

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

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## Abstract

*In this paper we consider some of the defining characteristics of care work identified by feminist economists and outline the experiences and perceptions of women aged 45 and over who participated in a small exploratory study of aged care work in Western Australia. We focus particularly on data which suggest that there is considerable scope to better understand the intrinsic motivations for undertaking care work and how these motivations can be influenced by the recognition given to care work. We identify a literature on recognition that has the potential to guide new explorations of the motivation for care work and inform strategies aimed at improving outcomes for care workers and care recipients.*

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

## 1. 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). It is a form of work of increasing economic significance, accounting for a rising and important proportion of measured GDP, and subject to both demand- and supply-side pressures as a result of population ageing and increases in the relative cost of service provision (Folbre 2006)<sup>1</sup>. Economists and policy makers are increasingly being challenged to understand the determinants of the care workforce and the factors impacting on the supply and provision of high quality care.

In the Australian context, the provision of aged care is of particular policy attention. A recent Productivity Commission Report on Caring for Older Australians (Productivity Commission 2011: 347) explains that the demand for aged care workers will increase substantially in coming decades as a result of population ageing and a decrease in the relative availability of unpaid carers. Providing corroborating evidence, Graeme Hugo (2007) predicts that the number of full time equivalent direct care workers needed for aged care accommodation alone will rise by 325 per cent between 2003 and 2031. However, the sector is already experiencing problems with the recruitment and retention of care workers, with the number of aged care nurses declining 22.3 per cent between the 1986 and 2001 Australian censuses.

A thorough analysis of care work is needed to ensure that Australia and similar countries have the capacity to provision critical community needs. Mainstream economic models do not support this as they reduce all motivation to self interest and describe workers simply as autonomous decision makers, unaffected by their relations with others and institutional

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

structures. The models have yielded ambiguous results on women's labour supply with limited explanatory and predictive power. (Nelson 1993; Barker and Feiner 2004; Birch 2005) The approach has been especially limited in its ability to capture the complex array of reasons why women perform caring labour and why it is poorly valued by the market. (Folbre 1995; Himmelweit 1999; Adams and Nelson 2009)

In contrast with mainstream approaches, feminist economic analyses of care work are relatively well-developed, reflecting, at least in part, the importance of care work to women's employment. Key themes in the analyses relate to the distinctive nature of care work and the impact of 'commodifying care'; that is, the organisation of its provision within a market context. Within these discussions, care work is understood to have communicative (or relational) as well as instrumental elements and it is argued that high quality care requires the input of both. However, the ability of markets to motivate such outcomes is closely debated<sup>2</sup>.

Care workers are likely to be motivated, amongst other things, by the value they attach to "both the process and product of care"— and these intrinsic motives are important to the achievement of high quality care (Folbre 2006; also see Staveren 2005 & 2009). The commodification of care creates particular risks for these motives. When the market norm of self interest is invoked motives lose identity and significance: all motives are reduced to the maximization of personal utility and, thus, the satisfaction of intrinsic motives and financial motives are treated as interchangeable. When the market norm of autonomous decision making is invoked, intrinsic motives are individualized, interpreted as the product of each person's unique 'preferences' and not affected either by social context or acknowledgement.

Some of the risks of analysing care in a market context are clearly apparent in a recent paper on nursing labour supply by neo-classical economist Anthony Heyes (2005). He described care motives as a (personal) vocation for some nurses and theorized that nurses' willingness to exchange financial rewards for the satisfaction of this preference will vary with the strength of their vocation for care. By interpreting the satisfaction of care motives as an 'attribute' of nursing, he felt able to use the standard theory of compensating wage differentials to posit that the only nurses who would remain in the sector at low wage rates would be those with a high vocation for care. Linking the quality of care only to the vocation of nurses, he also theorised that the quality of care would improve with lower wage rates, *ceteris paribus*.

It is not surprising that some prominent feminists, such as Virginia Held (2002), are unwilling to engage in the language and politics of 'the market'. Held asserts that if the *priority* of care work is other than the maximisation of economic gain then market norms should not be applied to the activity. Her preference appears to be for care work to be organised by non-profit organisations and for care workers' wage rates to be determined with reference to an "other-than-market" non-market evaluation of their work (Held 2002: 21).

Feminist economists Julie Nelson and Nancy Folbre take a more pragmatic approach to the role of markets in the provision of care. Responding to Heyes, for example, they used the language and concepts of market economics to advance an opposite statement of the relationship between wage rates and the quality of care. (Nelson and Folbre 2006) They argued, specifically, that the pool of care workers willing to work at low wage rates will comprise only those care workers who have a high intrinsic motivation for this work *and* an ability to finance an occupational choice that accommodates these motives. The large number of workers who have the motivation but do not have the financial ability to support the choice

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<sup>2</sup> Core papers include England and Folbre (2003) and Folbre and Nelson (2000).

of care work will not be retained in the sector at low wage rates. Furthermore, the low wage pool is likely to also include workers who do not have a vocation for care work (or other capacities relevant to the quality of care, such as technical skills and competencies) but who have few alternative employment opportunities. In sum, the quality of care is likely to fall with lower wage rates.

In this analysis, Nelson and Folbre highlight the risks of emphasising care motives in a marketised environment. In most market environments competencies related to technical skills and educational qualifications, and not social and psychological competencies, "matter most" in work evaluations and decisions on wages. (also see Staveren 2009:41) Analyses that emphasize the importance of the communicative aspects of care work and intrinsic motives to care in these contexts thus risk contributing support to the Heyes type of conclusion - that low wages are appropriate for care work.

Other parts of Nelson's and Folbre's analysis of care work are more critical of the impact of market processes. For example, they draw on insights from behavioural economist Bruno Frey (1998) to argue the importance of social relations and institutional structures. Specifically, they show that low wage rates can 'crowd out' intrinsic motivation, if they are interpreted by care workers as reflecting a lack of acknowledgement and respect for their work. (Nelson and Folbre 2006: 28) In other work, Folbre (2006:16-18) identifies "plain old disrespect", cost-cutting strategies, and the regimentation and deskilling of work as specific threats to the intrinsic motivation of care workers.

The remainder of this paper pursues these themes on care motives. We present data from an exploratory study that was designed to gain insights into the experiences and perceptions of women aged 45 and over working in aged care. Our focus is on the descriptions that the women provided of the way their work is perceived and valued by society. These data provide empirical support for Folbre's and Nelson's contention that wages play an important role in expressing the respect (or lack of it) for the social contribution of care workers. It also demonstrates how care motives are not purely exogenous: the motivation to care is critically affected by the recognition accorded to care workers' contribution. The data thus indicate that the assumed 'trade off' between care motives and financial rewards in mainstream economic models fails to comprehend the social meaning of wages. The models also fail to represent the importance of the recognition given to care work in the determination of both the quantity and quality of care work. We identify a literature on recognition that has the potential to address these deficiencies and, in doing so, attempt to advance theoretical understanding of the complex issues that must be addressed in studies of the motivation to care and the determination of care workers' wages.

## **2. An exploratory study of older women's experiences and perceptions of work in aged care**

An exploratory research project, approved by Curtin University's Human Research Ethics Committee, was undertaken to investigate the experiences of women aged 45 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 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 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>3</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. (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 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 discussion 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. Our focus on this topic reflects the data that emerged in our study showing that many of the carers perceive 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

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<sup>3</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.

'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."

The 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>4</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 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 social 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'."

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<sup>4</sup> The words in square brackets have been added by the authors to assist clarity.

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 mid-aged 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 either develop or maintain intrinsic motivations 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.

### 3. Recognition and care work

There is a very limited empirical literature to guide analyses of the role and importance of recognition in care work. Cameron Macdonald's and David Merrill's (2002) findings on the importance of recognition for childcare workers is the only specific study that we are aware of. In accordance with our own findings, Macdonald and Merrill identify that "childcare workers continually mourn the personal disrespect they experience in relation to their work." (Macdonald and Merrill 2002: 73) They also note how care recipients (or their families) and other community members can convey disrespect to childcare workers. For example, parents may negate the importance of the carer's relationship with their child; and community members may express that the work comes naturally to women or that it is work that anyone can do. (Macdonald and Merrill 2002: 74) However, in contrast to the data we report, Macdonald and Merrill do not draw a link between recognition and remuneration. As the following extract shows, they distinguish between recognition and compensation.

"The nature of care work demands that those who perform it bring a deeper aspect of the self to the work in the form of altruism, empathy, and emotional investment in the well-being of others. Yet in most commodified care contexts, care workers are denied recognition of, *and* compensation for, this investment of self." (Macdonald and Merrill 2002: 67-8, emphasis not original)

A richer theoretical literature is available to guide work on recognition, especially through the debate between prominent critical theorists Nancy Fraser (2000) and Axel Honneth (2003) over the importance of recognition and redistribution to social justice. As Andrew Buchwalter (2010: 1) describes, in the context of this literature the principle of redistribution is dedicated to eliminating or mitigating forms of social and economic inequality. It is "...rooted in the traditions of liberal equality, social democracy, Marxism." In contrast, the principle of recognition focuses more on notions of personal and group self-realisation, and is dedicated to eliminating or mitigating experiences of social and cultural disrespect. It emerged "... most directly from recent debate about multiculturalism and the experience of new social movements."

The importance of recognition has been most strongly articulated by Honneth and proponents of identity politics<sup>5</sup>. Grounded in a historically nuanced social psychology, approaches to social justice within this tradition assert that:

"...the justice or well-being of a society is proportionate to its ability to secure conditions of mutual recognition under which personal identity-formation, hence individual self-realization, can proceed adequately."(Honneth 2003: 174)

Three particular 'spheres' of recognition are outlined: love (care), which is a relationship of strong affective attachment between significant others where one is responsive to another's unique needs; respect, which is a relationship in which one treats all others as morally responsible for their actions, since they are capable of acting autonomously; and esteem, which is a relationship in which one values particular others for their achievements, and in particular for the contribution that they make to societal goals (Thompson 2009: 58).

Nancy Fraser limits the role played by recognition in social justice and promotes, instead, a complex concept of justice that involves issues of both redistribution and recognition. She argues, for example, that "markets generate economic inequalities that are not mere expressions of identity hierarchies" (Fraser 2000: 111-2) and asserts that achieving social justice requires attention *both* to maldistribution (exploitation, economic marginalisation and deprivation) *and* misrecognition (Swanson 2005: 89). Fraser also treats recognition as a question of social status, rather than individual identity. She defines misrecognition as "social subordination in the sense of being prevented from participating as a peer in social life" and, again in contrast to the identity 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).

Although this literature on recognition is in social theory, rather than feminist economics, there are several interesting parallels between Nancy Fraser's arguments and those espoused by Nancy Folbre and Julie Nelson. This suggests that the two groups of theorists operate in similar theoretical/political traditions and that it may be possible to supplement Folbre's and Nelson's analysis of care work with Fraser's ideas on recognition. Both acknowledge the relevance of particular intrinsic (psychological) motivations. As shown in their critique of Heyes, Folbre and Nelson accept the notion of a vocation for care work. Fraser (2000: 110) acknowledges the psychological effects of misrecognition. However, both groups also emphasize that particular motives, actions and impacts should *not* be ascribed to individuals due to their membership of a group. Furthermore, neither group ascribes individual motives, actions and impacts a high level of importance in the determination of justice. Nelson and Folbre (2006) highlight the dangers of adopting a stereotypical model of care workers as

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<sup>5</sup> Hegel originally thematized recognition as a wider category of social and political analysis in his master-slave dialectic.

being intrinsically motivated to care, showing how this can be used to excuse or justify low wages. Fraser (2000: 112) makes a separate but related point about the reification of identity, noting the risks inherent in caricatures of (in our example) an "authentic, self-affirming and self-generated" care worker, as this "puts moral pressure on individual members to conform to a given group culture...[and discourages] cultural dissidence and experimentation."

A further shared theme is the emphasis given to institutional factors in the determination of justice. 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 the current paper 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) As discussed earlier, Nelson and Folbre (2006) also allude to the link between wages and the respect accorded to care workers.

#### 4. Conclusions and further directions

Despite the small sample in our exploratory study, it is difficult to conclude anything other than the intrinsic motivation for care work (and ultimately the quality of this work) may be affected by 'plain old disrespect', or 'misrecognition'. Intersubjective misrecognition (that is, the failure of care recipients, family, friends and other community members to value the contribution that care workers make to societal goals) harms care workers and impacts on their intrinsic motivation to care. Our data indicate that disrespect for aged care work and the capabilities of older women is prevalent and show how this harms care workers' own sense of self and, potentially, impacts on the quality of care they provide.

A key theme in relevant literature, however, is that there are substantial risks involved in focusing on intersubjective recognition for care workers. In the context of discussions of intrinsic 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. 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 is not to deny that misrecognition, whatever its source, is a critical threat to both the well-being of care workers and the security of care resources. Our data shows that misrecognition does impact on how some care workers feel about themselves and their work. It does impact on care workers' motivation to contribute their care and on their sense of their ability to agitate for better working conditions. It does impact, ultimately, on the availability of care resources and the quality of care.

This raises the obvious question of how can misrecognition be addressed? Some strategies should aim to build intersubjective recognition; to 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 attitudes to older people and aged care workers changed through contact and awareness.

Well at first when I was doing it a couple of them [friends] that were my age they thought I was foolish to be doing it when I could just live on the pension or while I was

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

working. They couldn't see the point of it but now that they're getting older they can see that you need friends; that you need people around you .... I think it comes with age and it comes with younger people too as well because I've noticed over the years these children come from a school and I can see by the way that they are towards the people there that they enjoy going to sing to these people – they go there and sing and they go around and talk to the ladies. These are school children and I've seen younger older people come in from church groups and they go around and say hello to the ladies, especially when they make little things for Easter or Christmas and they'll come with it in their baskets and give it around to all the ladies or men, whatever. So there's something there that these young people realise that these people are like grandparents I suppose.

However, to address misrecognition, there is also a pressing need to challenge claims that care should not pay and to publicise and encourage 'best practices' management, which would include the allocation of sufficient time to care. Folbre (2006) This may require an increased role for the public sector. (Held 2002) Finally, it is critical that efforts at improving the recognition of care workers do not limit efforts at addressing the issues of maldistribution; of the factors (such as low unionisation and inadequate public funding) that also contribute to the low wages of care workers.

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