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**Plain old disrespect: explorations of  
recognition and motivation in care  
work**

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# Plain old disrespect: explorations of recognition and motivation in care work

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**Abstract:** Existing mainstream economic models for investigating care work have generated limited insights. In contrast, theory developed outside of mainstream economics, particularly theory that utilises feminist insights, appears contextually relevant to care work but is in a relatively early stage of development for application to empirical analysis. This paper considers appropriate models of care work situations, especially the motives for the performance of care work and the specific role played by ‘recognition’. We outline the experiences and perceptions of mature age Australian women who participated in a small exploratory study. We also report data derived from a subsequent survey of almost 4000 Australian aged care workers. We identify recognition as a factor that, thus far, has not been explicitly considered in the economics literature on the motivation for care work but which has the potential to inform strategies aimed at improving outcomes for care workers and care recipients.

**Keywords:** Care work, aged care, recognition, caring motivations

JEL classification: B4, J3 and J4

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## INTRODUCTION

Care work comprises paid employment for the provision of elder care, child care, health and education services and is that part of the care sector that overlaps with the market economy (Folbre 2006: 12). Dominated by women, it is a form of work that has communicative (or relational) as well as instrumental elements and both must be supplied to achieve high quality outcomes. Care work is of increasing economic significance, accounting for a rising and important proportion of measured Gross Domestic Product in many industrialised countries (Albelda, Duffy and Folbre 2009)<sup>1</sup>. As populations age and as the relative cost of service provision grow, the importance of understanding the determinants of the factors impacting on the supply of high quality care will continue to expand (Folbre 2006).

Mainstream economic models have achieved limited explanatory and predictive power when they have been applied to issues relating to women's involvement in paid work (see discussions in Nelson 1993; Barker and Feiner 2004; and Birch 2005). Contributing to their poor capacity is the conceptualisation of humans as motivated only by the pursuit of personal gain; neglecting the range of different motives that may influence a person's involvement in paid work. Adherence to a notion that human decision making is autonomous is a further key limitation of mainstream models as it results, among other things, in all motives being interpreted as the product of each person's unique and stable 'preferences' and unaffected either by life experience or social and institutional context.

The deficiencies of mainstream economic models become more apparent when their assumptions and predictions are compared to the reality of caring situations that are relevant to the paid and unpaid work experiences of many women (Staveren 2005). The models struggle to explain why caring is provided at all – given that humans are assumed to be

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<sup>1</sup> Albelda, Duffy and Folbre (2009: 3) estimated that 13 per cent of the Massachusetts' workforce was directly involved in the care sector in 2009.

purely concerned with the maximisation of their own satisfaction. The models are especially poorly equipped to deal with central characteristics of caring situations, such as the importance of the inter-personal relationship between the care giver and the care recipient; the dependency of many care recipients; and the highly gendered and poorly remunerated nature of paid care work.

Feminist economic models provide alternative conceptual bases for analysing care work and, in doing so, address some of the risks and inequalities that characterise care situations. These models adopt definitions of care work that explicitly recognise its communicative and instrumental elements (Himmelweit 1999; England and Folbre 1999; England and Folbre 2003; Meagher 2006). The *instrumental* element of care work relates to the performance of caring services (such as assisting with mobility or the administering medicines); whilst the *communicative* element imparts a feeling of being cared for (see Jochimsen 2010: 49-50 for an overview). Caring can only be accomplished with the input of both elements and this necessitates close examination of the range of factors that may affect the motivation of care givers participants in care work situations.

A rich analysis is now emerging in feminist economics of the range of motivations for care work; the possible sources of these motives; how market and other processes can affect the motivation to participate in care work; and, thus, the key determinants of both the quality of paid care and the well-being of care workers. The conceptual work undertaken in this body of literature is providing insights that can inform data collection and analysis, which in turn allows for further development of appropriate analytical models of care work.

The current paper contributes to the economic analysis of care work by exploring the importance of a particular social and economic process that is likely to affect the motivations of care workers: recognition. Drawing on literature in critical theory, we define recognition as

the valuation of particular others for their achievements, and in particular for the contribution that they make to societal goals (Thompson 2009: 58). We perceive that recognition can occur through the discourses that occur between community members but also through wage payments, given the social meaning of wages. We propose that misrecognition (experienced by care workers as a lack of respect or acknowledgement) is likely to undermine the motivation to participate in care work.

We examine these propositions with reference to data from exploratory interviews with women aged 45 years and over working in aged care and a subsequent survey of almost 4000 Australian aged care workers. Reflecting the emergent findings from the exploratory interview program, this survey included questions that specifically targeted the issue of recognition, and its impacts on motivation that operate both independently of, and in conjunction with, wage payments. Our analysis of these data indicates that wages play an important role in expressing the respect (or lack of it) for the social contribution of care workers. The results also demonstrate how the motivation to participate in care work is not purely exogenous: this motivation is critically affected by the recognition accorded to care workers' contribution to care recipients and their communities. The data, thus, indicate that the assumed 'trade off' between intrinsic and financial rewards in mainstream economic models fails to comprehend the social meaning of wages. We conclude that the concept of recognition should be considered by economists as they attempt to advance their theoretical understanding of the complex issues involved in care work.

## **BACKGROUND: ECONOMIC ANALYSES OF CARE WORK AND THE CONCEPTUALISATION OF THE MOTIVES OF CARE GIVERS**

Mainstream economic analyses of care work focus on the exchange elements of caring situations; that is the transfer of labour services from the care giver in exchange for a

negotiated 'payment' by or on behalf of the care recipients. Care givers in these situations are assumed to be motivated by the prospect of a personal gain. However, in an attempt to accommodate some of the unique features of care work, the care giver is commonly assumed to also be concerned for the well-being of the care receiver (and, thus, the 'payment' to the care giver is commonly assumed to include 'psychic' as well as monetary income). Thus, mainstream models typically predict a willingness on the part of care givers to voluntarily forgo their own *self-regarding* interest in return for an increase in the utility of the care recipient. However, it remains the case that in the mainstream analysis caring is ultimately only motivated by the prospect of a 'return' for the care giver. Thus, in the mainstream models caring occurs *if and only if* it improves the utility of the care giver. In the absence of these returns care will *not* be provided.

Improving the economic analysis of care work requires an approach that acknowledges the range of differences between care work situations and the hypothetical situation of commodity exchange. These differences include: the *relatedness* of the care giver and care receiver participants involved in most caring situations; the *asymmetry* between these participants; the *dependence* of care recipients in particular; and the importance of *inherent power structures* (Jochimsen 2010: 18-22).

For caring to occur, the care giver must *relate to* the needs of the care receiver. As such, any 'exchange' that occurs in a caring situation will be personal and bound up in a relationship between the giver and recipient of care. As noted above, mainstream models of care work feature a limited acknowledgement of the feeling of affection or concern that may exist between the participants in these situations. For example, in Alex Heyes's (2005) model of nurse labour supply, a generalised preference for altruism, described as a care vocation, motivates nurses and creates a willingness on their part to work at low wages.

However, the mainstream models do not theorise how and to what extent the identity of the care recipient matters to the care motives of the care givers. Gary Becker's (1976) model of intra-household transfers implies that affective feelings do not extend to those outside the family home. In contrast, the approach adopted by Heyes (and reflected in many studies of economic altruism) implicitly assumes that care work is motivated by a concern for the wellbeing of *any* other (suggesting that the motivation is not affected by any particular familial, social or cultural relationship).

Better conceptualisations of care giver motivation avoid these extremes. They allow for the possibility that feelings of affection may exist between non-family members – and motivate the provision of care beyond the boundaries of the household. However, they also conceptualise care givers' motivations as being potentially influenced by the identity of the care recipient and as endogenous to the relationship between the participants.

This alternative approach to the analysis of care work situations has several important consequences. For one, it suggests that the motivation *to become* a care worker may be different from the motivation *to remain* as a care worker. In the former case the identity of the care recipient is unlikely to be known, making it difficult to conceptualise affection as a motive to enter the care work situations. Economic altruism or a care vocation, of the type conceptualised by Heyes, *could* be relevant to this particular motivation. However, the motivation to continue in care work is likely to be affected by the fact that the recipient is known to the care giver, a relationship between the two participants is in place, and the care giver may have feelings of affection for the recipient of her care that motivate continued participation in care work.

The features of care work situations relating to asymmetry and dependency create further challenges for the conceptualisation of the motivations of care givers. Mainstream

models assume that participants in all [exchange] situations have an ability to have their interests reflected in the negotiated outcomes. However, this is not appropriate for situations where care recipients may be children or disabled adults. As Jochimsen (2010: 19) notes, care receivers commonly have a limited ability to provide any or equivalent returns in any exchange with care givers and they commonly have limited options of entry or exit. Thus, *if* caring situations were regulated only by exchange motives, they would be highly vulnerable to changes in the affections and altruistic preferences of care givers; of changes in the psychic and other returns to the care giver.

It seems likely that other sources of motivation must be at play to protect the supply of basic caring services that are essential to the survival of children and other dependents. These other sources of motivation must, by definition, be distinct from those derived from a desire on the part of the care giver to maximise his or her utility as she conceives it (paraphrase of Becker 1993: 386). Moral considerations, such as duty, obligation and responsibility are logical candidates for explaining the motivation to participate in care work when the prospect of personal gain for care givers is absent or negligible.

Moral considerations may affect the motivation to participate in care work situations by *constituting* the care giver. Care givers may *feel*, as part of their sense of their own identity, a duty or obligation to, or responsibility for another person or other people. This may appear similar to economic altruism. However, in the case of moral obligation the care giver's 'decision' to engage in care work will *not* be based on a calculation of prospective individual costs and benefits. Rather care will be delivered because it is viewed to be an imperative and in accordance with the giver's *sense* of what is normal or right.

Moral considerations can also affect care givers' sense of society's expectations of their behaviour. Care givers, like most other people, are likely to prefer conforming with,

rather than confronting others; and to value the approval and esteem of others. As such, it is possible that some care givers will provide care when they neither feel affection for the care recipient, nor a sense of altruism. They may be care givers who receive little intrinsic satisfaction and achieve few extrinsic rewards from their role.

In mainstream models the desire for social approval or the avoidance of sanctions is treated as yet another self-interested motivation (and, thus, the prospect of approval or sanction would be included as a factor in the utility function of the care giver). However, as with reductionist approaches more generally, such a simplification glosses over important differences in the different sources of motivation and, thus, adds little to the understanding of related phenomena. The approach also offers no insights on why the inculcation and assignment of moral duties, obligations and responsibilities to perform care work also tend to be highly gendered and reflective of inherent power structures within each community. The importance of these patterns – and their likely role in explaining the gendered nature of care work - is a further important reason for including moral considerations in models of care work.

Models of care work should also allow for the possibility that the intrinsic motivations held by care workers may not be ‘caring’ motivations. As Nelson argues, a wide range of intrinsic motivations, including predatory motivations or motivations linked with a lack of self respect or self care, can be relevant to analyses of care (Nelson 1999). This has the implication that understanding care work requires an understanding of motivations that goes well beyond aligning them with the utility that is gained or expected from care work. While non-caring motivations are not the focus of this paper, motivations to do care work cannot be assumed to be the same as caring motivations.

To summarise our preferred approach to the modelling and analysis of care work situations, thus far we identify three main categories of motivation that should be considered in the description of the care giver's motivations: affection, which we limit to motivations that stem from relationships with known others, and which we posit are likely to be more relevant to the motivation to remain in care work than to the motivation to become a care worker; economic altruism, which we define as a self-interested motivation to satisfy a personal preference to contribute to the well-being of others, and which links to Heyes's notion of a caring vocation; and a category of motivations that are expressed as a sense of duty, obligation or responsibility and which are reflective of the moral imperative to care.

This simple characterisation of care giver motivations can be improved further if the model allows for these motivations to be endogenous to the care work situation, variable and subject to the influence of 'feedback' from others. As noted above, motivations such as affection are likely to evolve, for better or worse, with the relationship between the care giver and the care receiver and, thus, should not be conceptualised as exogenously determined and comprised, for example, only as part of the personal preferences that a care giver brings to a care work situation. It is also important to acknowledge that as we age, as we experience life, our sense of our own identity changes, with the consequence that 'personal' motivations to participate in care work, such as altruism, should not be conceptualised as a single, permanent characteristic or capability of particular individuals. Rather, the capacity to do this type of work is better understood as being similar to many of our physical capabilities, which we inherit in particular amounts, which change as we age, and which develop differently in different individuals depending, at least in part, on whether and how the capability is used and the nature of our personal experiences. Additionally, the motivation to participate in care work is likely to be susceptible to positive and negative feedback from others, especially because motivations are formed and shaped in a relational and social context. For example,

care givers' altruistic motivations may be affected by the extent to which their efforts are reciprocated with affection or acknowledgement from the care recipient. Given the importance of social esteem and approval, the status attached and acknowledgement given to care work is also likely to influence care givers' motivation to participate in care work.

## RECOGNITION AND CARE WORK

The remainder of this paper pursues notions relating to the endogenous nature of care givers' motivations, especially their susceptibility to positive and negative feedback from others. The particular type of feedback process that we explore is recognition: the valuation of particular others for their achievements, and in particular for the contribution that they make to societal goals (Thompson 2009: 58). The impact of recognition on work motivation has been addressed in only a handful of papers in economics. A key example of the mainstream approach is Tore Ellingsen and Magnus Johannesson's (2007) analysis of workers' 'desire for respect' and the influence of this on the design of work incentives. In their model, workers derive personal utility from the receipt of respect from others; that is, esteem is included in the worker's utility function – and modelled as a factor influencing the worker's willingness to exchange labour services at different wage rates. The employer, motivated by profit, has an incentive to demonstrate esteem due to the positive effects this may have on the worker's level of effort and, thus, productivity. Respect may be conveyed by 'paying attention' to the worker's effort and/or through the use symbolic rewards (such as awards and titles). Importantly the model predicts that "if employers can pay in part with respect, there should be observable monetary tradeoffs. Employees should be willing to take jobs with high social status for less monetary rewards." (Ellingsen and Johannesson 2007: 145).

In feminist economics, where the issue of recognition has been considered, a different perspective is clearly evident. Folbre (2006:16-18) identifies "plain old disrespect" as a

specific threat to the motivation of care workers. However, in contrast to the Ellingsen and Johannesson (2007) approach, which treats wages and esteem as alternative sources of motivation, Nelson and Folbre (2006: 28)<sup>2</sup> emphasise the symbolic role of wages. They note that low wages for care work may be interpreted by care workers as reflecting a lack of acknowledgement and respect for their work. Thus, in contrast to Ellingsen and Johannesson (2007), where lower wages are traded for higher social status, Nelson and Folbre's analysis indicates that low wages may convey low status. Furthermore, the 'exchange' process will not necessarily be one that is conducive to high levels of effort or positive economic and social outcomes.

A feminist economic study of the importance of respect to the motivations by childcare workers casts further light on the difference between mainstream and feminist economic approaches. Cameron Macdonald and David Merrill (2002: 73) found that "childcare workers continually mourn the personal disrespect they experience in relation to their work." However, they identified this disrespect less in the attitudes of employers than in the feedback received from care recipients (or their families) and other community members. For example, Macdonald and Merrill (2002: 74) cited evidence of parents who negated the importance of the carer's relationship with their child; and community members who expressed that the work comes naturally to women, or that it is work that anyone can do. The authors concluded that the lack of recognition of childcare workers in the community at large is an important threat to their motivation to care/ willingness to continue in their roles.

An important literature in critical theory offers an alternative perspective on recognition from each of these 'economic' approaches. Adopting a broad definition that includes love, respect and esteem, Axel Honneth (2003: 174) asserts the importance of recognition to personal identity-formation, individual self-realization and, ultimately, the

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<sup>2</sup> Nelson and Folbre draw here on insights from behavioural economist Bruno Frey (1998)

achievement of social justice. For Honneth, justice requires that individual needs are responded to; that individuals are respected for their autonomy; and that the achievements and contributions of different individuals or groups are valued.

Another key thinker in critical theory, Nancy Fraser, also argues the importance of recognition for social justice. However, she emphasises that there are risks associated with over-stating its separate importance; arguing that justice is an issue of redistribution, and not just recognition: “markets generate economic inequalities that are not mere expressions of identity hierarchies” Fraser (2000: 111-2). Accordingly, Fraser argues that achieving social justice requires attending *both* to maldistribution (exploitation, economic marginalisation and deprivation) *and* misrecognition (Swanson 2005: 89).

Importantly, Fraser also argues that recognition should not be conceptualised a phenomena that is independent of other social and economic structures. She defines misrecognition as “social subordination in the sense of being prevented from participating as a peer in social life” and, in contrast to Honneth’s approach, attributes misrecognition to “institutionalised significations and norms” rather than “free-floating discourses [conveying messages between individuals about love, respect and esteem]” (Fraser 2000: 100). Fraser (2000: 113-4) describes recognition as being rooted in “institutionalised patterns of cultural value [that] constitute some actors as inferior, excluded, wholly or other, or simply invisible, hence as less than full partners in social interaction.” She proffers an example of these links that is directly relevant to care workers when she refers to the effects of androcentric norms that are institutionalised in labour markets and devalue activities coded as ‘feminine’ on the wages of female workers. (Fraser 2000: 110)

From this necessarily brief review of recent work on recognition in the critical theory literature, a number of themes can be identified that have relevance to the conceptualisation

of the motivations of care givers in economic analyses. First, caring motives *may*<sup>3</sup> comprise part of the care giver's identity, which she wishes to express these through her care work. Second, the ability to express her identity (to participate as a peer in social life) – and receive acknowledgement from others for the contribution made to social goals will be important to the care giver's well-being. Third, recognition should be understood as an aspect of the institutional context of care work situations.

### **RECOGNITION AND THE EXPERIENCE OF WORKING IN AGED CARE**

In the remaining parts of this paper we explore the meaning and significance of recognition to the motivations of mid-life age care workers in Australia. There has been little empirical work on the motivations of aged care workers in Australia and we have been unable to identify any studies that specifically consider the potential importance of recognition as part of care workers' motivation. In order to investigate these links we make use of qualitative data from an exploratory study of women aged 45 years and over working in aged care and supplement this with data from a survey of almost 4000 Australian aged care workers. Building on insights from the qualitative study, this survey included questions that specifically targeted the issue of recognition, and its impacts on motivation that operate both independently of, and in conjunction with, wage payments.

The qualitative data collection, approved by our university's Human Research Ethics Committee, was undertaken to achieve broad insights to the experiences of women aged 45 years and over who work as carers in the Australian aged care sector. A program of interviews was conducted in late 2009 and early 2010 with a convenience sample of fourteen

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<sup>3</sup> Fraser (2000: 122) also identifies dangers in assigning particular motives to individuals because they are members of particular social or cultural groups. She notes, for example, that adopting a notion of an "authentic, self-affirming and self-generated..." group member "...puts moral pressure on individual members to conform to a given group culture... [and discourages] cultural dissidence and experimentation."

employees working in two aged care provider organisation in Perth, Western Australia. Participants were recruited with a letter of invitation sent to a random sample of carers aged 45 years and over in each organisation.

As an occupational group, carers represent a key part of aged care provision in Australia. These workers are typically employed by aged care provider organisations to assist elderly people who are still living at home<sup>4</sup>. In 2007 they accounted for approximately 82 per cent of all direct care workers in the aged care sector (the remainder comprising nurses and allied health workers). More than 95 per cent of carers are female and their median age is currently close to 50 years (Martin and King 2008).

Although the group of participants in our study was small in size, it reflected the characteristics of the aged care workforce in important ways. As noted above, we focused on women aged 45 and over. Our group featured women from a range of cultural and linguistic backgrounds (including migrants from Singapore and the Philippines); with a variety of job tenures (ranging from three months through to 23 years); and in a variety of age groups (ages ranged from 47 to 79). The aged care provider organisations involved in our study were also broadly representative of the sector. One organisation, which had, at the time of writing, been operating for more than 100 years, had a workforce of close to 2,500 in 2007 and provided care to almost 40,000 people in both community and residential settings. The other organisation, which had operated since 1970, had a workforce of 870 in 2009 and focused on the provision of care in community settings.

Data were collected from the carers in our study via semi-structured, in-depth interviews. Interviews were arranged at participants' homes or a nearby café or other venue

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<sup>4</sup> Job classifications in the aged care sector vary widely. Some organisations refer to carers as community care workers, home care workers and/or domestic assistants.

nominated by the participant as convenient for them. Each interview lasted for approximately 40 – 60 minutes and was taped and transcribed.

A set of semi-structured questions guided discussion with participants about their work in the sector. These broadly followed the pattern outlined below:

- How long have been working at [your organisation]?
- How long have you worked in the age and community care sector?
- Could you tell me about the work you do; what is your current role; how many hours do you work each week?
- Can we talk about some of the things that you enjoy about your work?
- Can we talk about some of the things that make your work difficult?

Follow up questions were used to facilitate discussion.

In the paragraphs below we focus exclusively on a particular subset of data from the project that is relevant to links between the recognition afforded to care work and how this affects care workers' motivations for undertaking aged care work. Our focus on this topic reflects the data that emerged in our study showing that many of the carers perceived that their contributions are not respected by members of their own families, friends and the broader community.

In our study, participants described how social perceptions about the content and value of their work affected their own motivations for continuing to work as a carer. For example, one carer commented that her father felt she was 'wasting her brain' by working as a carer. She also said, "my sons think it's demeaning" and added, "I think that's what most people think".

However, the reasons for relatively negative perceptions held by family and friends, as described by care workers, could be quite specific and different. For some it appeared that the ‘dirty’ nature of the work undertaken by care workers meant that it was strongly perceived as low status:

“They see no way that they could even walk into a house that smelt of urine let alone actually change the client and empty men’s urine bottles and things like this. To them that would just be “Oh no, please” and so it isn’t viewed very well at all. It’s one of the jobs perhaps that when you’re looking after people who cannot look after themselves, well I know there’s nothing glamorous about it but a lot of people don’t even really like to stop and think “Oh, good on you” but most of them just go “Oh, no, never.”

For others, however, the negative perceptions appeared to link to a belief that women aged 45 and over have few skills or competencies that are valuable in a market context.

“I’ve got an aunt who I talk to about it a little bit but she worked in aged care herself and she hated it. She sort of just says ‘I know how you feel’ and of course she’s a great one, she says ‘And you know there’s nothing else out there for a woman of your age’. That really helps. And all you can do is say, “Well probably that’s very true.”

Specific social and institutional aspects of disrespect were evident to many of the women we interviewed. The following quote is from a woman who spoke of the low valuation of her role and that of fellow care workers:

“... [we, care workers, are<sup>5</sup>] really trying hard, working at jobs and doing personal care that a lot of people would not ever touch, that needs someone who is very good at being with people, who does not make that person feel as though they’re a nuisance or

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<sup>5</sup> The words in square brackets have been added by the authors to assist clarity.

a pain in the butt or just a waste of space and to do all of those things. I think [as care workers] these people are not valued to what they should be. Definitely not.”

Other women specifically identified the critical role of wages in providing a source of recognition:

“Actually I do remember one meeting we had and the manager ... she came out and she was actually talking ... about how without ‘us’, the support workers, they could not function and I got so angry. I got so angry – if I’d been brave enough I would have stood up and said ‘What an absolute load of rot’. We get paid like we’re just peasants – we don’t get paid in between jobs and we should get paid from the time we start or go to the first client at least, to the last client and we don’t.”

“...it’s not a very well-paid job. They [we, the carers] could go to Subway and make sandwiches and get more money than they get looking after people’s lives.”

“So as far as the money is concerned yeah, it could be better but like with nurses, for the type of work we’re doing you’re never valued that much you know?”

Some workers also indicated that the specific importance of the communicative aspects of their work is not recognised when the time allocated to these tasks is too short:

“My idea is keep these people in their own homes for as long as possible because that’s where they’re the happiest isn’t it? If some of them need more time with you that it would be nice if we could get more funding to instead of an hour rush in, clean the kitchen, clean the bathroom.... ‘But I’d just like you to talk to me today’ – you wish you could have the hour and a half because that means you’ve cleaned everything and you’ve got a bit more than ten minutes to sit down and say ‘Tell me,

what did you do for the weekend?’ ‘Nothing I haven’t spoken to anyone.’ ‘Oh well, got to go now’ and that’s it. ‘Well I’m sorry Darl, I’m off. Bye’.”

One outcome of these views is that the views of family and friends can play an important role in the satisfaction that care workers derive from their work. That is, in a social context in which aged care work is viewed as dirty, and where mature-age and older women are not perceived as having skills and competencies that are valuable, disrespect is conveyed to care workers both by friends, family and others, and through low wages and poor work schedules. In this environment it is challenging for carers to maintain what often appears to be a strong intrinsic motivation for undertaking care work:

“It’s all tied into that ‘how do other people see my job’” and I’ve said people see it as quite a demeaning sort of a job. So that affects me. That makes me feel dissatisfied a lot in life I suppose and I hope that doesn’t reflect on the way I do my job.”

It is not accurate to state that all the care workers that we interviewed had experiences of this type. Some, including the worker quoted below, felt that her contributions were valued. The positive impact of this recognition is clear in her words:

“Well they [family] see it as a valuable enterprise – that’s not the word – as a valuable contribution to the society. That’s how they see it. They look at you and a lot of them will say ‘Wow, how was your week? What have you done’ and ... they usually say ‘Oh, I couldn’t do that. I couldn’t do that. That’s just beyond me. I don’t know how you do it ...’ [Then] they say ‘I’m glad you’re doing it – not me’. They just couldn’t do it.”

Another participant in our study noted that sometimes people (those who have had someone in their family who has received care) will say “Oh, honestly, you guys, you ladies...have

been brilliant in the case of my mum or my dad, grandmother, etc. etc.” However, she went on to comment that these viewpoints were rare: “I must admit, that few... few people have actually said that. Most of them just go ‘Oh, I wouldn’t do that for anything in the world.’”

Thus, despite some positive experiences, it appeared that one of the challenges faced by the aged care workers we interviewed was the lack of recognition given to their work in contexts both inside and outside of their work environment.

A further program of data collection was initiated in 2010 to further explore the relevance of the findings of the initial pilot study to the large group of mid life women involved in aged care work in Australia. A dedicated survey was sent to mid life women employed as either carers or nurses in 18 aged and community care organisations across Australia in late 2011. These organisations ranged in size from large, multi-site organisations in the capital cities to small, community based organisations in country towns. All were non-profit. In total 7656 survey forms were distributed to the sample population, of which 3177 (41.5%) were returned. An on-line version of the survey, advertised through the websites of the relevant unions and peak care organisation, attracted a further 773 responses.

The survey, which had the broad purpose of identifying factors that influence the willingness and ability of mid-life women to continue in their aged care roles, included a number of questions that specifically targeted the issue of recognition. For example, we asked whether a perception that “my work in aged care is not valued” contributed to thoughts about leaving the work. Additional questions probed whether the care worker felt that her work was valued by her supervisors, her management, her family, people in her community, and the clients or residents in her care. We asked whether sufficient time was available to the care worker for her to provide the care she thought her clients needed. And we asked whether her job involved ‘dirty’ work.

Some important patterns are apparent in this data. First, the importance of investigating care giver's motivations is high. More than 47 per cent of the women we surveyed reported that they thought about leaving the age care sector. Almost 30 per cent of this group said that they had these thoughts at least once week; and a further 40 per cent had thoughts of leaving at least once a month. Given that the sector urgently needs to build its labour force to be able to provision for the needs of an ageing population, these figures are both startling and concerning.

The importance of recognition is also highlighted in the survey data, with "my work is not valued" rating as one of the most common reasons for thoughts about leaving. 14.2 per cent of the respondents who reported that they were thinking of leaving aged care gave this factor as a reason, as compared to 13.1 per cent who reported low pay as the key reason and 13.2 per cent who nominated the physical demands of the job.

A high level of dissatisfaction with pay was evident in the survey data, with close to 40 per cent of the respondents reporting that they were "not at all" satisfied with their current rate of pay. It is important to note that the low recognition expressed by the low rate of pay was a particular source of dissatisfaction. Almost 50 per cent of respondents rated their pay as "not at all" satisfactory in relation to the importance of their work to society.

In contrast with this, more than 70 per cent of the care workers reported that their work was highly valued by their clients and the families of their clients. Community support was less widely perceived, with almost 20 per cent of the respondents stating that their work was not valued at all in the community. Many care workers also perceived low levels of recognition from the managers of their organisation. Just over 20 per cent of all the respondents felt that the value of their contributions was not recognised at all by their managers. Almost 75 per cent said they did dirty work, an issue that seemed particularly relevant to the qualitative discussions about lack of status and recognition.

## CONCLUSIONS AND FURTHER DIRECTIONS

Our data collection and analysis indicate that the motivation for care work (and ultimately the quality of this work) may be affected by ‘plain old disrespect’, or ‘misrecognition’. Misrecognition (in this case, the failure of care recipients, family, friends and other community members to value the contribution that care workers make to societal goals) harms care givers and impacts on their motivation to participate in care work. It appears to be an important reason behind the high turnover of staff in the Australian aged care sector. Our data indicate that many aged care workers perceive that their contributions are important and valuable to society but are poorly recognised by others. They also show how misrecognition can damage care workers’ own sense of self and, potentially, impact on the quality of care that they provide and their longer term plans to participate in care work.

Our findings on the importance of recognition to Australian aged-care workers support those parts of the literature in critical theory that emphasise the importance of recognition in the determination of social justice. However, a further important theme in this literature is that there are substantial risks involved in only focusing on recognition. In the context of discussions of care motivation, feminist economists have highlighted the dangers of portraying care workers as ‘angels in the house’<sup>6</sup> and of emphasising a virtue script for care work. Similarly, risks are associated with emphasising the importance of community (free-floating) recognition of aged care work, in that this may divert attention from institutional misrecognition and maldistribution and from the urgent need to improve care workers’ wages. This risk is evident in the results of the mainstream economic analyses of care vocations and respect reviewed in this paper. Heyes (2005) identified a potential for

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<sup>6</sup> See Julie Nelson (1999: 49)

lower wages in the presence of a 'care vocation'. Ellingsen and Johannesson (2007) identified a potential for employers to pay workers with respect rather than money.

From a theoretical perspective, these findings suggest that issues of recognition and its links with both caring motivations and financial rewards need to be more fully considered and integrated into analytical models of care work situations. From a policy perspective there are further important questions with respect to the achievement of recognition and redistribution for care workers. Some strategies that warrant further research attention include those that address the invisibility of aged care work in the community. The potential to achieve this was alluded to by some participants in our study when they observed how community attitudes to older people and aged care workers changed through contact and awareness. Further strategies could challenge claims that care work should not be well paid and publicise and encourage 'best practice' management, aiming to ensure that care givers' ability to express their identity through their work is protected – or at least ensure that sufficient time is allocated to adequately provide the communicative aspects of care in addition to the performance of instrumental tasks (Folbre 2006). This may require an increased role for the public sector (Held 2002). These efforts at improving the recognition of care workers should proceed in tandem with those directly aimed at the issue of maldistribution. Low unionisation and inadequate public funding currently also contribute to the low wages of care workers and are important sources of both maldistribution and misrecognition. As such, they must be key aspects of research and policy analysis of approaches to securing high quality aged care into the future.

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