Opening careers for males in CARE

OpenCARE – Deliverable 2.4 – WHITE PAPER

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1. Why OpenCare

Given the increasing life expectancy, the demand for care is likely to increase. It is estimated that the number of EU citizens requiring long-term care will grow from 19.5 million in 2016 to 23.6 million in 2030, and to 30.5 million in 2050. Such an increase in demand for services will inevitably lead to greater demand for healthcare workers across EU health services.

Price-Glynn and Rakovski (2010), in their study of nurse assistants, found that men are likely to experience stigma and have fewer advantages when doing low-paid women's work. Storm (2019) interviewed male nurses who reported feeling subordinated by some of their female co-workers and perceived that there were few opportunities to change their situation. Instead, they remained silent and stayed "on the outside". This finding resonates with William's (1992) glass-escalator metaphor, whereby the status and advancement advantages usually associated with men in female-dominated occupations are less likely to occur in women-coded, working-class occupations (Price-Glynn and Rakovski, 2010). On the other hand, recruiters might also be influenced by cultural issues: Andersson (2012) showed that male managers in the Swedish home-care sector experience both gender-related advantages and dilemmas: they are sometimes valued for their physical strength and perceived authority, but some clients resist receiving care from men, which can increase the workload for their female colleagues.

Building on these premises, the OpenCare project is co-funded by the European Commission through the Citizens, Equality, Rights and Values (CERV) programme, involving civil society organisations, companies, and universities from five European countries: Portugal, Italy, France, Romania, and Cyprus. The OpenCare project aims to address gender stereotypes by encouraging men to become more involved in formal long-term care (LTC) work.

OpenCare pursues a twofold strategy: it aims to reduce the stigma and stereotypes associated with male carers, while also promoting equal career opportunities in the care sector. Through this double approach, the project not only challenges traditional gender norms in care work but also contributes to the development of more inclusive, diverse, and gender-sensitive care environments.

2. Exploring gender-based stigma towards men working in long-term care

2.1 Definitions

Understanding gender-based stigma in long-term care (LTC) requires clear conceptual definitions that illuminate how stereotypes, social norms, and institutional structures shape men's participation in a field historically framed as "women's work" (Alvarez-Roldan & Bravo-González, 2025; Mudrazija & Angel, 2015). In this context, gender is understood not merely as a biological distinction but as a socially constructed system of expectations, roles, and meanings that influence behaviour, identity, and professional trajectories (Lorber, 2018). Gender is embedded within cultural narratives and organisational practices, making it both a personal experience and a structural force that shapes workplace realities (Williams, Muller & Kilanski, 2012).

Stigma refers to the socially produced processes through which individuals or groups are devalued, marginalised, or viewed as "deviant" from normative expectations (Yang, et al., 2007, Culture and stigma: Adding moral experience to stigma theory). In long-term care, stigma emerges when men's presence in caregiving roles is perceived as unusual, suspicious, or incompatible with dominant beliefs about masculinity. This stigma can manifest in subtle micro-behaviours — such as surprise, doubt, or avoidance — or in more explicit forms, including discriminatory hiring practices, barriers to intimate care provision, or assumptions about men's emotional capabilities. Stigma is not only interpersonal; it is institutionalised through gendered divisions of labour, unequal recognition, and organisational cultures that implicitly privilege traditionally feminine norms of caregiving (Zwar et al., 2021; Yang et al., 2007).

Gender stereotypes are cognitive shortcuts and cultural narratives that attribute fixed traits to men and women (Eapen, 2024). In LTC settings, women are typically associated with emotional expressiveness, patience, and nurturing qualities assumed to be "natural" or inherent. Conversely, men are associated with strength, authority, and rationality (OECD, 2023). These stereotypes shape expectations of competence: men are often assigned physically demanding tasks but are perceived as less suited for emotional or intimate care (Kvigne & Kirkevold, 2003). In the 150 interviews and focus groups with care managers and male care workers, several participants described this dynamic vividly. "*They send men to the*

heavy cases, to lift, to move the difficult patients… as if that's all we can do," a Cypriot male carer explained. Such assumptions reinforce job segregation and limit men's full expression of caregiving skills.

Gender-based stigma in LTC emerges where these stereotypes become moral judgements. It includes beliefs that men who choose caregiving possess traits that deviate from traditional masculinity, or that their motivation to care is suspect (Simpson, 2004). One Romanian employer captured this persistent suspicion: "*When we meet a guy who is a social worker or carer, we look with suspicion. We think: what is he doing here?"* These views not only undermine male carers' professional identity but also place emotional strain on their relationships with colleagues, care recipients, and families.

Care work itself is defined as the set of relational, physical, emotional, and practical activities that sustain another person's well-being, independence, and dignity (Daly & Lewis, 2000). In long-term care, it includes personal care (hygiene, mobility), basic medical assistance, daily living support, companionship, and emotional presence. Although historically feminised, care work requires a wide spectrum of competencies: technical, interpersonal, ethical, and organisational (International Labour Organization, 2018). Many male carers emphasised this multidimensional nature: "*Nursing is not just a profession but a field that provides holistic care… and patients need that*," a Cypriot participant noted. The assumption that care is "naturally" female obscures the high level of skill involved and contributes to the undervaluation of the profession.

2.2 Brief explanation of the theme – problem statement

Across Europe, long-term care systems face a critical workforce shortage, driven by population ageing, high burnout rates, and limited career attractiveness. Yet half of the potential workforce — men — remains largely absent from this sector. This underrepresentation is not due to lack of interest or competence, but rather to social stigma and structural barriers that discourage men from choosing care professions or make them feel out of place once they do (European Institute for Gender Equality, 2020).

The OpenCare research across Cyprus, Portugal, Italy, Romania, and France revealed a shared pattern: men who enter care often do so for profoundly human reasons — empathy,

solidarity, or a sense of purpose — but encounter scepticism from society, colleagues, and even families. One participant summarised this experience succinctly:

"Many say: 'That's women's work. What are you doing there?' But I believe men can help too."

This perception limits men's full participation and reinforces the idea that care is "naturally" female work. It also has broader implications: it narrows the talent pool, perpetuates gender inequality, and undermines the professionalisation of care. Employers interviewed during the project often acknowledged this bias, noting that male carers are "rare" and that recruitment campaigns rarely target them explicitly.

Moreover, men who do join the sector frequently report horizontal segregation — being assigned to physical or technical tasks rather than relational or emotional care. Such practices reflect implicit assumptions that undervalue men's emotional intelligence and caregiving competence. Over time, this leads to frustration, burnout, and attrition, further reinforcing the cycle of invisibility.

From a societal perspective, the stigma also shapes public perceptions of care as a "low-prestige" or "feminine" occupation, affecting wages, recognition, and professional advancement for everyone — regardless of gender. The result is a paradox**: a growing social need for care, coupled with a cultural framework that devalues those who provide it.**

Addressing gender-based stigma towards men in long-term care, therefore, is not simply about fairness; it is a **strategic necessity.** By dismantling stereotypes, promoting inclusive recruitment, and reframing care as a valued professional pathway for all genders, societies can both strengthen the care workforce and promote gender equality. The OpenCare project positions this challenge as an opportunity — to redefine care as a shared social responsibility and a dignified career choice for both women and men.

3. Highlights from OpenCare research

The OpenCare project generated one of the most comprehensive qualitative datasets in Europe on the experiences of **male carers, care providers, and care receivers** across five countries: Cyprus, Italy, Portugal, Romania, and France. Through more than 150 interviews and focus groups, the research captures a vivid portrait of a sector in transition. LTC, historically shaped by gendered assumptions, is now challenged to reflect a more inclusive, diverse, and sustainable workforce. The voices of male carers reveal not only their motivations and challenges but also a deep reservoir of resilience, emotional intelligence, and professional commitment that is often overlooked in public discourse.

This chapter synthesises the most compelling findings from the OpenCare research, not by reproducing the technical content of the deliverables, but by transforming it into a cohesive, human-centred narrative that speaks directly to policymakers, stakeholders, and practitioners. It highlights the **potential**, the **tensions**, and the **transformative power** embedded in the everyday realities of men working in care. It also illustrates how gender norms shape professional opportunities, perceptions of competence, and the emotional climate of care environments.

3.1. Men in Care: A Minority with Transformative Potential

Across all partner countries, men constitute a clear minority in long-term care, ranging from 10% to 25% of the workforce depending on the national context. Yet their presence is far more meaningful than their numbers suggest. Male carers frequently described their work not as a fall back occupation, but as a purpose-driven choice rooted in empathy, life experience, and moral values.

As one Cypriot participant stated:

> *"Nursing is not just a profession, but a field that provides holistic care to patients… and patients truly need that comprehensive care, which we, as nurses, are able to offer."*

Many interviewees expressed a sense of calling or relational fulfilment that transcended external expectations. In Romania, one participant described caregiving as a source of profound emotional reward:

"All the salary I receive is worth nothing compared to when one of them says, 'Dad, I love you.'"

These narratives dismantle common stereotypes that men enter care primarily for economic stability or because they lack other opportunities. Instead, they highlight the **intrinsic motivation**, **emotional engagement**, and **ethical commitment** that men bring to the sector.

At the same time, participants revealed the tension between their internal motivations and the external judgments they face. A Romanian carer articulated this clearly:

"Many say: "Come on, you're a man, hit him… How can you sit and talk with him instead of striking him? That's the popular mindset around here."

This negotiation between personal identity and social expectations is a recurring theme across countries. In Portugal, male carers emphasised the emotional complexity of working in a female-dominated sector, one that simultaneously values and questions their presence. As one participant noted:

"Relationships with patients, emotional fulfilment… that's what keeps me here."

Taken together, these testimonies show that men not only contribute essential skills but also represent a **catalyst for reshaping cultural norms around care work.**

3.2. Gendered Pathways and Persistent Stereotypes

Despite progress towards inclusivity, the research exposes a lasting imprint of gender norms. Across contexts, care work remains strongly feminised, particularly in its emotional and relational dimensions. Employers often described the field as historically "women's work," shaped by domestic caregiving traditions.

A Romanian employer was explicit:

"Here we have a culture from long ago. The woman was the housewife, the person who cared for everyone, from children to parents."

This cultural backdrop influences recruitment patterns, workplace expectations, and the way male carers are perceived. In Cyprus, some participants reported being assigned physically demanding tasks due to assumptions about strength:

"You're a man, come move the patient."

Meanwhile, others felt they were simultaneously respected and overburdened:

"I offer care… I have more physical strength and can move a person more easily."

In France, male carers reported experiencing subtle but persistent forms of bias:

"There is a preconception… when it comes to intimate care, it seems a bit inappropriate to assign a man."

Yet the research also reveals that many of these gendered expectations soften over time. Once patients and colleagues observe the professionalism, empathy, and skill of male carers, stereotypes often dissipate. A Romanian employer captured this shift poignantly:

"Some understood, some did not. Those who did were afterwards very satisfied."

This dynamic illustrates an important insight: **exposure to diverse caregiving models reduces prejudice and fosters acceptance**. In practice, gender norms are not fixed, they evolve through daily interactions, institutional cultures, and leadership choices.

3.3 The Emotional Landscape of Care: Connection, Trust, and Vulnerability

One of the strongest insights from OpenCare is the emotional depth with which male carers describe their relationships with patients. Far from viewing care as purely technical, participants frequently emphasised connection, compassion, and mutual trust.

Across all countries, many male carers described relational closeness as the most rewarding element of their job. In Italy, for instance:

"Relationships with patients—100%. That is the most satisfying part of my job."

In Romania, male carers highlighted the sense of belonging and affection expressed by beneficiaries, especially in long-term residential care:

"After I started working with them, it was no longer a problem. They got used to me and saw me as part of the family."

For many participants, these bonds were sources of strength, but they also exposed them to emotional strain. Burnout was a recurring theme, especially when institutional support was lacking. A Cypriot participant described exhaustion and emotional fatigue:

"I had reached burnout… My body ached, and it affected my sleep."

Another noted the absence of organisational support:

"I have to find ways myself… the service doesn't provide anything at all."

Such testimonies underscore the **emotional labour embedded in care work**, regardless of gender. They also highlight the need for structured support systems, reflective practice spaces, and mental health resources for staff.

Importantly, beneficiaries often emphasised the emotional dimension of care as well. Many older adults described men as patient, reassuring, or even calming, challenging stereotypes that men lack emotional sensitivity.

An Italian care receiver explained:

"When he is with me, I feel good, I feel well. When he is not on shift, I don't feel well."

These relational dynamics form the heart of quality care. They illustrate that competence in care is not gender-based but **human-based.**

3.4 Institutional Cultures: Between Inclusion and Invisible Barriers

While many male carers described supportive teams, the research reveals structural and cultural barriers that persist beneath the surface. These include:

- low pay and limited career progression
- gendered task allocation
- a lack of mentorship opportunities
- implicit bias during recruitment
- societal mistrust of male carers, particularly in intimate care

In Romania, a care provider highlighted the structural shortcomings affecting the entire sector:

"There is an emergency formula […] the bare minimum is ensured, but we cannot put a vision into practice."

Others expressed concern about the superficial training available:

"Carer training schools are superficial […] they give diplomas without practical training."

In all countries, male carers encountered forms of stereotyping, sometimes subtle, sometimes explicit. From assumptions that they are less suited for emotional caregiving to perceptions of impropriety during intimate tasks, these dynamics shape their daily work.

A Portuguese participant reported:

"Half of us have experienced discrimination or bias at work."

Yet many employers acknowledged that men bring balance and stability to teams. One Romanian employer noted:

"Men and women get along very well… better than female colleagues get along with each other."

And another emphasised men's conscientiousness:

"The male staff we have are extremely disciplined, more so than some of the women."

Across contexts, employers recognized that **gender-diverse teams enhance communication, resilience, and problem-solving**. However, institutional cultures often remain implicitly feminised, making it harder for men to feel integrated or represented.

3.5 The Perspective of Care Receivers: Competence Over Gender

One of the most striking findings is the high level of acceptance of male carers among care receivers, especially after prolonged exposure. Although initial discomfort—particularly regarding modesty or intimate care—was common, most beneficiaries prioritised:

- professionalism

- trust
- empathy
- communication
- respect for dignity

In Cyprus, a care receiver stated:

"What matters is a person's behaviour, not their gender."

In France:

"The important thing is that they do their job seriously."

In Italy, despite cultural expectations, care receivers demonstrated openness and comfort:

"All participants stated they had no preference."

This pattern holds across countries. While gender may influence first impressions, it becomes secondary once a relationship is established.

However, there are exceptions. In Romania, some older women expressed hesitancy rooted in traditional modesty norms:

"Usually there are many women who are reluctant… but it's also a matter of mentality."

Yet even these participants often acknowledged that competence overrides gender:

"If he enjoys doing this job… what matters is the passion with which he does it."

These insights highlight an important misalignment: **while societal stereotypes remain strong, patient experiences often contradict them.** For policymakers, this suggests that public attitudes can be transformed through visibility, representation, and education.

3.6 A Sector at a Crossroads: Undervaluation, Opportunity, and Cultural Change

Across all countries, participants, male carers, employers, and care receivers, pointed to a systemic undervaluation of long-term care. Low wages, insufficient staffing, lack of

recognition, and limited career pathways weaken the sector's ability to recruit and retain a stable workforce, regardless of gender.

A Romanian employer summarised the challenge bluntly:

"Better salaries are needed for everyone… this profession must be made more attractive."

Likewise, participants criticised the lack of national strategies to recruit men:

"The state does not have a programme to encourage men to enter this field."

Yet the research also identifies opportunities for transformation. Male carers can act as **cultural bridges**, challenging outdated assumptions about masculinity and demonstrating that empathy, emotional resilience, and caregiving are human—not gendered—qualities.

Participants themselves articulated this emerging narrative:

"I believe only empathy matters."

"I feel fulfilled… I know I've had a good day."

"Men can be very good."

In many ways, men's entry into care symbolises a broader cultural shift towards recognising care as a shared social responsibility. It also underscores the need for policymakers to align public narratives with the lived realities of care workers and beneficiaries.

4. Implications for long-term care sector: what we can do

The OpenCare research underscores an urgent reality: the long-term care (LTC) sector cannot afford to exclude half of its potential workforce. The persistent underrepresentation of men is not a marginal issue but a systemic one, a missed opportunity for inclusion, innovation, and sustainability in European care systems. The findings call for a shift from *acknowledging gender imbalance to actively redesigning the structures*, cultures, and policies that reproduce it.

4.1 Reframing care as a gender-inclusive profession

The first step is to challenge the cultural narrative that caregiving is a "female" responsibility. As demonstrated throughout the project, men in care are motivated, competent, and committed professionals whose work enhances team diversity and quality of service. To build an inclusive care sector, public discourse and policy must portray care as a **professional, skilled, and gender-neutral field.** Campaigns showcasing male carers as role models, educational initiatives in schools, and inclusive communication strategies at national and EU levels can normalize men's participation and help dismantle the stigma attached to care work. Such visibility is not symbolic, it directly influences recruitment, career aspirations, and societal recognition of caregiving as valuable work for all.

4.2 Building inclusive workplaces

Inclusion does not end at recruitment. Workplaces must be structured to *retain and empower* both male and female carers. This involves practical measures, such as gender-sensitive management, balanced task allocation, and flexible work arrangements, that acknowledge diverse strengths without reinforcing stereotypes.
The OpenCare findings reveal that male carers often face burnout, limited advancement, and lack of emotional support. Addressing these challenges requires institutional commitment to supervision, mentoring, and professional development opportunities accessible to all genders.

Training programmes should incorporate gender awareness, communication skills, and emotional competence as core components of care education, promoting a holistic understanding of caregiving that values both technical and relational expertise. As one male participant expressed, "*You have to want to learn, because the healthcare field is constantly changing*." This learning mindset should be nurtured through lifelong education and workplace cultures that encourage reflection and mutual support.

4.3 Strengthening policy and institutional recognition

Policy frameworks across Europe must recognize that gender inclusivity in care is not only an equity issue but a **strategic response to workforce shortages**. Strengthening men's participation can help address the chronic understaffing that undermines service quality in LTC settings.

Governments and social partners should collaborate to:

- Introduce **gender-inclusive recruitment incentives** and career pathways;
- Ensure **equal pay and advancement opportunities** in the sector;
- Support **public campaigns** that valorise care as essential social infrastructure;
- Integrate **male role models and ambassadors** into national and regional care initiatives.

Moreover, professional recognition schemes and training standards should explicitly include male participation as an indicator of progress towards equity and quality. By linking gender balance to workforce sustainability, policymakers can transform inclusivity from a moral imperative into a measurable outcome.

4.4 Fostering cultural change through education and research

Long-term change must begin with education. Encouraging young men to consider care careers requires early exposure to caregiving as a legitimate, respected profession. Vocational and higher education institutions should create modules that challenge gender stereotypes and highlight the social importance and intellectual complexity of care work.

At the same time, continued research and monitoring are crucial. The OpenCare project has laid the foundation for understanding the experiences of male carers, but further studies should explore the intersection of gender with migration, class, and cultural diversity.

Evidence-based policymaking will ensure that future interventions are both equitable and effective.

4.5 The vision forward

The message of OpenCare is ultimately one of **transformation and opportunity**. By opening careers for men in care, we are not merely addressing a gender imbalance, we are redefining the meaning of care. A gender-inclusive care system strengthens communities, improves service quality, and models a new social contract based on empathy, respect, and shared responsibility.

In the words of one participant:

"Care has no gender. What matters is the heart, the patience, and the professionalism we bring to it."

Promoting men's participation in care is therefore not a symbolic gesture, but a tangible step towards equality, sustainability, and dignity, for those who provide care and for those who receive it. The challenge ahead is to ensure that this transformation is not left to individual goodwill but is supported by systemic change, in policy, in institutions, and in minds.

5. The OpenCare innovative solution: what and what for

➢ Mission and goals

The OpenCare project was designed based on the following elements:

 ***PROBLEM IDENTIFIED***	Cultural bias within care institutions results in the marginalisation of male carers, restricting their professional opportunities and contributing to mistrust, discomfort, and discrimination from both institutions and care recipients.
 ***DESIGN SOLUTION***	Innovative methodology, based on the lived experiences of the target groups, which combines awareness-raising, educational programmes and pedagogical toolkits to promote gender inclusion in care workplace settings.
 ***GOALS***	I) Reducing stigma and stereotypes related to male carers; and II) Encouraging equal career opportunities for women and men in the care sector.
 ***EXPECTED RESULTS***	Respond to the shortage of staff available in care institutions by promoting gender equality for men in relation to access and retention in the long-term care sector.

➢ Holistic and integrated approach: activities

OpenCare includes a holistic and integrated approach, combining research, participatory workshops, educational programmes and a pedagogical toolkit.

1) Open Care Research; Exploratory Interviews and focus-groups

2) Awareness Workshops

3) Educational Programmes and Toolkit

1) OpenCare Research:

As mentioned in Chapter 3, the OpenCare methodology is based on qualitative research, drawing on the lived experiences of the target groups — care recipients, male carers, and care managers. Through exploratory interviews and focus groups, the research identified cultural, relational and structural challenges that shape men's participation and retention in the care sector.

- Based on the research findings, six initial thematic areas were identified, which were refined and consolidated into the following three core thematic domains. These domains guided the next phases of the project — Awareness Workshops, Educational Programmes, and Toolkit development:
- *Gender stereotypes and cultural biases;*
- *Boundaries and promoting trust;*
- *Barriers to recruitment and promoting a positive work environment;*

2) Awareness Workshops

Following analysis and reflection on the research findings, Awareness Workshops are designed to mitigate the stereotypes and structural barriers identified in the care sector. These workshops will target two main groups:

- **Care employers,** with the aim of challenging cultural biases, fostering inclusive workplace practices, and promoting equal career opportunities for men and women.
- **Care recipients,** with the aim of raising awareness, reducing stigma against male carers, and promoting understanding of the diverse roles of carers.

The workshops last approximately four hours and are structured as follows:

- ***Brief presentation and deconstruction of the concept**, covering the session's objectives, the main research findings, and relevant comparative statistics,*

while exploring and questioning stereotypes, cultural biases, and barriers in healthcare through guided discussions and examples.

- ***Interactive activities,*** *designed to reflect on participants' experiences and promote a dedicated space for learning and dialogue in a supportive way.*
- ***Conclusions and a future action plan,*** *encouraging participants to reflect on the workshop content and to apply the key conclusions and new approaches in their institutions and daily practices.*
- ***Promotion of continued awareness and reflection,*** *ensuring the application of activities to support the implementation of the OpenCare methodologies.*

These workshops will enable us to reach a wide range of stakeholders and long-term care institutions, raising awareness of the issue and sparking interest and knowledge in this area.

3) Educational Programmes and Toolkit

In parallel, the project will develop Educational Programmes and a Pedagogical Toolkit. To do this, the research insights and workshop outcomes will be translated into practical tools for use by long-term care institutions. These materials and activities will be freely available online in various formats, such as manuals and worksheets. Other practical resources will address challenges faced in the care sector and support institutions in promoting inclusive practices. These materials support leaders in promoting equal career opportunities for men and women by addressing stereotypes and professional barriers associated with male carers.

The Educational Programmes and Pedagogical Toolkit will enable long-term care institutions to deliver educational programmes aimed at reducing stereotypes and stigma associated with male carers, using a variety of educational and interactive materials provided by the Pedagogical Toolkit. These resources support both awareness-raising and practical engagement and can be implemented on an ongoing basis — for example, during the onboarding of new clients or periodic sessions with professionals, managers, and care recipients.

The innovative solution of the OpenCare project lies in the integration of WP2 – OpenCare Research, WP3 – Awareness Workshops, and WP4 – Educational Programmes and Pedagogical Toolkit. Using evidence-based materials, the project addresses the stereotypes and prejudices faced by male carers and care recipients. This innovative approach ensures impact and sustainability by providing practical, replicable, and widely accessible tools that promote long-term inclusive practices and gender equality in the care sector .

➢ **Who benefits from it**

The project benefits various stakeholders directly, including care recipients (older adults), care providers (caregivers, care employees), long-term care institutions, and hospitals. It

also benefits, indirectly, policymakers and the families of care recipients. It contributes to a broader care ecosystem by promoting gender equality in organisational care cultures.

➢ Expected impact

The expected impact of OpenCare lies in reducing gender bias in the care sector, promoting the visibility and acceptance of male carers, strengthening institutional strategies for inclusion, and ultimately improving the quality of care through respect for diversity, ethics, and human dignity. This impact is expected in the short, medium, and long term:

Short and Medium-Term Impacts	**Long-Term Impacts:**
Awareness and sensitisation on key topics (Identification of major stigmas, stereotypes, and discrimination)	Awareness and education (Replication of good practices)
Empowerment of male carers	Reduction in gender-based discrimination
Behavioural change (greater acceptance by peers and care recipients)	Promotion of gender equality
Improved institutional environment (greater openness among employers and care institutions)	Sustainable cultural change in care institutions
Sustainable cultural change in care institutions	Valuing care work

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