the person to improve the quality of their life”* (IT).

Decisional autonomy. Nineteen workers report that the employer family leave them high level of autonomy in organizing and planning the assistance and the domestic activities. *“They left me the freedom to decide, to manage in my own way. They didn’t make any comments to me. Everything is fine for them, thank God. But that’s not always the case...”* (IT). According to the interviewees, decisional autonomy represents a source of satisfaction and allow the worker to “prioritize” and “tailor” the activities, keeping into consideration the elderly needs manifested in a specific moment.

Economical reward. Economical reward is in some case perceived as a positive aspect of the job, especially when, from the other side, there is an employer family with financial means and sensitivity of the worker’s needs. *“They gave me what I asked for without any problem, also because they recognize the value of what I do”* (IT).

It is common that workers (especially immigrants) who have a contract that include board and lodging (in case of cohabitation) perceive the advantage of not having “major” expenses loaded on their salary. *“Rewarding because you get everything... The money... And you don’t spend anything. Even to eat... You sleep here... You pay nothing and you ‘discount’ what they pay you, right?”* (IM).

Migrants often make the comparison with the situation lived in their country, highlighting that the home elderly-care job in Italy allow them to live with dignity. *“For me, I put money aside. I have a little left over and put it aside. I have this possibility with this job, in my country I couldn’t do these things. Here I can afford to save, to have money...”* (IM).

Migrants felt rewarding help financially their family remained in their origin country. *“I feel stronger with this job, I can do something for my children”* (IM).

Employability. Twelve workers perceive to have high level of re-employability. *“If they give me what I ask for, fine, otherwise I’ll go somewhere else”* (IT). This is an important factor as it helps to contrast the sense of precariousness and uncertainty that characterize this job. The most effective channel to find a job opportunity is the informal one (friends, employer families). In this view the interviewees highlighted the importance of having a good reputation in order to be recommended for a job position.

Job-Related Relational Resources

Being involved in fulfilling human relationship with direct recipients of the care. Almost all the interviewees (41) reports as a positive experience with their work, the opportunity to being involved in a fulfilling relationship with recipients. The relationship, when perceived as a resource, is described as “empathic” (*“Listening to this person, being able to understand each other, this is what’s important for me”* — IT), “affective” (*“Because with each person there was a connection. A very strong bond”* — IT), or “familiar” (*“Nine years have passed, for me she was family”* — IM), and is considered not only a source of satisfaction for the workers but also an important instrument of the job, that significantly contribute to sustain recipient’s well-being: *“Well, I feel satisfied, that I see her happy for the fact that she was harboring a bit of depression in being alone all day, I see that she is serene and is sorry when at the end of my hours I leave, in fact she says: ‘Eh but you’re already leaving!’ As soon as I see her being very happy I already feel better too, then I get attached since that she is alone”* (IT).

Trust. Trust is not a “given,” but something that is “painstakingly” built up from the very beginning of the collaboration. Mutual trust is seen as an essential element in creating a serene and relaxed climate in daily activities. The trust of the recipients and their families is also considered an important reward, reflecting the appreciation of the worker “as a person” and his/her professionalism. *“They trust what I do, really, this way the working relationship is easier, even in terms of trusting hygiene because you touch their body, the approach you have in these things is very important, a form of great respect. They really give you a lot, it’s an experience that has enriched me a lot”* (referring to the elderly assisted) (IT). *“I do the shopping for her mum or I take her out to eat, maybe in the summer they asked me look, take her out to eat in the evening, they never wanted to see the receipts, I kept everything and they always absolutely trusted me [...] there is great trust, so I am satisfied”* (referring to the elderly’s family) (IM).

Perceiving gratitude and appreciation for the job done. This aspect is considered an important driver for the interviewed workers. Gratitude and appreciation can come from the care recipient and it is often expressed through simple gestures such as a smile, a hug or a “thank you.” In the interview storytelling, the feeling of gratitude is the result of the awareness developed by the assisted person regarding the positive impact (from a physical, psychological, and emotional point of view) that the presence of the worker has in his/her daily life. *“She smiled at me. I remember, I will always remember her smile because she was happy, she said that, with the previous carers, she had to touch her shirt to make them understand that they had to change it, she never did that to me because I washed her”* (IT).

Gratitude and appreciation from family often concern the recognition of the effort and the professionalism demonstrated by the workers. The job is perceived particularly satisfying when parents highlight the “irreplaceability” of the worker in assisting their non-self-sufficient parent. Appreciation by the family is sometimes expressed verbally, sometimes thought a material reward. *“What really encourages me and gives me the desire to do it more and more is when they thank you”* (IT).

Support from families. The perception to be able to rely on the families support in caring the elderly is considered an important resource by the worker (17 workers). A form of support frequently mentioned (14 interviewees) is the availability to discuss and share the decision regarding the elderly assistance, in particular when criticalities and issues arise. *“The family is also very present. In particular, when there are problems we talk and decide together what to do”* (IT).

Especially when the family cohabit with the elderly (and the workers) or live closely to the elderly home, the support can be also operative (six interviewees). For four workers, the help provided is extemporaneous (*“Sometimes he tells me: ‘Don’t worry, I’ll take care of washing the dishes and tidying up this evening’”* — IM). In two interviews it was told that tasks are used to be shared among the family members and the worker (*“They help me, for example I make a list of the things that are missing, then they do the shopping”* — IM).

Work-Life Balance

Opportunity to select jobs compatible with personal and family duties. For 11 workers, the balance between job and private life can be easily reached in the field of elderly care at home because this kind of work allows the worker to accept only job (or a combination of more jobs) compatible with own personal needs and family duties. *“Over time I understood that it is important to have time for family, children, friends... And therefore I managed to balance work and family”* (IM).

Personal/familiar situation compatible with job demands and working hours. In other cases (seven workers), balance between domains is not related to advantageous working condition but to own personal/familiar conditions (e.g., no kids) that allow the worker to be fully available to the request coming from work. *“So, having no family, in the sense of having no children, no husband, no partner, no one, this has allowed me to dedicate myself full time to my work and therefore to them”* (IT).

Availability of family (employer) in revising working schedule to meet personal and recovery needs. Conciliation between work and life can be favored when the family-employer leave to the employee the opportunity to take a day or some hours off when needed. This happens more often when one or more family member cohabits with the assisted elderly and/or have time to substitute the workers (e.g., a retired son/daughter). *“His family is very kind and understanding, so if I need to not be there they tell me, ‘Don’t worry, at most he will come to our shop, but never mind. So not very tied down, of course it’s always a commitment, I see it as a commitment that I have made toward a person and a family so I try to be available”* (IM).

Opportunity to “turn off” during working hours. Eight workers report as a positive aspect of their job to have the opportunity during the day to have free time, when, for example, the elderly sleep or is involved in activity not requiring assistance from the worker. During this time, the worker has the opportunity to recover or to run personal errands. *“When he went for a nap I went out, I went for a walk because he slept from 2.00pm to 4.00pm so... I did nothing, I did my rounds my things, then in the evening, once the kitchen is sorted out, it’s no longer work”* (IM).

Personal-Related Social Resources

Having a social network represents an important resource for the interviewed workers. *“Family and friends are a great support, knowing that they are there makes me feel good”* (IT). This seems to be particularly relevant for immigrant workers, who leave far from their native countries. For those interviewees, family is an important support both in the case it is in Italy near the worker, or it is remained in the origin country.

Friends are considered a source of support as well. In particular, immigrants tend to build gratifying relationship with women who work in the same field and has the same nationality. *“It’s nice to have a place to go, I tell my friends to join five/six of them too and get an apartment, prepare a Romanian dish, eat in company, always keep Romania in your heart”* (IM).

In addition, two immigrant interviewees have married an Italian people. In this case the social network tends to consisted (mainly) of Italians. These women declare to be highly satisfying of their life. *“My husband is Italian. In fact now all my friends are Italian. I met them through him... I feel good here in Italy. Everything I need is here and for nothing I would come back in Romania”* (IM).

Thirty-two workers, both immigrant and nonmigrant, mention the family they are currently working for and/or have worked in the past as a part of their personal social network. For 10 immigrant workers, family (or a family member) of the assisted elderly is identified as an essential source of support, representing one of the few reference to count on in case of personal issues and/or having substantially contributed to favor the process of cultural integration tackled by respondents. *“Thanks to him I have everything I have. In the sense that: I learned the language, I went to school, I got my driving license, I brought my daughter in Italy... For me, bringing my daughter was the biggest dream I had, so I fulfilled all my dreams”* (IM).

On the other hands, Italian workers (having a more articulated social network on their shoulders — four interviewees) tend not to see employer family as a source of support in the proper sense. Rather than this, tend to considered these persons as friends to frequent mainly for leisure purpose. *“We continue to be in contact. Sometimes we go and eat pizza together”* (IT).

Outcomes

This category includes expressions of well-being or malaise that participants describe as the result of their positive or requesting work experiences.

Negative Outcomes

Psychological suffering. If not adequately balanced, the reported demands can result in perceiving deep burden until to exhaustion, to dysfunctional behaviors, or severe psychological illness. *“Tiredness... I found the psychological fatigue much more important, I mean you really, really have to make yourself an armor to not feel things”* (IT). *“On a mental level I also had problems with depression ... when I feel I can’t take it anymore....”* (IM).

Intention to leave. Six of the interviewed workers decided to change profession or, at least, to leave particularly demanding care recipients or relatives. *“When I have to give in, I give in because the need for money requires strength anyway, but when you can’t let go... It’s heavy work, relatives are heavy”* (IM). *“I had to pick up and leave. Because, I mean, you couldn’t work with someone like that”* (IM).

Positive Outcomes

On the positive side, the most frequently reported feelings are *satisfaction* (“As a job it’s nice, it’s beautiful and you definitely get satisfaction from it” — IT), and *engagement* (“I don’t feel ‘obliged,’ but I feel very connected because I love doing these things” — IM).

DISCUSSION

With a reference to the theoretical frame of JD-R model (Demerouti et al., 2001), this work aimed to analyze demands and resources specific of home-care professional work, that is often disregarded by scholars (Sterling et al., 2020), through semistructured interviews to some of these professionals. Several aspects were proved by the template analysis of the verbatim, proper to a profession that is on the border between the private family and the professional (Kelly et al., 2013). Most frequently, the interviewees expressed that the relationship with the care recipients and their relatives is the central dimension of this profession. In many cases, these are the only professional relationships, as the home-care professional works in the home of the care recipient and has no colleagues or supervisors. Thus, the relationships with the elderly people and their relatives are also the main source of demands and of resources. It can be source of psychological and cognitive load but also be characterized by verbal and physical aggressions, lack of trust, sometimes until sexual harassment. On the other side, relations with care-recipients and relatives can be source of resources, as they offer recognition and satisfaction, social support, a relational network. These dimensions play an important role in the perception of both negative and positive outcomes in terms of exhaustion or engagement, coherently with the JD-R model (Bakker et al., 2023; Demerouti et al., 2001). Specifically, in such demanding profession, where formal and organizations support simply cannot exist as worker are alone in the houses, with no formal contract nor supervisors, the resources from the relation with the recipient and their family could represent a precious buffer (Bakker et al., 2023) for reducing exhaustion.

Another important aspect proper of this job is the large percentage of immigrant professional, mainly from East Europe and South America. This condition can increase the perception of job demands, specific for this profession. Most of the immigrant interviewees report typical experiences of immigrant workers (such as difficulties with the language and the culture, nostalgia of their country), but also a peculiar burdening feeling: the conflict and the sense of guilt of looking after elderly people at work, while their relatives are far away and perhaps sick, alone, or in difficulties. This provokes a further strain, only partially balanced by the possibility of being able to help their families back home financially. The specific challenges faced by immigrant home-care workers should be furtherly deepened as not numerous are studies in Italy and in Europe focusing to this hardly visible kind of professionals: a broader understanding of the issues affecting them would also make it possible to identify possible courses of action at the political and social level.

From a broader perspective, however, it would be important for research to pay more attention to this profession, which is demanding for those who carry it out and valuable in terms of dealing with the issue of the growing number of dependent elderly people for whom public and organized services are not sufficient. These professionals have to deal with specificities and difficulties (such as the risk of sexual harassment) that should be better understood and for which support and solutions urgently need to be found.

The paper has some limitations. The first is that participants were involved by a convenience sample method, even if quite balanced between Italian and immigrant home-care workers. The second is that the interviews were conducted some time ago. Notwithstanding, the reflections expressed by the interviewees in

terms of job demands and resource of the home-care profession offer points of reflection still meaningful, in the light of recent picture of this profession by Pasquinelli and Pozzoli (2021). Specifically, the strong private, family connotation of this profession puts it at risk of personalism and lack of protection unless the government introduces a tighter system of controls and support, including financial sustain, for the families of those who need home care. Greater government incentives to regularize (with formal contracts) the work of those who work in private homes would in fact bring at least two types of benefits to workers. On the one hand, they would be able to benefit from the protection (insurance, permits, etc.) provided for in the contract. On the other hand, it would allow a more precise mapping of the diffusion of this profession, from which could also derive initiatives promoted by local institutions for the training and support of those who perform it.

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