

Homecare workers in Italy: a narrative review

S. Simeone¹, E. Vellone¹, G. Pucciarelli¹, R. Alvaro¹

Key words: Homecare, workers, Italy, review

Parole chiave: Badanti, cura, Italia, revisione

Abstract

Introduction. The progressive ageing and ever-increasing life expectancy of the world's population are accompanied by an increase in chronic pathologies. Italy continues to be the nation with the highest percentage of senior citizens. Recent economic crises and movements of social change have led to a gradual increase in the use of homecare workers for the territorial and family management of chronic illnesses. Contrary to what has happened in other countries, in Italy an informal logic has prevailed regarding the recruitment and the employment of homecare workers, hindering the evolution of this sector.

Aim. This narrative review focuses on the role of homecare workers, as it appears in Italian researches.

Methods. A narrative review was conducted using the following electronic databases: CINAHL Complete, MEDLINE, MEDLINE Complete, PsycINFO, and SocINDEX. Only studies conducted in the past 20 years with an Italian Homecare Worker (HCW) target population were considered. Data were extracted from each manuscript to allow for quick comparisons of information, such as research objectives, study methodologies, data collection tools, and relative results. Two reviewers independently extracted the following data for each study: region, setting context, participant characteristics, group description and sample, outcomes measured, and a description of the main results.

Results. From the analysis of heterogeneous Italian literature, the importance of homecare workers is clear. Their work not only influences assisted individuals but also informal caregivers and the direct costs of the Italian national health system.

Conclusion. Homecare workers are important in Italian society. The little attention that the scientific literature has paid to this population may be due to the difficulty of finding subjects with a legal status and, therefore, who are willing to participate in specific investigations. Investigating the dyad of care and extending these investigations to the surrounding family context, seem to be the major priorities that should be explored by future research.

Introduction

Increasing life expectancy and declining fertility rates have led to a gradual and steady ageing of the global population (1). In almost all European countries, the proportion of people over 60 years of age has been growing faster than that of any other age group (2). Over the next 20 years, a significant increase in the population aged 85 years and more is

expected in most countries (3). An increase in the ageing population is accompanied by an increase in the number of people suffering from chronic, debilitating diseases (4). Caring for this population with its advanced age and chronic diseases is the greatest social and clinical challenge for all countries (5). Compared to other European countries, Italy has the highest percentage of older adults, who represent about 20% of the population.

¹ Department of Biomedicine and Prevention, University of Rome Tor Vergata, Rome, Italy

It is estimated that, by 2051, this group will make up 33% of the Italian population (2).

Along with this global increase in ageing, there has been a constant rationalisation of economic resources in the health sector (6), and hospitals increasingly care for acute events only. Families must provide their older adults with indispensable care, which may represent a burdensome experience in many cases (7). Changing trends in lifestyles, shrinking family sizes, and the increasing participation of women in the labour market have reduced families' abilities to provide informal care, especially for the elderly family members (8). Being an informal caregiver involves a disruption of one's family (9), social (10), and working (11) life, as the job increases the individual's workload and has a strong emotional impact that can put the individual's psychophysical health at risk (12).

To cope with the overwhelming experience of caregiving, homecare workers (HoCWs) have become a solution for families caring for older adults, especially those affected by physical and mental disabilities (13). HoCWs can be defined as informally paid caregivers responsible for helping older adults with a wide variety of everyday's tasks, such as bathing, dressing, feeding and preparing meals, room cleaning, administering medications, and providing cognitive and behavioural support (13, 14). These workers have become the second largest group of care providers for older adults with disabilities (15). As suggested by the literature, the support of HoCWs has shown a positive impact on both the patients' and families' outcomes. HoCWs are an essential life source for many elderly people in their own homes, even those without chronic pathologies (16), and not only for older people with dependence on others (17, 18). Regarding Italian patients, studies show that the quality of HoCWs' support has an impact on how older beneficiaries perceive their quality of life (12, 19). In Italian

families, HoCWs represent a cost (20). However, the use of public health resources is influenced by the presence of HoCWs (21). The studies show that the presence of HoCWs is an important factor that reduces the burden of informal caregivers (22).

HoCWs have been studied in Italy, but a synthesis of these studies has never been performed. This creates a gap in the literature because, in Italy, HoCWs have been imposed through an informal logic to the detriment of other industrialised countries (23). This logic of informal recruitment has also influenced the training of people recruited as HoCWs, which is often non-existent (24). This revision of the literature will provide a general overview of the heterogeneous Italian situation. It should also be noted that, while HoCWs are often thought to be foreign workers, the percentage of Italian paid family assistants is increasing (25).

Understanding the role of these figures in Italian society can provide the groundwork for future research into the social and economic importance of HoCWs. In other countries, the role of these workers is well regulated since they are employed more professionally. In Italy, this new assistance sector represents an important opportunity for the growth and development of new welfare policies. Future research will help guide economic and health policy choices in Italy.

For this reason, the purpose of this narrative review is to highlight Italian scientific research on the role of HoCWs.

Methods

A search for articles and the analysis were performed independently by three researchers: S.S., G.P., and E.V.

Search strategy

The review process was conducted according to the following steps: 1.

identification of the research problem, 2. literature search, 3. data assessment, 4. data analysis, and 5. presentation of the summary of the results. After identifying the keywords to be used, the researchers searched major medical and sociological databases using Boolean operators. The formulation of the keywords and the research in electronic databases were conducted in collaboration, to ensure greater validity and to reduce biases. The used search strings included one or more of the following terms: 'home support worker,' 'personal-care aides,' 'home health aides,' 'homecare worker,' 'formal caregiver,' 'personal-care attendant,' 'personal assistant,' 'direct support professional,' and 'domiciliary care.' The terms 'Italy' or 'Italian' were also included. Searches were conducted in the following databases: CINAHL Complete, MEDLINE, MEDLINE Complete, PsycINFO, and SocINDEX. We decided to include articles published within the last 20 years without linguistic limits. The exclusion criteria were as follows: 1) articles that were reviews, reports, book chapters, or observational studies; 2) articles focused on informal caregivers (i.e. families, friends); 3) duplicate articles; 4) studies not involving human participants (if any); and 5) studies in which the topic was unclear or not scientifically acceptable.

Search selection

The databases yielded 508 total records, which, after an initial screening to eliminate duplicates, were narrowed down to 438 records. Subsequently, all secondary studies, manuscript comments, and publications in languages other than English were eliminated. By reading the studies' titles and abstracts and comparing them to the selection criteria, the researchers eliminated another 410 records. The titles and abstracts of studies identified by our search strategy were screened independently for their eligibility by two members of the research team (G.P. and S.S.). Discrepancies were

resolved by discussion. The full texts of the articles deemed eligible were retrieved and assessed against the inclusion criteria by the same investigators. Any disagreement was resolved by discussion and consensus. When the latter was not reached, arbitration was sought from a third member of the team (E.V.). The researchers then reviewed the full texts of the remaining studies, narrowing the selection down to only nine studies that investigated HoCWS in Italy (Figure 1).

Data extraction

Salient data were extracted from each manuscript to allow for quick comparisons of information, such as the research objectives, study methodologies, data collection tools, and relative results (Table 1). Two reviewers independently extracted the following data for each study: region, setting context, participant characteristics, group description and sample, outcomes measured, and a description of the main results.

Results

Italian literature on the subject appears to be lacking and contains heterogeneous studies centred on HoCWS (Table 1). As shown in Figure 1, the selection process started with 508 total items. After the removal of 70 duplicates, 438 articles remained. The subsequent selection eliminated 378 non-relevant articles based on the titles or works related to oral presentations and/or posters. Of the remaining 60 articles, 32 were eliminated after reading the abstracts. After reading the full texts concerning the 28 remaining articles, 19 were deleted. Nine articles perfectly corresponded to the selection criteria and made up the final selection. These articles, which were focused on researching HoCWS, consisted of three qualitative articles (26-28), while the remaining selected studies were quantitative: three cross sectional (12, 29, 30), three

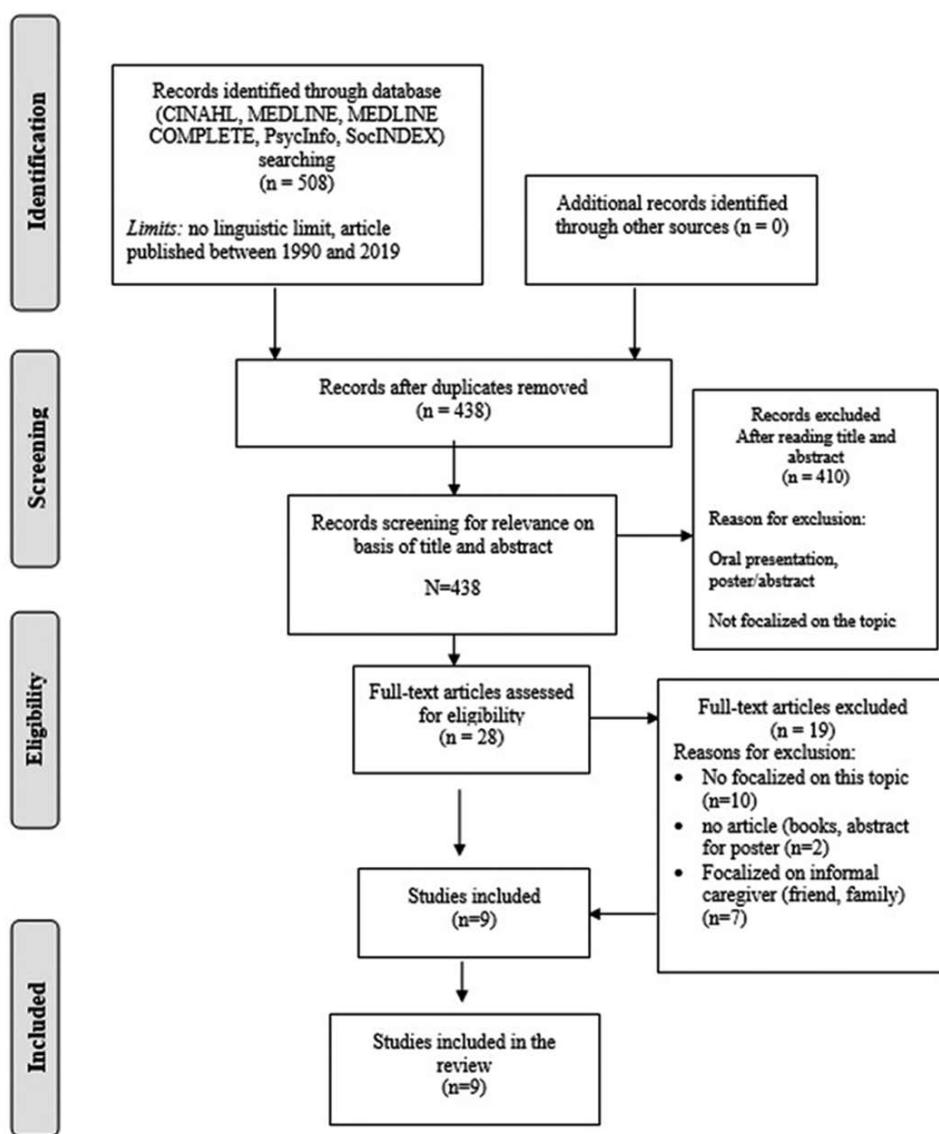


Figure 1 - Flow diagram

longitudinal (21, 22, 31). A description of these nine articles follows.

Tomai et al. (30) investigated how some dispositional variables of older adult care recipients (e.g. modifiable personality characteristics, such as loneliness, optimism, and the regulation of positive and negative emotions, life satisfaction, and the sense of empowerment), of the most involved

relatives, and of the HoCWs can affect the life satisfaction and empowerment of the elderly. The study showed how the satisfaction of paid family assistants significantly influenced the life satisfaction of older adults. As stated by authors of this study, two dispositional variables of relatives (positivity and the ability to set goals) and one dispositional variable of care

Table 1 - Synthesis of selected studies

Title	Target	Drawing	Instruments	Results	Limits
Tomai Manuela, Pezzatti Lina, MebaneMinou, Benedetti Maura, Moro Annalisa. The Impact of Dispositional Variables of Elders, Relatives, and Paid Caregivers on Elders' Empowerment and Life Satisfaction.	To investigate how more involved family members and paid caregivers affect the life satisfaction and empowerment of elderly individuals. The sample, consisted of 429 distinct participants in 143 triads composed of the following: (1) 143 elders (100 women and 43 men) with a mean age of 82.8 y.o.; (2) 143 relatives (86 women and 57 men) with a mean age of 50.2 y.o.; (3) 143 paid caregivers (133 women and 10 men) with a mean age of 43.1 y.o.	Cross sectional.	Sociodemographic questionnaire; Life Satisfaction Scale; Personal and Political Empowerment Scale; UCLA Loneliness Scale; Positivity Scale; The Perceived Self-efficacy Scale in expressing positive emotions, measures, and beliefs concerning the ability to express positive emotions.	Two dispositional variables of relatives (positivity and the ability to set goals) and a disposable variable of the paid caregiver (self-satisfaction) were significantly related to the life satisfaction of the elderly.	Convenience sampling; self-reported data.
Scalmana Silvia, Di Napoli Aateo, Franco Francesco, Vanacore Nicola, Di Lallo Domenico, Giarrizzo Maria Letizia, Guasticchi Gabriella. Working Group for Dementia of Lazio Region. Use of health and Social Care Services in a Cohort of Italian Dementia Patients.	To describe the frequency of use of home care and social assistance services for a period of 12 months in a population of patients with dementia who had never previously used such services. The caregiving group included a subgroup of paid family assistants that took care of patients (190 males and 437 females, mean age of 79.5 y.o.).	Longitudinal study.	Sociodemographic and clinical data; Mini-Mental State Examination; basic activities of daily living; instrumental activities of daily living. Neuropsychiatric Inventory; Cumulative Illness Rating Scale. The UVA clinicians also collected information about caregiver type and gender and about the use of anti-dementia (AChEIs or memantine) and psychotropic (antidepressants, anxiolytics, antipsychotics, hypnotics) drugs; the use of social services, and ADL of the Lazio region (defined in the study).	Patients assisted by a relative other than their spouse or child were more likely to use the services available than those assisted by a paid home care assistant ($p = 0.08$). No differences were found in the use of the service between the patients assisted by a paid home health care provider and those assisted by a close relative, probably because, in both cases, the patient receives home care.	Short follow-up; dementia in the initial-medium phase.

<p>Carlos Chiatti, Mirko Di Rosa, Maria Gabriella Melchiorre, Lamberto Manzoli, Joseph M. Rimpland, Giovanni Lamura. Migrant Care Workers as Protective Factor Against Caregiver Burden: Results from a Longitudinal Analysis of the EUFAM-CARE Study in Italy.</p>	<p>To evaluate the impact of migrant care workers (MCWs) on the burden of family caregivers, using data from a survey by EUFAM-CARE in Italy. A subgroup of paid family assistants (hometcare workers) that took care of 857 older people (252 males; 605 females) was included in this study.</p>	<p>Longitudinal study with data obtained from a survey by EUFAM-CARE in Italy.</p>	<p>Face-to-face interviews: Face-to-face interviews: Sociodemographic data were used to examine the circumstances of caregivers. Respondents were asked to exhaustively list the services they used. The questionnaire also included validated instruments to measure other dimensions of the study, such as the quality of life, stress, and burden of the caregiver; Behavioural and Instrumental Stressors in Dementia; Barthel Index.</p>	<p>Using an MCW, rather than formal services, is a factor associated with a reduction in the burden of family caregivers.</p>	<p>Possibility of compliant responses; no official data on MCWs.</p>

<p>Valeria Bonatti and Parthiban Muniandy. Informality and Domestic Labour: Insights from Migrant Women's Experiences in Naples and Kuala Lumpur.</p> <p>To show how migrant women undertake or participate in various forms of informal agreements while seeking employment in the home, providing services on request for families, and always taking care of their own well-being and autonomy.</p>	<p>Qualitative: ethnographic study.</p>	<p>Interviews.</p>	<p>This research draws attention to the oppressive and empowering results of informal practices for migrant women in care work. The findings suggest a wider consideration of the role of informal arrangements within the neoliberal regimes that produce new opportunities for migrant women, further contributing to their precarious work. It also uses informality to exclude shrinking legal constraints (former economic savings of the employer).</p>	<p>This research compared the Italian reality to that of Malaysia. Several workers of various nationalities were surveyed without specifying their roles.</p>
<p>Stephanie Carretero, James Stewart, Clara Centeno.</p> <p>Information and Communication Technologies for Informal Carers and Paid Assistants: Benefits from Micro-, Meso-, and Macro-Levels.</p>	<p>Qualitative study with data collected from the CARICT study.</p>	<p>Interviews.</p>	<p>The ICT-based services for informal and paid assistants improved the quality of life of older persons and their caregivers and improved access to skilled care. They also created savings that contributed to the sustainability of care systems.</p>	<p>Untested and validated methodology for data deduction; the 10 selected European initiatives are not a representative sample of all ICT-based operational solutions implemented in Europe, as well as the two interventions of North America. Therefore, they are not operational solutions. Numerically few interviews, collected in a short time.</p>

<p>Claudio Biloita and Carlo Vergani. Quality of Private Personal Care for Elderly People with a Disability Living at Home: Correlates and Potential Outcomes.</p> <p>To find out what features of paid informal caregivers are associated with optimal private care quality. The sample consisted of 100 elderly individuals (78 females with a mean age of 85.3 y.o.), 100 homecare workers (92 females with a mean age of 40.2 y.o.), and 88 informal caregivers (67 females with a mean age of 55.4 y.o.).</p>	<p>Cross-sectional study.</p>	<p>Sociodemographic data; activities of daily living, instrumental activities of daily living (IADLs); Mini-Mental State Examination (MMSE); Geriatric Depression Scale; Cornell Stairs; Neuropsychiatric Inventory; Cumulative Illness Rating Scale; Cumulative Illness Rating Scale-severity; European Quality of Life Visual Analogue Scale (EuroQol VA); pharmacological treatment; Caregiver Burden Inventory (CBI); semi-structured questions.</p>	<p>Older people with disabilities living at home that receive aid from paid caregivers with good language skills enjoy an improved quality of life. Informal caregivers also showed low levels of stress.</p> <p>Limited sample; stable employment contracts; cross-sectional study that does not allow for certain correlations.</p>

Abbr: MCW: Migrant care worker.

workers (self-satisfaction) were significantly related to the life satisfaction of the elderly. Scalmana et al. (21) described the frequency of the use of home care and social assistance services for a period of 12 months in a population of patients with dementia who had never previously used such services. They identified individual clinical and social characteristics associated with the usage of home care and social assistance services. Results showed that patients with dementia who were cared for by HoCWs were less likely to use available health services than those assisted by a spouse or child. The authors also found no difference between assistance by close family members and assistance by HoCWs.

Fusco et al. (29) examined the impact of migrant HoCWs on the rehospitalisation of elderly patients discharged from hospitals. They found that the use of migrant HoCWs was associated with a greater likelihood of patient rehospitalisation. The authors explained this result in terms of the HoCWs' limited knowledge and lack of specific skills.

The longitudinal study by Chiatti et al. (22) evaluated the impact of HoCWs on the burden of informal caregivers, using data from the EUFAMCARE survey (32). A data analysis showed that the use of HoCWs, rather than formal services, helps reduce the burden of family caregivers.

Similarly, Bilotta et al. (12) explored which characteristics of HoCWs are associated with optimal private care quality. In addition, the authors assessed whether providing optimal private care quality for the elderly living at home is associated with a better quality of life for the assisted patients and a lower burden for their informal assistants. Their results showed that older people with disabilities who lived at home and had living conditions defined as 'non-destructive' had an improved quality of life. Consequently, the informal caregiver had lower stress levels.

Bilotta et al. (31) identified predictors of employee turnover for HoCWs who took care of elderly residents, helping with the basic activities of daily living (BADLs) or the instrumental activities of daily living (IADLs), in an urban area of Italy. Their results showed that HoCWs living away from their families was a significant predictor of staff turnover, as determined by a one-year follow-up.

Kordasiewicz's qualitative study (28) used a precise paradigm to outline the main defence strategies used by female Polish workers in Naples with respect to their employers. The author discussed several models and strategies pertaining to the relationships between household workers and their employers. The culture of origin and cases of emigration from an ex-communist country led these working women to clash with new concepts and definitions of domestic work. Within the sample, there was a percentage of HoCWs, although the exact number was unspecified.

Bonatti et al. (26) focused on the oppressive and empowering results of informal practices of migrant women in care work. The paper examined migrant women's informal practice experiences in Malaysia and Italy, with an emphasis on the women's concerns for their well-being and autonomy. The interviews with migrant women, especially those in domestic work (cleaning and care), showed that informal agreements between employers and workers seemed to be the fulcrum of negotiations in domestic work. Although this type of agreement can be convenient for both parties, it puts workers in a vulnerable position.

In another qualitative study, Carretero et al. (27) explored the benefits of services based on information and communication technologies (ICTs) for informal and paid informal caregivers of elderly people living in urban areas. At the micro-, meso-, and macro-levels, the effects of 12 ICT initiatives in the EU, the US, and Canada

were analysed, including the quality of life of informal and paid caregivers and beneficiaries, care quality, efficiency and sustainability, acceptability, infrastructure, and accessibility. The ICT-based services for informal and paid caregivers improved the quality of life of elderly people and their caregivers. The services also improved access to skilled care and created savings that contributed to the sustainability of care systems.

During the item selection process, the researchers identified some studies that had a presence of HoCWs in their samples, deduced from the results, although these workers were not the direct object of investigation.

Chiatti et al. (24) investigated formal and informal care for dementia patients in Sweden and Italy. Comparing both Italian and Swedish samples, the authors observed how paid formal Swedish HoCWs had basic health training, while the Italian assistants lacked formal qualifications and were often migrant workers. The qualitative studies of (33) and (34) explored how the Italian working population combines work and assistance for elderly family members. Assistance for the elderly population is still a family affair in Italy. Therefore, the authors wanted to investigate which strategies prevent such people from abandoning their working life and altering their family and private lives. The results of the study showed that a common strategy is to use caregivers employed independently and privately. In the Rossi et al. (20) study, the authors evaluated the effect of terminal cancer on the patient's family. Specifically, the authors investigated the economic and daily lives of the families. Despite the data highlighting strong Italian territorial differences, these families spend most of their savings on paying the costs associated with the illness, such as medicines, assistance, and home help.

Discussion

The constant ageing of the world's population and the consequent increase in chronic debilitating diseases (4) have placed domestic ageing at the centre of gerontological research. Many elderly people prefer to maintain ties with their domestic environments to have the autonomy to make decisions (30). However, such elderly people, even if they are physically autonomous but alone, increasingly resort to hiring paid informal caregivers (29).

In Italy, family assistants are the second most common care providers for elderly people with disabilities (15). However, little is known about the role of such HoCWs and the outcomes linked to their presence in this country. This review shows how HoCWs play an important role not only in influencing their patients' quality of life (30) but also in affecting the quality of life of their extended families (12, 27), reducing the burden of informal caregivers (22).

Studies associate the presence of HoCWs with better outcomes (22, 35). The presence and training of these workers are usually associated with a reduction in collective health and social costs as institutional services are used less (27). Having HoCWs with adequate training can accelerate the transition from institutional care to home care (27).

In the Italian context, studies focus primarily on a population of migrants (22, 29, 33, 34), identifying factors that are useful for providing and guaranteeing the quality of care (24, 31). It is a common belief that the role of HoCWs is associated with the migrant population, as these workers are often middle-aged female migrants (36, 37). Recent data (25) show that this is no longer the case in Italy. More and more Italians are filling the role of HoCWs, and they have the advantage of language fluency. Furthermore, employing migrant workers could result in a higher turnover of paid family assistants

(31), which could destabilise the entire family nucleus as well as the patient (30).

HoCWs have an impact on the spending costs of the Italian health care system (20, 21). Training (24), culture, and adaptation to new social contexts seem to play a key role for HoCWs and in carrying out their work (29). Migrant workers often have problems communicating and difficulties adapting to new cultures, and they have inadequate training and skills. These problems impact the numbers of patient rehospitalisations (31, 38). According to the literature (39), these results may orient health policies toward a more specific definition of the role of HoCWs, to make their role more secure. This has been hypothesised and implemented in other countries where care provided by formal assistance networks is not optimal.

Strengths and limitations

To the best of our knowledge, this is the first study that seeks to synthesise information concerning HoCWs in Italy. This study describes how the role of these workers is important and how the population is changing. In an international context, the role of HoCWs has greater social recognition and seems to be more regulated. In Italy, there is still the social conviction that HoCWs are migrant workers without any specific training. However, this is no longer the case: more and more Italians are turning to such work, and increasingly specific preparation seems to be an essential requirement. This revision of the literature may be a starting point for health policies aimed at enhancing the role of caregivers through specialised training courses.

The heterogeneity of the studies reviewed has prevented a univocal conclusion. Moreover, it should be noted that the fields of investigation have been limited according to the investigative target specified by the

author. Additionally, the studies reviewed almost exclusively addressed migrant workers.

Conclusion

The importance of HoCWs in Italy's society is clear. The role of these workers seems to benefit not only their clients but also their clients' families. The lack of attention that the scientific literature has paid to this population is likely due to the difficulty of finding caregivers with legal statuses and, therefore, willing to participate in specific investigations. However, the composition of workers is changing as there is an increase in the presence of Italian workers.

Training courses for HoCWs should be implemented because there is an increased need for these workers and not only in terms of an informal network; the families want their senior components to have HoCWs with specific skills. Such training can make it easier for HoCWs to secure regular working conditions. Investigating the dyad of care and extending these enquiries to the surrounding context should be priorities in future research.

Riassunto

Il ruolo delle badanti in Italia: una revisione narrativa

Introduzione. L'invecchiamento progressivo e l'aspettativa di vita sempre crescente della popolazione mondiale hanno portato ad un aumento delle patologie croniche. In questa prospettiva, l'Italia continua ad essere la nazione con la più alta percentuale di anziani. Negli ultimi decenni, il ricorso al ricovero è destinato esclusivamente alle acuzie, mentre è affidata al territorio la cura della cronicità. Le recenti crisi economiche ed i movimenti di cambiamento sociale hanno portato ad un graduale aumento dell'uso dei lavoratori a domicilio per la gestione territoriale e familiare nelle malattie croniche. Contrariamente a quanto accaduto negli altri Paesi, in Italia ha prevalso

una logica informale per quanto riguarda il reclutamento e l'utilizzo di questi lavoratori, ostacolando l'evoluzione di questo settore.

Obiettivo. Questo studio si concentra nell'analizzare il ruolo delle badanti nella popolazione italiana attraverso una revisione della letteratura.

Metodi. È stata condotta una revisione narrativa utilizzando i seguenti database: CINAHL Complete, MEDLINE, MEDLINE Complete, PsycINFO e SocINDEX. Sono stati considerati solo gli studi condotti negli ultimi 20 anni con una popolazione italiana target (badanti). I dati sono stati estratti da ciascun manoscritto per consentire un rapido confronto delle informazioni, quali obiettivi di ricerca, metodologie di studio, strumenti di raccolta dei dati e risultati relativi. Due revisori hanno estratto in modo indipendente i seguenti dati per ogni studio: regione, contesto di impostazione, caratteristiche dei partecipanti, descrizione e campione del gruppo, risultati misurati e descrizione del risultato principale.

Risultati. Dall'analisi della letteratura italiana, l'importanza dei lavoratori a domicilio emerge con chiarezza. Il loro lavoro non influenza solo le persone assistite, ma anche i *caregiver* informali ed i costi diretti del sistema sanitario nazionale italiano.

Conclusione. I lavoratori delle cure domiciliari nella società italiana sono importanti. La scarsa attenzione che la letteratura scientifica ha prestato a questa popolazione può essere dovuta alla difficoltà di trovare soggetti con uno status giuridico regolare e, quindi, disposti a partecipare ad indagini specifiche. Indagare sulla diade di cure ed estendere studi focalizzati al contesto familiare sembrano essere le priorità principali che dovrebbero essere esplorate dalla ricerca futura.

References

- United Nations Population Fund (UNFPA) HelpAge International. Aging in the 21st century: A celebration and challenge. New York: UNFPA and London: HelpAge International, 2012. Available on: <https://www.unfpa.org/sites/default/files/pub-pdf/Ageing%20report.pdf> [Last accessed: 2020, Apr 6].
- Illario M, De Luca V, Tramontano G, et al. The Italian reference sites of the European innovation partnership on active and healthy ageing: Progetto Mattone Internazionale as an enabling factor. Ann Ist Super Sanita 2017; **53**(1): 60-9. doi: 10.4415/ann_17_01_12.
- Robine JM, Michel JP, Herrmann FR. Who will care for the oldest people in our ageing society? BMJ 2007; **334**(7593): 570-1. doi: 10.1136/bmj.39129.397373.BE.
- Organisation for Economic Co-operation and Development (OECD). Health at a Glance: Europe 2010. OECD, 2010. Available on: https://www.oecd-ilibrary.org/docserver/health_glance-2010-en.pdf?expires=1582322799&id=id&ac cname=guest&checksum=E4DC81FA558CB171C9200874AD708E55 [Last accessed: 2020, Apr 6].
- Pickard L. Substitution between formal and informal care: a 'natural experiment' in social policy in Britain between 1985 and 2000. Ageing Soc 2012; **32**(7): 1147-75.
- Nuti S, Daraio C, Speroni C, Vainieri M. Relationships between technical efficiency and the quality and costs of health care in Italy. Int J Qual Health Care 2011; **23**(3): 324-30. doi: 10.1093/intqhc/mzr005.
- Grabowski DC. The cost-effectiveness of noninstitutional long-term care services: review and synthesis of the most recent evidence. Med Care Res Rev 2006; **63**(1): 3-28. doi: 10.1177/1077558705283120.
- Genet N, Boerma WG, Kringos DS, et al. Home care in Europe: a systematic literature review. BMC Health Serv Res 2011; **11**: 207. doi: 10.1186/1472-6963-11-207.
- Lyons KS, Vellone E, Lee CS, et al. A Dyadic Approach to Managing Heart Failure With Confidence. J Cardiovasc Nurs 2015; **30**(4 Suppl 1): S64-71. doi: 10.1097/JCN.0000000000000234.
- Pucciarelli G, Ausili D, Galbussera AA, et al. Quality of life, anxiety, depression and burden among stroke caregivers: A longitudinal, observational multicentre study. J Adv Nurs 2018; doi: 10.1111/jan.13695.
- Kerr SM, Smith LN.. Stroke: an exploration of the experience of informal caregiving. Clin Rehabil 2001; **15**(4): 428-36. doi: 10.1191/026921501678310234.
- Bilotta C, Vergani C.. Quality of private personal care for elderly people with a disability living at home: correlates and potential outcomes. Health Soc Care Community 2008; **16**(4): 354-62. doi: 10.1111/j.1365-2524.2007.00746.x.
- Hanson GC, Perrin NA, Moss H, Laharnar N, Glass N. Workplace violence against homecare workers and its relationship with workers health outcomes: a cross-sectional study. BMC Public Health 2015; **15**: 11. doi: 10.1186/s12889-014-1340-7.

14. Nakaishi L, Moss H, Weinstein M, et al. Exploring workplace violence among home care workers in a consumer-driven home health care program. *Workplace Health Saf* 2013; **61**(10): 441-50. doi: 10.3928/21650799-20130916-1710.1177/216507991306101004.

15. Lombardia, FNP CISL. Fuori dall'ombra. Indagine sui servizi di assistenza per gli anziani in Lombardia. Roma: Edizioni Lavoro, 2006.

16. Olson R, Hess JA, Parker KN, et al. From Research-to-Practice: An Adaptation and Dissemination of the COMPASS Program for Home Care Workers. *Int J Environ Res Public Health* 2018; **15**(12). pii: E2777. doi: 10.3390/ijerph15122777.

17. Fethke CC, Smith IM, Johnson N. "Risk" factors affecting readmission of the elderly into the health care system. *Med Care* 1986; **24**(5): 429-37.

18. Garcia-Perez L, Linertova R, Lorenzo-Riera A, Vazquez-Diaz JR, Duque-Gonzalez B, Sarria-Santamera A. Risk factors for hospital readmissions in elderly patients: a systematic review. *QJM* 2011; **104**(8): 639-51. doi: 10.1093/qjmed/hcr070.

19. Bilotta C, Nicolini P, Vergani C. Quality of private personal care for elderly people in Italy living at home with disabilities: risk of nursing home placement at a 1-year follow-up. *Health Soc Care Community* 2009; **17**(6): 543-7. doi: 10.1111/j.1365-2524.2009.00853.x.

20. Giorgi Rossi P, Beccaro M, Miccinesi G, et al. Dying of cancer in Italy: impact on family and caregiver. The Italian Survey of Dying of Cancer. *J Epidemiol Community Health* 2007; **61**(6): 547-54. doi: 10.1136/jech.2005.045138.

21. Scalmana S, Di Napoli A, Franco F, et al; Working Group for Dementia of Lazio Region. Use of health and social care services in a cohort of Italian dementia patients. *Funct Neurol* 2013; **28**(4): 265-73. doi: 10.11138/FNeur/2013.28.4.265.

22. Chiatti C, Di Rosa M, Melchiorre MG, Manzoli L, Rimland JM, Lamura G. Migrant care workers as protective factor against caregiver burden: results from a longitudinal analysis of the EUFAMCARE study in Italy. *Aging Ment Health* 2013; **17**(5): 609-14. doi: 10.1080/13607863.2013.765830.

23. Iniziative e studi sulla multietnicità (Ismu), Censis-Fondazione. Elaborazione di un modello previsionale del fabbisogno di servizi assistenziali alla persona nel mercato del lavoro italiano con particolare riferimento al contributo della popolazione straniera. Final Report. Roma: Ministero del Lavoro e delle Politiche Sociali, 2012. Available on: https://www.agenziaiura.it/allegati/documenti/168/Sintesi_2013.pdf [Last accessed: 2020, Apr 6].

24. Chiatti C, Rodriguez Gatta D, Malmgren Fange A, Scandali VM, Masera F, Lethin C; UPTECH AND TECH@HOME Research Groups. Utilization of Formal and Informal Care by Community-Living People with Dementia: A Comparative Study between Sweden and Italy. *Int J Environ Health Public Health* 2018; **15**(12). pii: E2679. doi: 10.3390/ijerph15122679.

25. Istituto Nazionale di Previdenza Sociale (INPS). Statistiche in Breve. A cura del Coordinamento Generale Statistico Attuariale, 2019. Available on: <https://www.inps.it/banchedatististiche/menu/domestici/StatInBreve.pdf> [Last accessed: 2020, Apr 6].

26. Bonatti V, Muniandy P. Defiant aspirations: Migrant women's struggles for stability and upward mobility in Naples and Kuala Lumpur. *Migr Stud* 2018. doi: 10.1093/migration/mny039.

27. Carretero S, Stewart J, Centeno C. Information and communication technologies for informal carers and paid assistants: benefits from micro-, meso-, and macro-levels. *Eur J Ageing* 2015; **12**(2): 163-73. doi: 10.1007/s10433-015-0333-4.

28. Kordasiewicz A. Role-Identity Dynamics in Care and Household Work: Strategies of Polish Workers in Naples, Italy. *Qual Soc Rev* 2014; **10**(4): 88-114.

29. Fusco S, Corsonello A, Chiatti C, et al. Migrant care workers and rehospitalization among older patients discharged from acute care hospitals. *Geriatr Gerontol Int* 2015; **15**(2): 196-203. doi: 10.1111/ggi.12254.

30. Tomai M, Pezzuti L, Mebane M, Benedetti M, Moro A. The Impact Of Dispositional Variables Of Elders, Relatives, And Paid Caregivers On Elders' Empowerment And Life Satisfaction. *Exp Aging Res* 2017; **43**(4): 367-78. doi: 10.1080/0361073X.2017.1333833.

31. Bilotta C, Nicolini P, Vergani C. One-year predictors of turnover among personal-care workers for older adults living at home in Italy. *Ageing Soc* 2011; **31**(4): 611-24. doi: <https://doi.org/10.1017/S0144686X10001194>.

32. Lamura G, Mnich E, Nolan M, et al; EUFAMCARE

FAMCARE Group. Family carers' experiences using support services in Europe: empirical evidence from the EUROFAMCARE study. *Gerontologist* 2008; **48**(6): 752-71. doi: 10.1093/geront/48.6.752.

- 33. Da Roit B, Naldini M. Should I stay or should I go? Combining work and care for an older parent in Italy. *South Eur Soc Polit* 2010; **15**(04): 531-51. doi: 10.1080/13608746.2010.490653.
- 34. Gori C. Solidarity in Italy's policies towards the frail elderly: a value at stake. *Int J Soc Welf* 2000; **9**(4): 261-9. doi: <https://doi.org/10.1111/1468-2397.00138>.
- 35. Ostbye T, Malhotra R, Malhotra C, Arambepola C, Chan A. Does support from foreign domestic workers decrease the negative impact of informal caregiving? Results from Singapore survey on informal caregiving. *J Gerontol B Psychol Sci Soc Sci* 2013; **68**(4): 609-21. doi: 10.1093/geronb/gbt04210.11138/FNeur/2013.28.4.265.
- 36. Fleming G, Taylor BJ. Battle on the home care front: perceptions of home care workers of factors influencing staff retention in Northern Ireland. *Health Soc Care Community* 2007; **15**(1): 67-76. doi: 10.1111/j.1365-2524.2006.00666.x.
- 37. Jorgensen D, Parsons M, Reid MG, Weidenbohm K, Parsons J, Jacobs S. The providers' profile of the disability support workforce in New Zealand. *Health Soc Care Community* 2009; **17**(4): 396-405. doi: 10.1111/j.1365-2524.2008.00839.x.
- 38. Lindquist LA, Jain N, Tam K, Martin GJ, Baker DW. Inadequate health literacy among paid caregivers of seniors. *J Gen Intern Med* 2011; **26**(5): 474-9. doi: 10.1007/s11606-010-1596-210.3390/ijerph15122777.
- 39. Carpenter GI. Aging in the United Kingdom and Europe--a snapshot of the future? *J Am Geriatr Soc* 2005; **53**(9 Suppl): S310-13. doi: 10.1111/j.1532-5415.2005.53497.x.

Corresponding Author: Gianluca Pucciarelli, RN, PhD, FAHA, Department of Biomedicine and Prevention, University of Rome Tor Vergata, Via Montpellier 1, 00133 Rome, Italy
e-mail: gianluca.pucciarelli@uniroma2.it