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Ethno-cultural diversity in home care work in Canada: issues confronted, strategies employed

By ANNE MARTIN-MATTHEWS[1], JOANIE SIMS-GOULD[1,2] & JOHN NASLUND[2]

Abstract

Worldwide, immigrant workers are responsible for much of the care provided to elderly people who require assistance with personal care and with activities of daily living. This article examines the characteristics of immigrant home care workers, and the ways in which they differ from non-migrant care workers in Canada. It considers circumstances wherein the labor of care is framed by ethno-cultural diversity between client and worker, interactions that reflect the character of this ethno-cultural diversity, and the strategies employed by workers to address issues related to this diversity. Findings from a mixed methods study of 118 workers in the metropolitan area of Vancouver, British Columbia, Canada, indicate that while the discriminatory context surrounding migrant home care workers persists, issues of ethno-cultural diversity in relationships are complex, and can also involve non-foreign born workers.

[1] *Anne Martin-Matthews and Joanie Sims-Gould*, Department of Sociology, The University of British Columbia, Vancouver, BC, Canada

[2] *Joanie Sims-Gould and John Naslund*, Vancouver Coastal Health Research Institute, Vancouver, BC, Canada

Multi-cultural home care is not always framed in a negative context, and there often are positive aspects.

Keywords: migrant care workers, ethno-cultural diversity, home care, paid carers.

Introduction

In analyses of non-professional workers'[1] labor, home care work is recognised as low-paid domestic labor, and is frequently dominated by migrant workers (Doyle & Timonen 2009; Phillips 2007). In many, if not most, developed countries, immigrant women workers are responsible for significant amounts of care work provided to elderly people who require assistance with personal care and with activities of daily living (Misra et al. 2006). In order to extend our understanding of the nature of care work by immigrant workers in supporting elderly clients, this article examines circumstances wherein the labor of care is framed by ethno-cultural diversity between client and worker. It addresses interaction issues that reflect the character of this ethno-cultural diversity and the strategies employed by workers to address them.

The characteristics and experiences of home care workers vary between countries as global capitalism is being differentially experienced across the world and is consequently having a varied impact on care systems. It is widely acknowledged that "migrant workers will fill shortages in the care economy" (Phillips 2007: 139). This expectation underscores concerns

[1] The job title for these workers varies from one part of Canada to the next (home support workers, personal support worker, community health worker), and from one country to another. In this article we use the term "home support worker" (HSW) to describe workers who provide services known as "home support," although a variety of occupations work in home care. Home support is typically defined as non-professional services involving personal assistance with daily activities, such as bathing, dressing, grooming, and light household tasks. Various job titles are used across Canada for persons who provide home support. Titles used in other parts of the world include *Community Care Worker* (Australia), *Direct Care Worker* (United States), and *Social Carer* (United Kingdom).

about the rise in the number of both legal, and especially illegal, immigrant workers providing care to frail and potentially quite vulnerable elders. It is also seen as a further reflection of the low status of home care work. Such perceptions of home care undermine the importance of care work in general and increase the vulnerability not only of service users, but also of home care workers who may experience discrimination, including racial abuse, as a result of the invisibility of their work (Phillips 2007).

Around the globe, immigrants in the care workforce fill the gap in the provision of care (Ayalon 2009; Phillips 2007). However, these workers often face language barriers and abuse; illegal workers, in particular, are subject to exploitation through low pay and dangerous working conditions (Aronson & Neysmith 1996; Phillips 2007; Stone & Dawson 2008). This is particularly well illustrated within the Irish long-term care sector, wherein racial and cultural tensions not only affect the wellbeing of care workers but also the quality of care received (Timonen & Doyle 2010). In a study of 40 care workers across the sectors of institutional and domiciliary care (and amongst live-in and ''gray'' labor market workers), Doyle and Timonen (2009) found that some members of the long-term care workforce are more likely to experience discrimination than others. The experiences of European, South Asian, and African carers differ significantly, and relationships exist between carers' region of origin and their experience of care work, employment mobility, and long-term plans for remaining in the sector. Much of the discrimination experienced by workers was ''rooted in the informal nature of their work contracts and their illegal or conditional residency status, which put them in a relationship of dependency with their employers'' (2009: 347).

Another recent study in Israel notes that foreign home care workers are primarily women from Asian and Eastern Europe, with almost half of the foreign home-care workforce being ''undocumented'' workers (Ayalon 2009). In Israel, almost all around-the-clock home care is provided by foreign workers who, in order to limit their stay in the country, are not allowed to bring their families into the country. With data from a study of 245 Filipino workers, Ayalon (2008) evaluated working conditions and exposure to abuse. Overall, 43% reported being asked to do more than was specified in their job description, 41% reported being verbally abused,

40% reported not receiving adequate food, and almost half reported work related injuries.

The Canadian home care labor force is increasingly made up of low-paid immigrant women, although, as will be discussed later in this article, this varies from one region of the country to another. Migrant home care workers undertake their work while dealing with differences between themselves and their clients in race, culture, and class. In the process, they can face racist attitudes and behaviors from clients and families, but often avoid confrontation because of concerns for their clients' wellbeing and their own job security (Neysmith & Aronson 1997). A study of black female care workers in the predominantly French-speaking province of Québec found that they are more likely than are white care workers to be pressured into doing extra work for their clients (Meintel et al. 2006). Some clients treat their home care workers as ''servants'' or ''cleaning ladies,'' and anti-immigrant prejudices emerge including the view that migrant care workers are ''job thieves'' (Meintel et al. 2006: 571). In the Québec study, migrant home care workers were found to have higher education levels than their Canadian-born colleagues, supporting the view that the home care field is a ''deskilling . . . so often part of the migrant experience'' (Meintel et al. 2006: 573).

The Canadian Context

While issues of the ethno-cultural diversity of home care workers and their clients have been examined by xother researchers, these issues are particularly salient in the Canadian context. Canada's elderly population is more ethnically diverse than the Canadian population as a whole (Chappell et al. 2003). Indeed, 17% of the Canadian population overall is foreign-born, compared to 27% of those aged 65 years and older. This is in part due to significant waves of immigration throughout the last century, and especially in the decade following World War II. The majority of these post-war immigrants came from Europe and the United States (Durst 2008). Thus, a significant proportion of now-elderly ''immigrants'' came to Canada as children and aged in place. They are less likely to belong to a ''visible minority'' group than are more recent immigrants to Canada.

It is also important to note as a contextual backdrop to our analyses that the total visible minority population, as a percentage of the entire

population, varies considerably from one region of Canada to another. The Atlantic and Prairie provinces, for example, have much lower concentrations of migrants, and particularly visible minority group migrants, than do Canada's largest cities (i.e. Toronto, Vancouver, and Montréal). Rural and small town areas have lower concentrations than do urban areas. In metropolitan Vancouver, British Columbia, the main site of our data collection, fully 40% of the population in 2006 were immigrants (Statistics Canada 2006). However, for a country such as Canada, where immigration has long been characteristic of the population, equally relevant for this study is the fact that the proportion of the Vancouver population who are members of visible minorities has increased substantially in recent decades, from 17% in 1986, to 31% in 1996, to 42% in 2006 (Statistics Canada 1996, 2006; Statistics Canada & Employment Equity Data Program 1990). During this period, the Filipino population (the country of origin of most of the foreign-born home support workers (HSWs) in our study) grew from 1% of the total Vancouver metropolitan population in 1986, to 2% in 1996 to 4% in 2006 (Statistics Canada 1996, 2006; Statistics Canada & Employment Equity Data Program 1990). In addition, Chinese and South Asian (Indo-Pakistanis) population groups have increased from 8% and 4%, respectively, in 1986; to 15% and 7%, respectively, in 1996; to 18% and 10%, respectively, in 2006 (Statistics Canada 1996, 2006; Statistics Canada & Employment Equity Data Program 1990). Thus, the findings of this study must be interpreted in the context of a country that defines itself as one of the most ethno-culturally diverse places on earth.

An important contextual feature of home care work in Canada is also its variability from one region of the country to another. Canada is divided into ten provinces and three northern territories. With few exceptions, health care delivery services, even those based on federal transfers of funds, are delivered at the level of the provinces and territories. Therefore, there are provincial/territorial differences in the nature of these home support services, in the job titles and classifications of workers, in client eligibility and funding schemes, and in how public and private sector services are integrated.

As Doyle and Timonen (2009) have examined for Ireland, so too does this article examine, in the Canadian context, the role of migrant care labor

in long-term care systems in a comparative context. This article seeks to develop an understanding of the experiences of migrant care workers in Canada, adding (to the earlier work of Neysmith & Aronson 1997) an examination of their experiences of home care work as *immigrants*, and the strategies that they employ to address these issues in the workplace. Also, because immigrant workers are often perceived as homogeneous but in fact may have characteristics and experiences unique to their region of origin (Doyle & Timonen 2010), this article begins with an examination of variability among different groups of immigrant care workers participating in our study.

Our analysis was guided by the following research questions: Are immigrant care workers different in significant ways from Canadian-born workers, in terms of training, experience, or job satisfaction? How do they experience ethno-cultural differences between themselves and their clients? How do they experience racism and prejudice? What strategies do workers employ to address issues of ethno-cultural diversity?

Methodology

In the Nexus Home Care Research Project, there were three phases of data collection (for more information see: http://www.nexus_homecare.arts.ubc.ca). In Phase I, from 2005 to 2006, pilot interviews were conducted with managers and owners of home care agencies, key informants, clients, and family members from British Columbia, Canada. In Phase II, from 2006 to 2007, in-depth interviews were conducted with home care workers, elderly clients, and family members from British Columbia, Canada. Lastly, in Phase III, from 2007 to 2008, comparative pilot studies were carried out with HSWs in two other Canadian provinces, Ontario and Nova Scotia. In this article, we focus primarily on findings from the Phase III data collected through interviews with 118 HSWs in British Columbia, although we will briefly consider findings from the pilot studies undertaken elsewhere in Canada.

Recruitment

Upon receipt of approval from the University of British Columbia Behavioural Research Ethics Board, data were collected from March to

October 2007 in the Lower Mainland (metropolitan Vancouver and surrounding area) of British Columbia. Selection of study participants was limited to HSWs employed by home care agencies, who could speak English, and who provide primarily "non-professional" services (e.g. non-medical services) to clients over the age of 65 (for more detail on recruitment see: Sims-Gould & Martin-Matthews 2010).

Data Collection and Analyses

Two methods were used to recruit study participants. First, three home care agencies were purposively selected to represent the spectrum of contracted agencies (two private and one not-for-profit) serving a mixture of both urban and rural clients. However, this method resulted in very low response rates, 3–11% depending on the agency (see Sims-Gould & Martin-Matthews 2010). A second recruitment strategy involved randomly selecting names of workers from a membership list of the British Columbia Government Employees Union (BCGEU local 403). Workers were contacted by the Union, provided with a brief description of the study, and asked for their consent to be contacted by our team. The response rate through the Union recruitment proved to be better at 52%, consistent with other studies involving HSWs (Sims-Gould & Martin-Matthews 2010; Stone & Dawson 2008).

Of the 118 HSWs interviewed, 84 (71%) were recruited through the participating home support agencies method, and 35 (29%) were recruited through the Union (all HSW's interviewed were unionized). Data were obtained through face-to-face, in-depth, and semi-structured interviews (with questions pertaining to work history and experience, a description of a "typical" visit with an elderly client, issues of time management, working in the privacy of clients' home, stressful aspects of the work, and safety concerns).

Questions were modified, added, or deleted based on feedback and results from the pilot study (Martin-Matthews & Sims-Gould 2008). The interviews, which were approximately 60–90 min in length, were audio recorded and transcribed verbatim by a transcription agency. Data were saved using ID numbers and pseudonyms to ensure anonymity, and were uploaded into the qualitative data analysis program, NVivo 8. Descriptive and categorical data were analyzed using SPSS version 17.0.

The analyses reported in this article are based on data relating to work history and educational qualifications, and responses to one open-ended question: "Have you been in a situation where you experienced hostility from clients because of cultural differences?" During preliminary analyses of this question, the responses were isolated from all 118 HSW interviews. These responses were broadly organized into "yes" or "no" categories. Two members of the research team further analyzed the detailed "yes" responses from HSWs, both foreign-born and Canadian-born, through multiple independent readings of the transcripts. The content analysis of the transcripts (following the procedures as described by Stemler 2001) took place over an eight-month period.

In addition, a measure of job satisfaction was obtained through the analyses of responses to a standardized instrument, the Brayfield–Rothe Job Satisfaction Index (Brayfield & Rothe 1951). The Brayfield–Rothe Index has been used to measure overall job satisfaction among other health care professionals (Agho et al. 1992, 1993). The scale is based on nine positively, and nine negatively worded questions in random order (e.g. I feel fairly well satisfied with my present job, I definitely dislike my work). Questions consist of five-point Likert scales that range from strongly agree (1) to strongly disagree (5). An item-total correlation analysis on the original 18-item scale revealed that seven items had corrected item-total correlations below the acceptable level of 0.300 (Okolo 1990). As a result, the measure was reduced to an 11-item subscale ($\alpha = 0.83$; see Appendix A). Similar subscales of the Brayfield–Rothe Index have been used in other studies to measure overall job satisfaction (Babin & Boles 1998; Curry et al. 1986; Shafer 2002).

Because one of the objectives of this analysis was to measure differences in job satisfaction between Canadian-born and foreign-born workers, the completed scale responses of all foreign-born participants were examined closely for response sets that might indicate they had difficulty comprehending the questions. The interviewers' field notes were consulted to see if language difficulties had been indicated at the time of the interview. Patterns in the scale responses were also examined closely for consistencies. In particular, we examined whether the responses to positively worded questions and negatively worded questions were congruent. This was followed by a comparison of responses to the global job satisfaction

question (overall, how satisfied are you with your job?) and responses to the items on the Brayfield–Rothe subscale. Finally, the full transcripts of respondents who were identified as potentially having had difficulties in answering these questions were reviewed to examine whether they had had difficulties throughout the entire interview process. In all, three team members were involved in the process of determining that nine of the 81 foreign-born respondents had substantial difficulties understanding the job satisfaction subscale questions. A decision was made to exclude these particular respondents from any further analyses in order to be confident that between-group differences were not confounded by language difficulties.

Results

Worker Characteristics

As expected, the majority of HSWs interviewed were female (94%). Workers ranged in age from 27 to 65 years of age, with a mean of 50 years (SD = 8 years). Reflecting the growing international trend linking immigrant labor to home support work (Stacey 2005), over two-thirds (69%) of the workers we interviewed were foreign-born. Of the foreign-born workers in this study, 17 (14%) have lived in Canada for less than 10 years, 38 (32%) between 10 and 20 years, and 25 (21%) for over 20 years. The majority of immigrant workers in our sample came to Canada from the Philippines (30%) or other parts of Asia (20%), including China, Hong Kong, and India. Another 9% were originally from Europe, and the remainder (under the ''Other'' category) were from countries within Africa, and from Central or South America. Although the HSW characteristics largely reflect the overall percentage breakdown of foreign-born populations in the Vancouver area, the notable exception is workers from the Philippines. While Filipino immigrants account for roughly 4% of the total population, they account for a much higher proportion in our sample. This reflects both the aggressive labor export policies of the Philippine Government and a shortage of skilled laborers in Canada

Table 1. Country of birth of home support workers – BC interviews

Country of origin	Number of home support workers	Percentage (%)
Canada	37	32
Philippines	36	30
China	9	8
Hong Kong	7	6
Europe	10	9
Asia	11	9
Africa	4	2
Other	5	4

(Zaman et al. 2007). Nearly a quarter (23%) of foreign-born HSWs in our sample entered Canada through the Federal Live-in Caregiver Program[2] (see Table 1).

Among these workers, education ranged from less than high school (11%) to completed post secondary (52%). Most were employed full-time (61%), with the others either part-time (10%) or casual workers (29%). Duration of employment ranged from 0.5 to 29 years ($M = 12$; $SD = 7$). Our sample was a very experienced workforce, with close to 60% having worked in home support for more than 10 years, and just over 10% having worked for over 20 years in this sector. These workers had an average caseload of 4.2 clients per day ($SD = 1.5$), although this ranged from a minimum of one to a maximum of nine clients per day.

In order to address our first research question as to comparisons between the Canadian-born and foreign-born workers, we first compared them, and then, following Doyle and Timonen (2009), examined differences between different groups of foreign-born workers, according to their country of origin. The more detailed comparisons of Canadian, Filipino, Asian-born, and workers born in other countries are presented in Table 2.

[2] The federal Live-In Caregiver Program allows individuals to immigrate to Canada to work as a carer, for children, adults, or the elderly. Canada has agreements with several countries (see http://www.cic.gc.ca/EnGLish/work/caregiver/index.asp).

Table 2. Differences in worker characteristics by country of origin

	Canada ($n = 37$)	Philippines ($n = 36$)	Asia ($n = 27$)	Other ($n = 18$)
Age ($n = 117$)	$M = 52.78$ (SD = 7.77)	$M = 48.89$ (SD = 6.92)	44.12 (SD = 8.75)	$M = 53.89$ (SD = 5.73)
Education ($n = 118$)				
Less than HS	8 (22%)	0	2 (7%)	3 (17%)
High school	10 (27%)	4 (11%)	3 (11%)	7 (39%)
Some post secondary	13 (35%)	5 (14%)	1 (4%)	1 (6%)
Completed post secondary	6 (5%)	27 (75%)	21 (78%)	7 (39%)
Hostility based on ethno-cultural differences ($n = 113$)				
Yes	14 (39%)	17 (49%)	12 (46%)	8 (50%)
No	22 (61%)	18 (51%)	14 (54%)	8 (50%)
Job satisfaction score (*11-item Brayfield–Rothe*) ($n = 109$)	$M = 45.46$ (SD = 5.59)	$M = 46.39$ (SD = 4.52)	$M = 44.09$ (SD = 3.80)	$M = 47.89$ (SD = 5.55)

An independent samples *t* test was conducted to determine statistical differences in mean age between Canadian-born and foreign-born HSWs. Results indicate that foreign-born workers ($M = 48.46$; SD = 8.09) were significantly younger than Canadian-born workers ($M = 52.78$; SD = 7.77), $t(115) = 2.72$ ($p < 0.01$). Comparisons between groups of foreign-born indicate that workers from Asia are the youngest, though the differences between groups are not large.

Cross-tabulations were computed to determine if a statistically significant difference exists in highest level of education reported by Canadian-born compared to foreign-born HSWs in our sample. The results show that 19 of the 37 Canadian-born HSWs (51%) have some type of post-secondary education (some college, some university, or a college/university degree) compared with 62 of the 81 foreign-born HSWs (77%). Of the ten HSWs (9%) who identified themselves as Registered Nurses, nine were foreign-born. None of the Canadian-born HSWs reported having graduated from a

university. However, 27 of the 81 foreign-born HSWs (33%) reported that they had graduated from a university. Furthermore, while eight (22%) of Canadian-born HSWs had not completed high school, only five foreign-born HSWs (6%) lacked this credential. As Table 2 illustrates, the workers from the Philippines were the most highly educated of the HSWs whom we interviewed.

An independent samples *t* test was conducted to determine if statistically significant differences exist in mean rate of pay/hour earned by Canadian-born compared to foreign-born HSWs in our sample. Foreign-born workers earn on average $18.68 per hour (SD = 0.81), while Canadian-born workers earn on average $18.96 per hour, a mean difference of 0.28 cents per hour (SD = 0.64), $t(113) = 2.00$ ($p < 0.05$).

Also shown in Table 2, there were no significant differences between Canadian and foreign-born workers in responses to the 11-item subscale of the Brayfield–Rothe Job Satisfaction Index. Further, there were no differences in reported levels of job satisfaction amongst groups of workers when compared in terms of their country of origin. However, in our revised 11-item subscale, which eliminated some of the most problematic questions, reliability was still an issue for data from Asian born workers ($\alpha = 0.68$, see Table 2). Nonetheless, we are able to conclude that, with an average Brayfield–Rothe satisfaction score of 45.96, HSWs reported relatively high levels of job satisfaction in comparison to other studies that have measured employee satisfaction using this tool (Babin & Boles, 1998; Curry et al. 1986; Shafer 2002). In addition, this finding is consistent with a one-item measure of overall satisfaction used in our study, in which 107 (94%) of workers reported being "satisfied" or "very satisfied."

Perceptions of Hostility in an Ethno-Cultural Context

To measure HSWs' experience with hostility due to ethno-cultural differences in their work with elderly clients, participants were asked: "Have you ever been in a situation where you experienced hostility from clients due to cultural differences?" It should be noted that this question enquires about cultural differences *between* worker and clients, and therefore is not explicitly focused on any ethno-cultural characteristics of the workers themselves. Almost half of the workers (43%) responded that they had experienced hostility from clients because of such ethno-

cultural differences. No significant differences were found between Canadian-born and foreign-born workers in their response patterns to this question, although there was a trend in the data that showed 39% of Canadian-born workers reported hostility, compared to 45% of foreign-born workers.

The interview transcripts are replete with workers' accounts of hostility they encountered from clients due to perceived ethno-cultural differences, ranging from not wearing culturally appropriate footwear and not cooking or being able to cook the "right" (culturally appropriate) type of food, to outright racism and discrimination. For the Canadian-born workers, such hostility typically resulted from their (perceived) lack of understanding of, or respect for, the cultural preferences of clients who were also foreign-born. In a comment typical of Canadian-born Caucasian workers, the issue lies in the cultural preferences of the clients. "Especially Asians and East Indians. They really do not like us in there. Like white people, I should say." (Ming, 56-year-old woman, employed 18 years as HSW).

Foreign-born workers, and particularly those from visible minority groups, report many instances where clients did not trust them, were quite "mean," refused help (particularly with personal care), phoned the agency to specify that they did not want an ethnic person in their home, or, upon hearing the foreign HSW's accent, refused entry at the door. "They don't trust what you're going to do for them." (Erika, 49-year-old woman from Africa, employed 3 months as HSW).

In an illustrative verbatim account, a foreign-born HSW describes her experience:

> They wouldn't let us touch them because [of] my skin colour . . . I had this client, regular . . . and she couldn't see. She was legally blind. And . . . my English is okay. So she couldn't get at first that I wasn't Canadian. And then I must've said something. But then she realized after the second visit or so, then she goes, "You are not Caucasian." She used that word. And I said, "No, I'm not." And she goes, "What colour are you?" And I said, "Well, my skin colour is brown and I'm . . . Fijian." . . . So she goes, "Oh, and you have been bathing me!" because of the day before. And I said, "Yeah, I think." [She replies . . .] "I don't want you touching me," and so we have this hostility that come over. And she said, "I don't know why you immigrants come here," and so she kept on going and going. (Yvonne, 46-year-old woman, employed 21 years as HSW)

Other workers describe the source of the discrimination as not coming from the client, but rather a relative of the client: ". . . the boyfriend of a client's relative said: 'We should send all these Filipinos to where they came from on a slow boat.'"(Alegria, 51-year-old woman, employed 14 years as HSW). In other cases, workers attribute the perceived racism to the client's health status: "[My client is] too demented and then every time I come into her house, she says, 'Who are you and what are you doing here? You go back to your country.'" (Raquel, 38-year-old woman, employed nine years as HSW).

There was also evidence of hostility between co-workers based on ethno-cultural differences. Some HSWs report a distinct divide between workers from different ethno-cultural backgrounds. While workers do not have occasion to get together very often during training sessions and seasonal gatherings, it was noted that when they do, workers "stick with their own." In many of our interviews, HSWs also made subtle but racist remarks about other workers:

> I hate to sound racist, I don't mean to, everybody does a good job and they all add to their own, there's a lot of things people have over me coming from a different culture, maybe, but I have, I think there needs to be more Canadian born people in this field. I don't know if that's a really bad thing to say. I know that, I know that's one thing I get told by the clients a lot, and that's one of the reasons I got into this. (Nancy, 29-year-old woman from Canada, less than 1 year as HSW)

In this interview, Nancy, like many other workers making these types of comments, had discomfort with her own racist remarks. She tried to balance her comment (or "back peddle") by saying:

> And some of them prefer the other ethnics over me cause and they think that they're harder workers. I don't know. I know I'm sweating sometimes when they tell me that just cause I want to show them that I'm a good worker too, let me show ya. (Laughs) And I enjoy that right, cause I want to break that stereotype that they think you know.

These types of highly racialized comments were common among workers discussing other workers.

Strategies for Managing Hostility

In order to contribute further to the emerging literature seeking to understand the implications of these ethno-cultural differences between HSWs and their elderly clients, we also enquired as to what workers *do* in response to these circumstances. Specifically, how do they respond when they experience this hostility, what strategies do they employ to deal with it, and how might these be the basis of training of workers by agency personnel? Thus, when workers described such circumstances, we followed with a question phrased in terms of: ''And so what do you do when . . . ,'' in order to elicit workers' descriptions of actions and outcomes.

Strategies typically employed by HSWs in dealing with culturally based hostility include: phoning the supervisor; using coping strategies such as ignoring it, getting used to it, letting it go, not taking it personally, or remaining calm; using communication strategies; learning about the clients' cultures, preferences or routines; accommodating the clients and taking a ''kind'' approach to them; or, asking to be removed from the case, leaving the situation, or suggesting that the client call the agency.

In response to the question about their responses and strategies, some workers began with a description of their feelings, and their sense of general powerlessness (often fuelled by a fear of losing their job if the client complained about them). ''Why am I so miserable every time people criticizing me like this and I feel unhappy and kind of very sensitive person.'' (Mei, 28-year-old woman from China, working 3 months as HSW). Common responses among workers were: ''I ignore it. It's not a good way of how – sort of handling things but I just ignore it.'' (Heidi, 48-year-old woman from Canada, employed 17 years as HSW) and ''I don't want troubles at work so I just, you know, totally ignore everything''. (Anabel, 36-year-old woman from the Philippines, employed 10 years as HSW).

Other workers, often those with more experience of such circumstances, describe use of humor (I try to be funny) as a way to make a point while not making an ''issue'' of the discriminatory remark or hurtful comment:

> And she said, ''I don't like people of a different colour.'' I go, ''Oh,'' I go, ''why?'' But you know, I always try to make things funny. That way I don't get really upset because it's not good for me. [Laughs] And I don't want to show them that they really hurt me.

> I said to the client, "Well," I go, "you know what? When God was giving skin away I got there at – I was the last one and I just guess God forgot to take the skin out of the oven on time. You know, I try to-to be polite but at the same time telling them." (Carolyn, 47-year-old woman from Scotland, employed 18 years as HSW)

Earlier we noted the recent rapid growth in the ethno-cultural diversity of the Vancouver metropolitan and Lower Mainland area which was the site of our study. Reflective, perhaps, of the changing context of interaction between workers and clients of different ethno-cultural groups, the accounts of some experienced HSWs note changes over time, and improvements across the decades. In this example, a foreign-born HSW compares and contrasts the ways in which she has been treated by her elderly clients over the course of her work experience:

> . . . we used to have cultural slurs like, you know, "So you are brown . . . Well, how come?" We tell them we come from a different country and things like that but you know you can't touch them or anything like that. Now, . . . they know I'm from Fiji. Then they start asking, "Oh, I love spicy food." They start asking you about recipes. . . . so it's a . . . very big difference from 1983 to 1993 to 2003 . . . they accept us more now in the house. They love us now. Some of them love us because they say, "Oh, you're the best workers." So, you know, you get so much compliment. (Yvonne, 46-year-old woman from Fiji, employed 21 years as a HSW)

There is a transition described by this HSW, from being treated negatively because of her ethnicity (So you are brown . . . How come?), to receiving compliments reflective of perceptions of her ethnicity as well (Oh, you're the best workers). In both circumstances, the worker's ethnicity plays a role in how she is viewed by her clients, although the overall tenor of client comments changes over time.

Discussion and Implications

We have examined how the delivery and receipt of home support services, which occur at the intersection of the private sphere of a client's home and the public sphere of a paid carer's employment, is framed by ethno-cultural diversity. We began by enquiring as to the issues that pertain to the foreign-born and visible minority status of migrant HSWs, and found that these issues are more complex and varied than we had expected.

There is very little literature on this topic, and extant literature primarily focuses on immigrant women of colour employed in the non-professional end of home care.

Our data, gathered amongst immigrants employed by home care agencies in one province of Canada, reveal that many contexts and complexities exist. There were similarities as well as differences between Canadian and foreign-born workers, and few significant differences between workers with different countries of origin. Where differences are observed, foreign-born workers are by no means systematically worse off, or disadvantaged. Indeed, migrant workers are frequently better educated (and sometimes even better paid) than Canadian-born workers.

Issues of hostility due to ethno-cultural "differences" are, somewhat surprisingly, experienced by both Canadian-born and foreign-born workers, and are not restricted to workers from visible minorities. For example, Caucasian HSWs are not always wanted by clients who themselves have a strong ethno-cultural identification. These interactions highlight the "rapid ethnic diversification" that is occurring within Canada's growing elderly population (Koehn 2009: 586). Furthermore, such examples of hostility experienced by Caucasian workers providing home support to older people from ethnic minority groups, contribute to a growing body of evidence countering the assumption that ethnic minority group members take care of their own elders (Koehn 2009). Indeed, as the number of older adults from visible minorities increases, so too will the number of these adults requiring home care services. It is important to appreciate that through this shift in the ethno-cultural diversity of Canadian society, an increasing number of complex ethno-cultural issues will arise in the care of elderly persons. These may include differences experienced between Caucasian workers and ethnic minority clients, as illustrated earlier, as well as differences between workers and clients from differing ethnic minorities.

Overall, our analysis of the verbatim accounts by workers suggests a particular pattern of hostility experienced by workers from the Philippines, Asia, and Africa. It is sometimes very direct, but all too often it is more subtle and insidious. Our transcripts capture worker perceptions of an undertone of deeply held and at times highly racialized beliefs among some clients, reflecting more than a language barrier or a

disagreement about food preparation. As experienced by these HSWs, such deeply held beliefs frequently presume the dominance of one culture (or cultures) over another.

While our article has focused on the 43% of HSWs who reported having to deal with hostility from clients (or relatives and friends of clients) due to issues of ethno-cultural diversity, it is important to note that the majority of workers did not identify any such instances. Among the workers who did experience hostility, a variety of strategies for coping with instances of racism and discrimination were identified, ranging from the use of laughter, to phoning the agency or ignoring the situation altogether. Indeed, many workers referred to the opportunity to be in the homes of ''real Canadians'' as a benefit and bonus of their job, having an inside look at the dominant culture and learning from that experience.

Although less than half of the workers in our study reported having to deal with hostility, we must also be cognizant of those who *did* experience hostility but chose *not* to ''name it'' or report it. In other research on this data set, workers spoke of ''not wanting to rock the boat'' or appear as complainers by filling out incident reports or bringing concerns to their supervisor (Sims-Gould & Martin-Matthews 2010). With respect to racialized hostility, evidence from our interviews suggests that it is likely underreported and potentially even ''under-identified'' by our respondents.

While the focus of this article has been on the 118 HSWs in our study in British Columbia, the immigrant profile of these workers stands in stark contrast to the profile that emerged in two other pilot studies conducted as part of our larger study, one in small town and rural Ontario, and the other in both urban and rural areas of Nova Scotia. In Ontario, 89% of the workers interviewed were Canadian born, with 7% of the others being from Europe, and in Nova Scotia, 95% of the workers were Canadian-born. Thus, our findings cannot be generalized outside our specific study population in British Columbia. In the absence of a national registry of HSWs, we cannot know how the profile of the workers whom we studied compares with the larger Canadian context of workers in this sector. Even Canadian census data, with their range of occupational classifications, are ill-equipped to enable such comparisons, given the range of job titles and skill qualifications that characterize home support work in Canada.

Other contextual issues frame the interpretation of our findings as well. Our original study was not designed to specifically address ethno-cultural issues in the provision of home support; rather, this emerged as a dominant theme throughout the data collection and analysis process. As such, the decision to employ the Brayfield–Rothe Satisfaction Index did not take language and comprehension issues into consideration. Future approaches to the assessment of job satisfaction amongst immigrant care workers should take into account language and perceptions of work-related measures and constructs (Riordan & Vandenberg 1994; Saari & Judge 2004).

It is also important to note the issue of legal versus illegal migrant care workers. Doyle and Timonen's research in Ireland found that discrimination experienced by immigrant care workers was rooted in the informal nature of their work contracts and "their illegal or conditional residency status, which put them in a relationship of dependency with their employers" (2009: 347). However, these were not characteristics of the working conditions of the participants in our study in Canada (we spoke to legal migrants and all unionized workers).

In the interpretation of our findings, it is also important not to confuse Canadian-born and foreign-born status with visible minority status. In the cultural mosaic that is Canada, some of the immigrant workers were Caucasian; similarly, while 73% of the Canadian-born workers we interviewed identified themselves as being only Caucasian, 22% had some Aboriginal/First Nations heritage, one was Indo-Canadian and one was Chinese-Canadian.

Summary and Conclusions

This article has examined issues of ethno-cultural diversity in the characteristics of workers, and in the interaction of HSWs and their elderly clients, from the perspective of 118 HSWs in British Columbia, Canada. There are many issues similar to foreign-born and Canadian-born workers, but our findings show that, even when analysis is restricted to legal, unionized migrant care workers, there are indeed differences between the foreign-born and Canadian-born labor force employed in home care in one Canadian province. As have other Canadian studies, we

too found evidence, of the "deskilling" of immigrant labor, with many of the foreign-born workers having educational credentials well in excess of their Canadian-born counterparts, and indeed well beyond the basic requirements of their jobs.

Our article also examined the experiences of ethno-cultural hostility in the interaction between workers and clients. A substantial minority of workers, both Canadian and foreign-born, reported such incidents and described a complex range of (often) racially based experiences. However, in the Canadian context, it is overly simplistic to consider the experience of migrant labor in home care without considering the cultural diversity and the cultural mix of workers, clients, and family members together. Canadian-born workers, particularly those who are from visible minorities, experience discrimination from clients with different cultural backgrounds, be they immigrants or not.

In home care, workers encounter these experiences not in public view or in a typical "work" setting, but rather, when working alone in the private sphere of the home of the person who is treating them with hostility (Martin-Matthews 2007). Thus, we were particularly interested in the strategies employed by workers in response to these events. The more experienced workers had developed ways of dealing with such hostility from clients, although their strategies were more likely to involve individual management of the situation ("laughing it off," "ignoring it") than invoking agency policies or employer guidelines (calling the supervisor). Fear of recrimination or loss of employment frequently framed their responses and reactions.

How do agencies deal with these issues in their training of, and support to, workers? Our study did not examine how agency policies relate to ethno-cultural diversity in British Columbia, although evidence from elsewhere in Canada suggests that immigrant women of colour are less likely than Canadian-born workers to find home care jobs in the public sector, and thereby more likely to experience poorer working conditions, significantly lower pay, limited job security, and less supervision (Cognet & Fortin 2003; Meintel et al. 2006). Our findings suggest the need to examine agency policies and hiring procedures in relation to ethno-cultural diversity, and certainly they indicate a need for anti-racism training as part of the curriculum for new HSWs in Canada. However, it

is worth noting that a majority of workers did not report such experiences. Even amongst those who did, there was some evidence of change and more tolerance over time, as more immigrants from visible minorities in Canada settle throughout the country and the society as a whole becomes more ethno-culturally diverse.

There are wider policy implications to these findings as well. Doyle and Timonen (2009, 2010) suggest the need to consider together policies of migration, labor market and long-term care, as migrant care workers "will continue to be of increasing relevance." Our findings similarly suggest that many migrant care workers confront unique obstacles and barriers that impact negatively upon their work. To facilitate their care work, policy, and practical interventions are required in order to address discrimination and provide support to this vital component of the care labor force of many countries worldwide.

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Corresponding Author

Anne Martin-Matthews, Department of Sociology, The University of British Columbia, Vancouver, BC V6T 1Z1, Canada. Email: amm@interchange.ubc.ca

References

Agho, A. O., Mueller, C. W. & Price, J. L. (1993). Determinants of employee job satisfaction: An empirical test of a causal model. *Human Relations* 46(8): 1007–1027.

Agho, A. O., Price, J. L. & Mueller, C. W. (1992). Discriminant validity of measures of job satisfaction, positive affectivity and negative affectivity. *Journal of Occupational & Organizational Psychology* 65(3): 185–196.
Aronson, J. & Neysmith, S. M. (1996). 'You're not just in there to do the work': Depersonalizing policies and the exploitation of home. *Gender & Society* 10(1): 59–77.
Ayalon, L. (2008). Evaluating the working conditions and exposure to abuse among Filipino home are workers in Israel: Characteristics and clinical correlates. *International Psychogeriatrics* 21(1): 40–49.
Ayalon, L. (2009). Family and family-like interactions in households with round-the-clock paid foreign carers in Israel. *Ageing and Society* 29(5): 671–686.
Babin, B. J. & Boles, J. S. (1998). Employee behavior in a service environment: A model and test of potential differences between men and women. *The Journal of Marketing* 62(2): 77–91.
Brayfield, A. H. & Rothe, H. F. (1951). An index of job satisfaction. *Journal of Applied Psychology* 35(5): 307–311.
Chappell, N., Gee, E., McDonald, L. & Stones, M. (2003). *Aging in Contemporary Canada*. Toronto: Prentice Hall.
Cognet, M. & Fortin, S. (2003). Le poids du genre et de l'ehnicité dans la division du travail en santé. *Liens social et politiques* 49: 155–172.
Curry, J. P., Wakefield, D. S., Price, J. L. & Mueller, C. W. (1986). On the causal ordering of job satisfaction and organizational commitment. *Academy of Management Journal* 29(4): 847–858.
Doyle, M. & Timonen, V. (2009). The different faces of care work: Understanding the experiences of the multi-cultural care workforce. *Ageing & Society* 29: 337–350.
Doyle, M. & Timonen, V. (2010). Obligations, ambitions, calculations: Migrant care workers' negotiation of work, career, and family responsibilities. *Social Politics: International Studies in Gender, State & Society*, 1–24. Advance online publication. doi: 10.1093/sp/jxp026
Durst, D. (2008). More snow on the roof: Canada's immigrant seniors. *The Bridge*, 2. Available on http://canada.metropolis.net/pdfs/durst_e.pdf (Accessed: November 15, 2010).
Koehn, S. (2009). Negotiating candidacy: Ethnic minority seniors' access to care. *Ageing & Society* 29(4): 585–608.

Martin-Matthews, A. (2007). Situating 'home' at the nexus of the public and the private spheres: Ageing, gender and home support work in Canada. *Current Sociology* 55(2): 229–249.
Martin-Matthews, A. & Sims-Gould, J. (2008). Employers, home support workers and elderly clients: Identifying key issues in delivery and receipt of home support. *Healthcare Quarterly* 11(4): 69–75.
Meintel, D., Fortin, S. & Cognet, M. (2006). On the road and on their own: Autonomy and giving in home health care in Quebec. *Gender, Place & Culture: A Journal of Feminist Geography* 13(5): 563–580.
Misra, J., Woodring, J. & Merz, S. (2006). The globalization of care work: Neoliberal economic restructuring and migration policy. *Globalizations* 3(3): 317–332.
Neysmith, S. M. & Aronson, J. (1997). Working conditions in home care: Negotiating race and class boundaries in gendered work. *International Journal of Health Services* 27(3): 479–499.
Okolo, B. N. (1990). *Health Research Design and Methodolgy*. Boca Raton, FL: CRC Press.
Phillips, J. E. (2007). *Care*. Cambridge, UK: Polity Press.
Riordan, C. M. & Vandenberg, R. J. (1994). A central question in cross-cultural research: Do employees of different cultures interpret work-related measures in an equivalent manner? *Journal of Management* 20: 643–667.
Saari, L. M. & Judge, T. (2004). Employee attitudes and job satisfaction. *Human Resource Management* 43(4): 395–407.
Shafer, W. E. (2002). Ethical pressure, organizational-professional conflict, and related work outcomes among management accountants. *Journal of Business Ethics* 8: 263–275.
Sims-Gould, J. & Martin-Matthews, A. (2010). Strategies used by home support workers in the delivery of care to elderly clients. *Canadian Journal on Aging* 29(1): 97–107.
Stacey, C. L. (2005). Finding dignity in dirty work: The constraints and rewards of low-wage home care labour. *Sociology of Health & Illness* 27(6): 831–854.
Statistics Canada. (1996). *Census of Canada 1996: Dimension series.* Available on http://toby.library.ubc.ca/resources/infopage.cfm?id=916 (Accessed: September 23, 2009).

Statistics Canada. (2006). *Census of Canada 2006: Special interest profiles.* Available on http://toby.library.ubc.ca/resources/infopage.cfm?id=1582 (Accessed: September 23, 2009).
Statistics Canada & Employment Equity Data Program. (1990). *Profile of Visible Minorities and Aboriginal Peoples: 1986 Census, 20% Sample Data*. Ottawa: Statistics Canada.
Stemler, S. (2001). An overview of content analysis. *Practical Assessment, Research & Evaluation* 7(17). Available on http://PAREonline.net/getvn.asp?v=7&n+17 (Accessed: April 28, 2010).
Stone, R. I. & Dawson, S. L. (2008). The origins of better jobs better care. *The Gerontologist* 48(1): 5–13.
Timonen, V. & Doyle, M. (2010). Migrant care workers' relationships with care recipients, colleagues and employers. *European Journal of Women's Studies* 17(1): 25–41.
Zaman, H., Cecilia, D. & Scott, R. (2007). *Workplace Rights for Immigrants in BC: The Case of Filipino Workers*. Vancouver, BC: Canadian Centre for Policy Alternatives.

Appendix A

11-Item Job Satisfaction Subscale

1. I consider my job rather unpleasant

2. I am often bored with my job

3. I feel fairly well satisfied with my present job

4. Most of the time I have to force myself to work

5. I definitely dislike my work

6. I feel I am happier in my work than most people are in their work

7. Most days I am enthusiastic about my work

8. I like my job better than the average worker does

9. My job is pretty uninteresting

10. I find real enjoyment in my work

11. I am disappointed I ever took this job