Athlone Institute of Technology

Bachelor of Arts (Honours) in Applied Social Studies in Social Care

‘Motivations of Mature Students to Study Social Care’

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I declare that this dissertation and the research involved in it are entirely the work of the author.

This project is submitted in partial fulfilment of the requirements for the Bachelor of Arts (Hons) in Applied Social Studies in Social Care.

Signature: _________________________

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Aim and Objectives

The fundamental aim of this research was to explore the major factors that have influenced mature students to enter social care.

Objective one: To identify the criteria used by mature students when choosing a social care

Objective two: To document the fields of social care that they wish to work in.
Abstract

The research was carried out on twenty, fourth year mature Social Care students in Athlone Institute of Technology. The author employed a quantitative methodology in the form of a questionnaire to identify the extent that personal experience contributes to the students’ decision to study Social Care. The students were also asked to outline the areas of Social Care that they wished to work in upon successful completion of the course.

The results indicated that altruism is a key factor in the decision making process. The majority of students had experience of providing care prior to commencing the course and this was also highly influential. Family support and disability were the most popular areas that students would like to have a career in. The author concludes with suggestions for further research and makes recommendations for improved self-care, opportunities for work placement and increasing the levels of male staff in Social Care.
Chapter One

Introduction
1.1 Introduction

The overall aim of this project was to examine the motivating factors that influence mature students to study Social Care in Athlone Institute of Technology. The research focused on two main objectives, which were to identify the criteria used by mature students when choosing a social care course and to document the fields of social care that they wish to work in.

Social Care literature is traditionally and understandably focused on theory, best practice and research of the people who experience the service. Surprisingly, there is very little information available on the reasons why people choose to enter the Social Care profession. The author chose to examine the views of the mature social care students in order to readdress this imbalance and discover their motivations for choosing the course.

The method used to conduct the research was quantitative and consisted of 20 questionnaires, which were responded to by fourth year mature Social Care students. A conclusion and several recommendations were made after an analysis of the results of the research.
Chapter Two

Literature Review
2.1 Introduction

“Let us try to teach generosity and altruism, because we are born selfish. Let us understand what our own selfish genes are up to because then at least we may then at least have the chance to upset their designs, something that no other species has ever aspired to” (Dawkins, 2006, p. 3).

This dramatic quote hints at the complexity of factors that influences the behaviour of the human species. While it suggests that an interest in others may conflict with our basic survival instinct, it also proposes that certain patterns of behaviour are not fixed. In this review, the author shall establish what Social Care is before discussing the two objectives at the heart of this research; firstly, to identify the criteria used by mature students when choosing a social care course and secondly, to document the fields of social care that they wish to work in.

2.2 Definition of Social Care

For the purpose of this project, Social Care is defined as “a profession dedicated to the planning and delivery of quality care and other services for individuals and groups with identified needs” (IASCE, 2005). This definition, though quite general, accurately portrays the breath of the profession.

Social Care is a skilled profession and different from the care people receive at home and in the community. A role with clear status; there is a dual responsibility to meet immediate needs and future requirements of individuals and groups, with an equal expectation that
professionals possess certain skills, such as compassion, understanding, empathy, advocacy, respect and patience (Share and Lalor, 2009, p.6).

2.3 Motivation

In this study, the author sets out to identify criteria used by mature students when choosing Social Care as a course to study and as a desired future profession. In order to understand this, it is important to examine the concept of motivation.

According to Maslow (1954), humans have five basic needs to be satisfied; physiological, safety, belongingness, self-esteem and self-actualisation. Although employment offers financial reward; it is also a social outlet and one which can increase psychological feelings of well-being, while offering an opportunity to enact change.

Mitchell (1982) stated that motivation is an individual phenomenon. Usually intentional, it is multifaceted, needing both trigger and drive to complete an action. The motivation to meet social or physical needs can be classed as either extrinsic; the tangible rewards of money, or intrinsic; the psychological rewards of personal satisfaction, recognition and feelings of achievement (Mullins, 1999, pp. 406-407).

Human behaviour is widely accepted as a mix of biological, psychological, social-structural and cultural influences, and is not simply Freudian wish or fantasy (Berger, Federico, & McBreen, 1991; Lear, 2005, p. 6). Perception and the cognitive processes that attach meaning to experience are highly individual and personality is formed during this navigation. The final stage of Erikson’s Theory (1976); integrity and wisdom, closely resembles Maslow’s self-actualisation stage (Berger et.al., 1991, pp. 37-47). However, Maslow’s stages do not need to be completed in order, and it could be argued that in the same way a musician must create
music, or painter paint, an individual may seek satisfaction thought the self-fulfilment in helping others and can do so in any stage of their lifetime (Maslow, 1954).

In Social Care, leadership qualities are an important element of one’s professional experience and responsibility, indicating that it may be related to core values. Blake and Moulton (1985) suggest that a good leadership style is one which is mindful of others and uses communication to develop relationships (Hafford - Letchfield, leonard, Begum, & Chick, 2008, pp. 25-27). It has also been proposed by Herzberg (1968) that salary is not the most important motivator and that the role itself must deliver achievement, responsibility and growth (Wright, 2004).

A significant link between Bowlby’s attachment theory (1969) and altruism has been replicated in five experiments in Israel and the United States, showing that positive attachments “facilitate cognitive openness and empathy, strengthen self-transcendent values, and foster tolerance of out-group members” (Mikulincer, Shaver, Gillath, & Nitzberg, 2005). Studies have shown that infants, primed with subtle positive imagery are capable of altruism, which suggests the influence of cognition and environment on our behaviour (Connor, 2010).

Research by Batson et.al. (2002) on volunteerism in Social Care, suggested that empathy is typically something reserved for individuals and not typically applied to groups. Functional theory and the work carried out by Katz (1960) and Smith, Bruner and White (1956), suggest that though different people may make the similar decisions, they usually have different reasons for coming to those similar conclusions. Apart from personal satisfaction, Clary and Snyder (1991) have identified altruistic or humanistic concern, the reduction of personal guilt over feeling more fortunate and escaping personal issues, as being the driving factors behind volunteerism (Phillips & Phillips, 2011).
Research has shown that helping others can serve as a coping mechanism during difficult times and can result in the parentification of the child, who becomes an over responsible hero or heroine to maintain stability in the family. Comparisons between Social Work students and those on non-caring courses, found that those who chose a caring career had a higher frequency of psychosocial trauma in early life, such as physical or sexual abuse, neglect, family illness or death (Lackie 1982, 1983; Chudnof, 1988; cited in Black, Jefferys & Hartley-Kennedy, 1993).

Findings from a longitudinal survey of 746 undergraduate students choosing to enter social work, indicate that altruism is pivotal to their choice. Motivated by service to others and job self-interest, the data highlighted the importance of altruism and extrinsic rewards. The study revealed the seemingly contradictory relationship between self-interest; money and helping others and proposed that it would be unrealistic to expect professionals to forfeit their own quality of life for the benefit of others (Hanson & McCullagh, 1995).

Personal experience can shape the preferred personality traits, skillsets and belief systems required for a career in Social Care, the combination of which develops the gestalt intuition needed to connect feelings with potential outcomes (Rew, 1988, cited in Hams, 2000). Marsh (1988) recorded that 50% of Social Work students had a family member who was addicted to drugs or alcohol, whereas in business students, the figure was 23% (cited in Black, Jefferys & Hartley-Kennedy, 1993). Though Buchbinder (2007) discusses how exposure to trauma can increase ones sensitivity to pain and vulnerability in others, he also places equal importance on the hereditary nature of positive values within families who promote a caring culture.

The inner strength that emerges in the aftermath of trauma is known as post-traumatic growth. Reflection produces new standards and ideals for living, such as “what doesn’t kill you makes you stronger” and typically results in better relationships with families, friends
and fellow trauma survivors. An increase in existential awareness as well as an enhanced spirituality may often provide the catalyst to finding a purpose in life (Joseph & Butler, 2010). This motivation can translate into advocacy for victims and the championing of social issues. Social Care is a professional and empowering way of bringing about social change. Human rights, social justice and reform are the cornerstones (IFSW, 2012). For certain people, it has the potential to be a cathartic career, providing meaning and direction in times of their own personal crisis (Buchbinder, 2007).

2.4 Careers in Social Care

Children’s residential and intellectual disability services are the largest areas of employment and are run by the HSE and non-governmental organisations. Prior to The Health and Social Care Professionals Act 2005, it was estimated that of the 3000 employed in these areas, 45% were not qualified (JCSCP, 2002). The basic professional qualification for Social care is a BA (Ordinary) Degree in Applied Social Studies/Social Care (Share & Lalor, 2009, pp. 15-18).

According to the Joint Committee on Social Care Professionals (JCSCP), there are 1,214 staff working in children’s residential centres and 71 in community child care, (Share & Lalor, 2009). Under the Child Care Act (1991), the HSE “are obliged to promote the welfare of children in its area who are not receiving adequate care and protection”. Though it is preferred that the child remain with their family, this is not always possible. In the case of a suspected or proven concern; a child may enter care via an emergency, interim, care or voluntary order. There are approximately 5,000 children in care in Ireland (HSE, 2011).
In care, the aim is to support the child through pro-social modelling and stability. A care plan is essentially a roadmap for the child and is developed in conjunction with their family, social workers, residential team and relevant professionals. The focus of this is the child’s welfare and concentrates on education, health and after care needs. Littlechild (2011) discussed the importance for this in Social Care settings and the positive effect that it has on solving abilities as well as the social dynamic in residential care. A challenging environment, Colton and Roberts (2007) attributed high staff attrition in this area to exposure of violence and verbal abuse. Empirical research reveals a perception of poor working conditions.

Staff of disability services are considered “disparate” by Noonan Walsh & Gash (2004), due to the varied nature of the services they provide and the way their low paid, untrained staff contrast with their highly paid specialists. Recent statistics reveal that 393,800, or 9.3% of the population, are considered to have a disability and of these, 24% have the highest level of severity (CSO, 2006). The National Intellectual Disability Database (2010) has 26,484 registrants and their data reveals that more people live in the community than in residential centres.

The JCSCP recorded 1,619 staff working in the intellectual disability sector and are employed to deliver a wide range of services, ranging from education and health care, to assisted living and personal care. (Share & Lalor, 2009, p.18; Noonan Walsh & Gash, 2004, p.31).

Person centred planning and ultimately; personal outcomes, deliver highly specific, individualised programmes to individuals with disabilities are the key reference to the development of disability services in Ireland (NDA, 2012). Research indicates that the success of this approach is linked closely to the level of disability and the capacity to adapt to change (Robertson, et al., 2007).
Social Care is a broad field however and these roles do not include the people who work in counselling, drug and alcohol services, in the community with family support, homeless projects or even the elderly. The available data only scratches the surface. CORU: The Health and Social Care Professionals Council, indicate that 8,000 people are eligible to register as Social Care workers (Share & Lalor, 2009, pp. 15-18), so there may be greater detail available in the future. The need for professionalism is vital as we become more secular as a nation (McGarry, 2012).

Having reviewed the literature, the author acknowledges the lack of information available about the reasons why students in choose Social Care as a career and believes that it would be useful to examine this in AIT. The author also feels that it would be interesting to explore whether there are links between these reasons and their chosen professions.
Chapter Three

Methodology
Methodology

3.1 Aim and Objectives

The fundamental aim of this research was to explore the major factors that have influenced mature students to enter social care. As a mature student and someone who is new to the field of social care, the altruistic theme of this project is especially significant to the author. Two objectives are at the heart of this investigation; firstly, to identify the criteria used by mature students when choosing a social care course and secondly, to document the fields of social care that they wish to work in.

Conversations with lecturers, students and co-workers, as well as attending lectures given by guest speakers have revealed that the pathways to a career in social care are many. Anecdotally, it appears that mature students have had many different life experiences that have influenced their decision to go back to college and study social care.

3.2 Process

While formulating the aim and objectives of this research project, the author evaluated the benefits of both qualitative and quantitative research. Though qualitative research could provide rich personal accounts; the emphasis on words, rather than the analysis of data, could be potentially be considered interpretivist (Bryman, 2008). Criticisms of this method regard it to be unscientific and controversially, “an attack on reason and truth” (Denzin & Lincoln, 2008, pp. 10 - 11).
According to Bryman (2008), quantitative research is the dominant strategy for conducting social research. It has an objectivist conception of reality and examines the relationship between theory and the data itself. Given the short space of time available to collect and process the data collected, the author decided to use a quantitative approach. As this method facilitated increased participation in the research, it also had the potential to provide greater insight and connection to the objectives.

3.3 Sample

The sample group in this research are mature social care students from fourth year in Athlone Institute of Technology. The questionnaire was given to 5 male and 15 female students. Gender differences were not a requirement of the research and the sample was chosen based on probability and the notion that the data would be a representative cross section of the group in focus (Denscombe, 2006). The questionnaire contained 11 questions and a cover letter outlining the nature of the research and the authors’ commitment to the confidentiality of the information received. The cover letter and questionnaire are available in the appendices.

3.4 Ethics

The author respected that the participants had a right to understand the purpose of the research and should have the opportunity to air any concerns or questions. Confidentiality was paramount, as was the right to choose whether to participate in the research or not. Part of the method process required that a letter and consent form be supplied to participants, outlining the aims of the research and the responsibility of the author to the participants and their information.

3.5 Limitations
Time was the greatest restriction and impacted on the volume of information that could be collected during the project. The author was also limited by the amount of questionnaires that could be documented and by the word count of the project.

The remit of the project required the focus of the research to be narrowed down in order to achieve the aim and objectives effectively and efficiently. As a result, a specific group of students were examined, therefore excluding the non-qualifying students who were also participating on the course. However, the research was able to add new and valuable data to the discussion. The author acknowledges that in order to get a complete understanding of what motivates people to enter the social care field, a comprehensive study of students is required and should encompass all colleges and universities that teach social care in Ireland.
Chapter Four

Presentation of Results
Presentation of Results

4.1 Introduction

The following is an outline of the findings from the questionnaire that was given to a sample of mature students, who are currently in the fourth year of a Social Care degree course in Athlone Institute of Technology. The results relate to the two objectives of the study.

Objective one: To identify the criteria used by mature students when choosing a social care course.

Objective two: To document the fields of social care that they wish to work in.

The findings are presented in narrative and graphical form.
4.2 Profile of participants

The focus of this study was on a sample of fourth year Social Care mature students in Athlone Institute of Technology. In total, 29 questionnaires were completed, of which 20 were chosen randomly by the author. Of the 20 who participated, 75% of respondents were female (n = 15) and 25% were male (n = 5). The majority of respondents, 40% (n = 8), were in the 23 – 28 age-group, 25% (n = 5) were in the 29 – 34 age-group, while the remaining 35% (n = 13) were over the age of 35. The research did not require there to be an even representation of both sexes as gender difference was not a consideration of the objectives.

4.3 Objective one: To identify the criteria used by mature students when choosing a social care course.

1. How did you become aware of the Social Care course in Athlone Institute of Technology? (see Figure 1).
The figure shows that 45% (n = 9) became aware of the course as a result of completing an evening, access, or PLC course, while 15% (n = 3), cited ‘Self-enquiry’; giving credit to internet searches and the AIT prospectus. This was followed by ‘family’ and ‘friends’, which combined, amounted to 20% (n = 4). Career guidance appears to have played an insignificant role for respondents.

2. Why did you decide to study Social Care?

Participants suggested a variety of different reasons for choosing Social Care. (see Figure 2)
The majority of respondents, 55% (n = 11) indicated that they wanted to ‘help others’. ‘A follow on course’ and ‘prospect of career development’ both accounted for 15% (n = 3). Only 5% of students (n = 1) placed importance to an ‘Acquaintance with someone that works in the area’, ‘previous experience’ and ‘financial rewards’.

3. Have you any professional or personal experience of providing care to someone?
The questionnaire asked respondents whether they had any professional or personal experience of providing care to someone (see Figure 3).

The majority of respondents, 85% (n = 17) replied ‘Yes’, while 15% (n = 3) had no experience of providing professional or personal care to someone. 100% of males had experience (n = 5), compared to 80% (n = 14) of females. Type of care included looking after relatives, working with youths, volunteerism, foster care and with disability services.

4. Have you any personal experience of receiving care?
Respondents were asked if they had any personal experience of receiving care (see Figure 4).

Only 25% (n = 5) had a personal experience of receiving care. In their responses, the participants described experiences of bereavement counselling, medical treatment, and care by family after the death of a parent.

5. How important do you think a personal experience of care is when pursuing a career in Social Care?
Respondents were asked to rate the importance of a personal experience of care when pursuing a career in Social Care (see Figure 6).

![Figure 5. How important do you think is a personal experience of care when pursuing a career in Social Care?](image)

Over half of participants, 55% (n = 11) believed that a personal experience of care was of ‘some importance’ and one stated, ‘Don’t think it’s necessary, but it can help if it’s addressed what has happened in your life’. ‘Not important’, amounted to 20% (n = 4), with another participant explaining, ‘Some people are suited to it and others aren't. Having a bit of cop on and being able to communicate well goes a long way’.

6. Which of the following best describes you experience of Social Care to date?
Respondents were then asked to choose one of four options that described their experience of Social Care to date (see Figure 6).

![Figure 6. Which one best describes your experience of Social Care to date?](image)

Overall, participants answered ‘I have personally provided care’, which accounted for 60% (n = 12) of the sample. Respondents’ comments explained that this care was previous Social Care work experience and also personal care that they had provided for family members. Furthermore, 15% (n = 3) had personally received care as a result of short and long term illnesses.

7. How influential was your experience of providing or receiving care on your decision to study Social Care?
The objective of this question was to measure the perceived influence of these experiences on the respondents’ decision to study Social Care (see Figure 7).

Over half of participants, 55% (n = 11) believed these experiences to be a major influence on their decision. One commented that a ‘person who helped me, made such a difference to my life. I just think one person can have a major influence in helping someone less fortunate’. Of the 25% (n = 4) who thought experience not influential, one explained, ‘not directly, but I have been aware of it from my mothers work and what is involved’.

4.4 Objective two: To document the fields of social care that they wish to work in.

8. Is there an area in Social Care that you would prefer to work in?
 Respondents were asked which area in Social Care that they would prefer to work in after qualification (see Figure 8).

**Figure 8. Is there an area of Social Care that you would like to work in?**

The above table demonstrates that 90% (n = 18) of participants had a preferred area of work. ‘Family support’ was 27.77% (n = 5), while the next popular was ‘Disability’, accounting for 16.77% (n = 3). Least popular were ‘Crisis Support’, ‘Domestic Violence’ and ‘Preschool Children / Creche’ (see Figure 9).

**Figure 9. Least preferred areas of employment**

9. Why do you have an interest in this role?
Participants were then asked to explain their interest in their preferred role. Common themes were a shared interest in the role and clients and a self-belief in personal strengths. One respondent replied, ‘I like working with young people & I like high support settings because they are challenging’. Another respondent who did not have a preferred area explained, ‘I have an open mind and want to try as many fields as possible to find my vocation. I like new challenges and like the idea of advocacy’.

10. What would you consider to be the most rewarding aspect of this role?

When asked to identify what they considered to be the most rewarding aspect of their preferred role, respondents expressed similar aspirations, hoping to help and support and ‘seeing them enjoy something they haven't tried before. Surprises. Making a difference’ and ‘seeing people reach their full potential’.

11. What would you consider to be the most challenging aspect of this role?

Finally, respondents were asked to identify what they perceived to be the most challenging aspect of their role. Though stress, working with management and dealing with challenging behaviour were common concerns, participants were equally concerned with ‘Making a mistake that causes a set-back for the person you work for’.

4.5 Summary of results
The majority of participants in this survey were female and fell into the 23 to 28 age-group. Their motivation for choosing to study Social Care was wanting to ‘help others’, coming from ‘a follow on course’, the ‘prospect of career development’, ‘financial rewards’, ‘previous experience’ and an ‘acquaintance with someone that works in the area’.

The majority of students had professional or personal experience of providing care. Though the over half of respondents believed their past experience was a ‘major influence’ on their choice to study Social Care, they believed that a personal experience of care was ‘some importance’ when perusing a career in the area.

Only 18 of the respondents had a specific area of work that they were interested in, the others wishing to experience as many different areas as possible before they specialised in one field. ‘Family support’ was the most popular choice and was followed by ‘disability’. Least popular areas were ‘crisis support’, ‘domestic violence’ and ‘preschool children / crèche’. 
Chapter Five

Discussion
Discussion

5.1 Introduction

The aim of this discussion is to compare the findings of the questionnaire with those of similar studies discussed in the literature review. The responses of 20 fourth year mature students, 5 male and 15 female, were selected to discover their motivations for studying Social Care, the influence of their past experiences, if any, of care and the areas that they hoped to work in after successful completion of the course.

The findings are compared and discussed under the two main objectives. The author will now discuss the results in relation to the relevant literature.

5.2 Objective one: To identify the criteria used by mature students when choosing a social care course.

The majority of respondents joined the institute following a previous educational course. Given the level of national unemployment, it is possible that retraining was part of this decision. One student commented, ‘I had to change jobs in the recession’. Though a connection can be made between the research conducted by Clary and Snyder (1991) and volunteerism, several of those who had Social Care work experience shared a similar concern; ‘I have a lot of experience and need to get a recognised qualification’. Social Care was also chosen due to the influence of family and friends, which links to Bowlby’s attachment theory (1969) and subsequent research regarding the influence of altruism conducted by Mikulincer, Shaver, Gillath, & Nitzberg (2005) and Connor (2010).

One theme throughout this research is the desire to help people. 55% said that it was their motivation for their decision. Respondents hoped for career development, but few placed importance on financial rewards. These results indicated that the students were motivated by
intrinsic values as explained by Mitchell (1982) and favoured the psychological rewards of personal satisfaction, recognition and sense of achievement. The questionnaires mirrored the results of the longitudinal study by Hanson and McCullagh (1995), who found a contradictory relationship between self-interest; money and altruism. The questionnaires revealed that though ‘helping people’ was the most popular reason for choosing to study Social Care, students also rated ‘Financial rewards’ and ‘Job satisfaction’ highly. It would appear that receiving a fair reward for a fair amount of work is a commonly held expectation.

Most respondents had professional or personal experience of providing care, either to their family or in a Social Care setting. The mix of ages corresponded to a view held by Maslow (1954), that people often seek satisfaction through the self-fulfilment in helping others and may do so in any stage in their lives. Though one respondent provided care for relations ‘with Alzheimer’s and relations with addictions’, they did not reveal the level of care provided or whether it occurred in their childhood or recent times. This echoed the work of Marsh (1988) who discussed the high frequency of addiction in the families of those who study Social Care.

Only 5 of the group had personally received care in hospital or rehabilitation settings. One respondent stated, ’Had a medical illness, lifelong. Treatment for life and closely monitored’. Another student was ‘looked after by family members.. because my mother died after a long term illness’. These insights correlate with Lackie (1982, 1983) and Chudnof (1988), who linked psychosocial trauma in childhood with parentification. Interestingly, these respondents scored ‘helping others’ highly as their motivation for entering Social Care.

The majority of students believed an experience of care to be important when pursuing a Social Care career. Though in agreement, opinions varied from, ‘Wanting to do it does not qualify you as being competent. It’s something that you must work to develop..’, to the holistic, ‘It may help you empathise and understand what the individual receiving care from
you is going through’. A respondent who had been regularly hospitalised placed importance on, ‘looking out for others, helping each other along. Got from Nurses in care’, hinting at how personal experience can shape the personality traits, values and Gestalt Intuition needed for a career in Social Care, as discussed by Rew (1988). This Gestalt Intuition was also considered essential by some who considered experience unimportant, stating, ‘Having a bit of cop on and being able to communicate well goes a long way’.

The experience of providing or receiving care was a major influence to the respondents’ choice to study Social Care. This was especially true of those who had been working in the area prior to the course and needed the qualification in accordance with The Health and Social Care Professionals Act 2005. One student who chose that past experience of providing or receiving care had ‘no influence’, commented, ‘not directly, but I have been aware of it from my mothers work and what is involved’, indicating the importance of the role of the family in caring culture as discussed by Buchbinder (2007). Others admitted being deeply influenced by their past, sharing that, ‘if you can pass some of what you have received to someone in need, then you have made a real difference’ and ‘one person who helped me, made such a difference to my life. I just think one person can have a major influence in helping someone less fortunate’. The author feels that these students may have experienced post traumatic growth, as discussed by Joseph and Butler (2010).
5.3 Objective two: To document the fields of Social Care that they wish to work in.

When asked which area they would prefer to work in after successful completion of the course, the respondents’ answers reflected the breadth of roles that are available with a degree in Social Care. ‘Family support’ was selected by 5 students and was the most popular choice. Common themes were to help the family, ‘..stay together’, helping ‘others who are less fortunate.’ and focusing on ‘prevention and early detection’. These respondents had previously worked in Social Care settings and were undoubtedly influenced by legislation, such as the Child Care Act (1991) and the Domestic Violence Act (1996).

Though ‘children’s residential’, ‘social work’, ‘the elderly’ and ‘probation’ were chosen by 2 respondents each, ‘disability’ was the next favourite, with 3 first choices. Disability may have been considered ‘disparate’ as a career choice by the majority of students for the reasons outlined by Noonan Walsh & Gash (2004). One comment about ‘probation’ revealed that the respondent liked, ‘high support settings because they are challenging’. This was a unique sentiment in the research and possibly explains the reason why more did not choose the more challenging areas, namely ‘crisis support’ and ‘domestic violence’, which where the least preferred areas of employment. Students later explained that they were concerned about challenging behaviour, burn out, stress and poor relations with management. Empirical research by Colton and Roberts (2007) identifies these as challenging environments and links the perception of poor working conditions with high risk of attrition when there is the possibility of violence and verbal abuse. It would appear that students are aware of the personal challenges of working in high support roles. Unselfishly, respondents also cared about ‘making a mistake that causes a set-back’ for clients and developing trusting relationships.
However, some students did not want to commit to a certain area, stating that they wanted to ‘try as many fields as possible to find my vocation. I like new challenges and like the idea of advocacy’ and were concerned with barriers to providing care to clients. These sentiments were similar to the aims of the International Federation of Social Workers (2012), who are motivated by advocacy for victims, human rights, and social reform.

The most rewarding aspect of Social Care was overwhelmingly the satisfaction of being ‘a positive part (hopefully) of individuals lives’. Students were aware of the need for pro-social modelling in Social Care as discussed by Littlechild (2011) and wanted to make ‘a difference in one life’. One respondent’s intuition was revealed in the following comment, ‘you could influence them to make better choices then maybe their parents’. Many respondents repeated the unifying theme of wishing to help people and bring ‘. . . relief to people when they are struggling’ and were consistent with their previous answers and relevant literature on the subject.

5.4 Evaluation

The author found the limitations of the word count frustrating as it curtailed the amount of literature that could be referenced. This restriction also impacted the amount of themes that could be developed with the research data itself.

After reviewing some early questionnaires in the pilot scheme, the author was concerned about “questionnaire fatigue”, with some questions answered incorrectly. The author addressed this by spending extra time with subsequent participants to ensure they understood the questionnaire. On reflection, the lack of elaboration in some sections was possibly due to respondents feeling that they had explained themselves fully in previous questions. However, the facility remained a good opportunity to gather supporting data and the author was able to confirm and develop themes as a result.
Overall there was a scarcity of information available about careers in Social Care. This made sourcing literature for the second objective a challenge and difficult to discuss broadly. The author feels that the respondents provided an accurate and detailed insight into the factors that motivate a mature student to study Social Care in Athlone Institute of Technology and their preferred career path.
Chapter Six

Conclusion and Recommendations
6.1 Conclusion

The aim of this research was to identify the criteria used by mature students when choosing a social care course and also to document the fields of social care that they wish to work in. The author was intrigued as to how this research would compare to other studies and literature on the subject and was personally interested in the idea of altruism in mature students.

The findings illustrated the motivation of mature students to help others and showed that the majority had considerable experience of providing care, whether in a professional, voluntary or personal capacity. In total, 75% of respondents rated this experience as being a significant part of their decision to study Social Care. This finding was consistent with the relevant literature.

Altruism was also well documented in the elaborations, with respondents wanting to make a difference to people’s lives less fortunate than theirs. Many had worked as volunteers and several had family or friends who worked in Social Care. The author feels that this validated the view that altruism can be nurtured.

The results indicated that family support was the preferred area of social care to work in. This result was initially surprising as the author was not aware of how popular this area was. However, the role involves early intervention and the support of families at risk, which may relate strongly to those with altruistic value systems. Students also indicated that they were concerned with burnout, challenging behaviour and stress, which may explain why crisis support and domestic violence were the least desirable areas of employment. Neither sex chose these services as a first choice.
Tough the scale of this study was limited; the author feels that the results are representative of the group studied. The subject matter is a particularly rich one and may benefit from qualitative analysis in the future with a larger sample group, focusing on the specific life events that have promoted altruistic patterns.
6.1 Recommendations

The respondents were concerned with stress and burn out. The author would recommend that a stress management module be provided for all Social Care students so that they could develop the self-care skills needed to cope with a demanding career in Social Care. Counselling skills modules are already on the curriculum, but are focused on the client rather than the student. Given the demands of the role and the fact that some people had past experiences of receiving care, it may also be of benefit for students to attend a counselling or debriefing session after their work placements.

The issue of integrating with clients and gaining trust was also raised by the students. The author recommends that more emphasis is placed on practical experience, such as work placement and projects with disadvantaged groups. Not only would it increase confidence and provide some valuable experience to reflect on, but the learning could then be applied to subsequent Social Care settings.

According to the results, career guidance played an insignificant role in directing people to the course. Though the recession appears to have been a catalyst for some of the males to study Social Care, the ratio of males to females working in social care remains low. Given the current economic situation and high rates of emigration, the author suggests that greater attention should be placed on careers in Social Care for males in school.
Appendices

Appendix I. Cover Letter

Dear Student,

My name is John McEvoy.

This questionnaire is part of a research project that I am conducting as a student of the BA (Hon) Applied Social Studies in Social Care course.

The aim of my research is to find out why mature students to choose to study social care. There is very little information in this area and I would like to document these motivations, as well as the areas that students would like to work in.

I would be grateful if you could participate in this survey and fill out this questionnaire.

The information given in this questionnaire is confidential and your name is not required to participate.

I appreciate that some aspects of the questionnaire could be quite personal, so there is no obligation to provide information that is sensitive. There is no obligation to answer any such question. All information and participation in this survey is voluntary.

I sincerely appreciate you reading this and giving your time to fill in the questionnaire.

Kindest regards,

John McEvoy
Appendix II. Research Questionnaire

Questionnaire

Instructions

Please attempt to answer all of the questions. Tick the relevant boxes and rate your choices in order of importance from 1, 2, 3 etc..

Gender: Male ☐ Female ☐


1. How did you become aware of the Social Care course in Athlone Institute of Technology?

_______________________________________________________________________
_______________________________________________________________________

2. Why did you decide to study Social Care?
   [Please number 1, 2, 3 etc.. in order of importance…]

☐ Financial rewards  ☐ Help others  ☐ A follow on course  ☐ Prestige  ☐ Job satisfaction  ☐ Acquaintance with someone that works in the area  ☐ Prospect of career development  ☐ Previous experience  Other [Please Specify]

_______________________________________________________________________

_______________________________________________________________________
3. **Have you any professional or personal experience of providing care to someone?**

   *This could be though work, volunteerism, caring for a family member etc.*

   - Yes
   - No

   [If yes, please specify, if comfortable with answering]

   ____________________________________________________________

   ____________________________________________________________

4. **Have you any personal experience of receiving care?**

   *This could be support received during a difficult time etc.*

   - Yes
   - No

   [If yes, please specify, if comfortable with answering]

   ____________________________________________________________

   ____________________________________________________________
5. **How important do you think a personal experience of care is when pursuing a career in Social Care?**  
   [Please choose ONE answer]
   
   □ Not important  
   □ Some importance  
   □ Major importance  
   □ Not sure / Don’t know  

   [Please elaborate if comfortable with answering]

   ____________________________________________________________

   ____________________________________________________________

6. **Which of the following best describes you experience of Social Care to date?**  
   [Please choose ONE answer]
   
   □ I have no experience  
   □ I have personally received care  
   □ A member of my family has received care  
   □ I have personally provided care  

   [Please elaborate if comfortable with answering]

   ____________________________________________________________

   ____________________________________________________________
7. How influential was your experience of providing or receiving care on your decision to study Social Care?

[Please choose ONE answer]

☐ No influence
☐ Some influence
☐ Major influence
☐ Don’t know / Not sure

[Please elaborate if comfortable with answering]

________________________________________________________________________
________________________________________________________________________

8. Is there an area in Social Care that you would prefer to work in?

[Please answer Yes / No]

☐ Yes
☐ No

[If yes, please number 1, 2, 3 etc.. in order of importance…]

☐ Disability
☐ Children’s Residential
☐ Family Support
☐ Travelling Community
☐ Preschool Children / Crèche
☐ Asylum seekers / Refugees
☐ Social Work
☐ Elderly People
☐ Community Projects
☐ Garda Diversion
☐ Probation
☐ Addiction
☐ Domestic Violence
☐ Crisis support
9. Why do you have an interest in this role?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

10. What would you consider to be the most rewarding aspect of this role?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

11. What would you consider to be the most challenging aspect of this role?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Thank you for participating in this research and for taking the time to fill in this questionnaire.

Best of luck!


