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Family Relations and Elder Care Among Arabs in the North of Israel

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Abstract

The study examined family relations and elder care, in light of the modernization processes that are taking place in the Arab sector. Interviews with 25 older adults, 27 family members, and 5 paid home care workers of an Arab origin were conducted. Qualitative analysis consisted of constant comparisons and contrasts of relevant themes. Most Arabs reported that intergenerational solidarity is very strong in the Arab sector. Whereas many older adults and a few of their family members tended to favor paid care, the majority of Arab family members and fewer older adults stated that family care is preferred. Finally, a third theme outlined the desired properties of care, which consists of a true mix between formal and informal care. The study points to two sources of tension between (a) older adults and their family members and (b) perspectives on care held by the National Insurance Institute and the Arab sector.

Keywords

intergenerational solidarity, conflict, ambivalence, cultural sensitivity, informal care, formal care

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What Is Known About the Topic?

- The long-term care insurance aims to keep older adults in the community.
- The Arab society in Israel vacillates between traditional values and modernization.

What This Paper Adds?

- We found tension between older Arabs and their family members with regard to expectations for family care.
- We found tension between perspectives on care held by the National Insurance Institute and the Arab sector.

There has been a growing interest in the effects that the transition from traditional societies to more modern societies has on intergenerational relations and elder care (Sibai & Yamout, 2012; Silverstein, Burholt, Wenger, & Bengtson, 1999). The present study examines the Arab society in the North of Israel as a case example of a society in transition. Arabs in Israel encompass 20% of the country. It is a diverse group composed of Muslims, Christians, Druze, and Bedouins. The North of Israel is relatively poorer, more rural, and less developed than the center of the country. It is, however, an appropriate setting for the present study, given the fact that the Arab sector constitutes the majority in this geographical region mounting to more than 50% of the population (Israel Central Bureau of Statistics, 2008). The Arab population is relatively young, with only 4% of its population being over the age of 65 (Brodsky, Shnoor & Be'er, 2012).

Israel is a society between tradition and modernization (Ayalon, Karkabi, Bleichman, Fleischmann, & Goldfracht, 2015). This is true for both the Jewish and the Arab sectors. Nonetheless, the Arab sector in Israel is considered to be more traditional. Most Arabs used to work in agriculture and subsequently in construction work. Compared with the Jewish population, the Arab population is less educated and its socioeconomic status is lower (Israel Central Bureau of Statistics, 2008). Older Arabs are more likely to suffer from physical impairments (Osman & Walsemann, 2016; Spalter, Brodsky, & Shnoor, 2014). They are also likely to die on average 3 years before Jews (Brodsky, Shnoor & Be'er, 2012).

The Arab population in Israel underutilizes formal care services (Azaiza, Lowenstein, & Brodsky, 1999). There are very few nursing homes dedicated

to serving the Arab community, with the first nursing home, opening up about two decades ago (Suleiman & Walter-Ginzburg, 2005). Past research has shown that older Arabs in Israel prefer to be cared for by their family members (Khalaila & Litwin, 2011). Hence, most of the care is provided in home by family members who live in close proximity and only a minority relies on paid home care (Azaiza & Brodsky, 1997).

The Intersection Between Formal and Informal Care

The intersection between formal and informal care has been examined through several different lenses. The *substitute model* suggests that formal care weakens and eventually replaces informal care provided to older adults (Agree, Freedman, Cornman, Wolf, & Marcotte, 2005; Tennstedt, Crawford, & McKinlay, 1993). An alternative model has argued for *task specificity*, namely, that the roles of formal versus informal care are determined based on the type of tasks required (Litwak, 1985). A *hierarchical compensatory* model has argued that caregiving tasks shift from informal to formal after all other options have been utilized (Cantor, 1979). Finally, a *supplement model* suggests that formal services complement informal services to meet the specific needs of older adults and in line with the availability of informal support (Chappell & Blandford, 1991; Davey et al., 2005). Researchers have argued that different intersections between formal and informal care occur in different life periods (Sundström, Malmberg, & Johansson, 2006). Using the concept *convoys of care*, researchers have suggested that care arrangements are dynamic, evolve over time, and are uniquely tailored based on the constellation of person, family, and environment (Kemp, Ball, & Perkins, 2013).

Similar to the rest of the world, most older Israelis are cared for in their own homes. This meets their preferences (Khalaila & Litwin, 2011) and is also considered a cheaper alternative to the state. The government through the National Insurance Institute (NII) of Israel implements the long-term care insurance (LTCI) law, which provides financial support to older adults who require assistance in activities of daily living (Iecovich, 2012). Although financial status is one criterion in determining eligibility, the bar is relatively high, so that currently almost 17% of all older adults in the country are covered through the law (The NII of Israel, 2015). The LTCI law supports for up to 22 hr of care per week to the most impaired older adults.

Under the LTCI law, there are two types of available care: live-in and live-out care. Only older adults with the highest levels of impairment are eligible to receive live-in home care. Live-in services are provided round the

clock by migrant workers, whereas live-out services are provided for up to 22 hr per week by local Israeli workers (Ayalon & Green, 2013). A substitute model is more likely to occur when live-in services are provided. In contrast, when part-time, live-out services are provided, task-specific or supplemental models of care are expected to be more prevalent.

The Theoretical Grounds of the Present Study

The present study examined elder care in the Arab population in Israel from the perspective of intergenerational solidarity (Bengston & Mangen, 1988; Bengtson & Roberts, 1991). According to this theory, the solidarity between family members of different generations is composed of six dimensions that include structural solidarity (geographic distance that constraints or enhances contact), affectual solidarity (emotional closeness and intimacy), consensual solidarity (agreement in opinions and values), functional solidarity (exchange of instrumental and financial assistance), and normative solidarity (strength of obligation toward other family members). Subsequent research has reduced the number of dimensions to three: affinity, opportunity structure, and function (Silverstein & Bengtson, 1997). In the case of the Arab population in Israel, it is expected that the community is undergoing substantial changes in a transition from a traditional to modern society. As a result of these changes, various aspects of intergenerational solidarity might be hampered (Katz & Lowenstein, 2012; Lowenstein & Katz, 2000). This could in turn result in high levels of conflict between the generations.

Indeed, an additional construct was later added to this framework to represent conflict as a normative aspect of family relationships that may coexist with family solidarity (Bengtson, Giarrusso, Mabry, & Silverstein, 2002). Families could be characterized as being low on conflict and high on solidarity, low on both, or vice versa (Silverstein, Chen, & Heller, 1996). An alternative view suggests that intergenerational ambivalence may also occur, especially in situations that elicit tension between dependency and autonomy or when conflicting norms about intergenerational relationships exist (Luescher & Pillmer, 1998). This tendency toward ambivalence tends to characterize Israel in comparison to other countries (Silverstein, Gans, Lowenstein, Giarrusso, & Bengtson, 2010).

The Present Study

Examining current beliefs and practices with regard to elder care in the Arab sector can provide important insights about modernization trends and their

effects on the lives of older adults and the people who care for them. The study aimed to examine family relations and perspectives about paid and unpaid care, in light of the modernization processes that are taking place in the Arab sector.

This study is part of a larger research, funded by the NII, which interviewed older adults, their family members, and their home care workers. In addition, we interviewed NII workers, who are responsible for making decisions regarding the eligibility of older adults to obtain financial assistance that would support their efforts to stay in the community. Both Jewish and Arab respondents were interviewed. However, given the focus of the present study on care in the Arab sector, only interviews with older adults, family members, and home care workers of an Arab origin were included in this article.

Method

Sample

The study was supported by a grant from the NII and approved by the ethics' committee of Bar Ilan University. The study concerns Arab older adults, their family members, and home care workers. We specifically selected individuals who resided in different geographic regions in the North of Israel (e.g., mixed cities of both Jews and Arabs, solely Arab cities, and small villages). The socioeconomic status of these areas varied between 2 and 5, out of a maximum of 10, according to the Israel Bureau of Census. Hence, they all tended to be on the lower side of the socioeconomic spectrum. The distance to NII services also differed with some regions having the NII facility in close proximity and others requiring a commute in order to reach services.

The NII provided the research team with a list of names of older adults over the age of 70 who applied for financial assistance from the NII through the LTCI law and resided in the North of Israel. We interviewed participants regardless of whether or not their claim to the NII was successful. We approached these individuals and asked for the contact information of their main family caregiver and paid home care worker when applicable. Overall, the present study is focused on 25 older adults, 27 family members, and 5 paid home care workers of an Arab origin. All home care workers provided part-time, live-out services. None of the older adults in the study employed a live-in home care worker. The details of the sample are listed in Table 1.

Table 1. Demographic Characteristics of the Sample.

Characteristics	Older Adults ($N = 25$)	Family Members ($N = 27$)	Home Care Workers ($N = 5$)
Age in years	78 (3.9)	50 (11.8)	29 (7.9)
Men	6	12	1
Education in years	3 (3.3)	10 (4.4)	9 (3.8)
Christian	2	2	
Druze	1	2	
Muslim	22	23	5
Relationship to the older adults	NA		NA
Child		16	
Spouse		5	
Other		10	
Weekly number of hours of care	NA	10 (6.6)	NA
Daily Number of Hours of Care × Number of Days Care is provided	NA	NA	3 (1.0) × 5 (1.8)
Subjective health (1–5)	1.9 (.6)	3.5 (.9)	3.8 (.4)
Subjective socioeconomic status (1–4)	1.5 (.6)	2 (.6)	2 (.5)
Have a home care worker		NA	NA
Yes	9		

Procedure

The interview guide was constructed as a funnel. Interviews with older adults, their family members, and paid care workers started with broad questions concerning the home care arrangement and the relationship between the involved stakeholders (e.g., older adults, family members, and home care workers) and more specific questions toward the end of the interview guide. Broad questions addressed issues such as "tell me about your relationship with other family members/the older adult/the home care worker" and "tell me about the type of care you receive/provide." Respondents were asked comparative questions such as "what is the difference between the care provided by a paid home care worker and the care provided by a family member," "what is the difference between care provided in the Arab sector versus care provided in the Jewish sector," and "what is the difference between elder care provided in the North of Israel versus other parts of the country." Respondents were asked descriptive questions such as "how did you reach the decision to approach the NII" and "tell me about your encounter with NII officers." They were also asked interpretive questions such as

"what are the challenges of having a paid home care worker" or "what is unique about the care provided in the North of Israel" (see the Appendix for a detailed interview guide).

Interviews were conducted by trained interviewers with a bachelor's or a master's degree in the field of social science. Interviews lasted between 30 min and 1 hr. Interviews were conducted in the place of choice of respondents, most often in the homes of the older adults. All interviews were recorded and transcribed verbatim. Interviews were conducted in Arabic and translated into Hebrew.

Analysis

Interviews were analyzed thematically. I approached the interviews using open coding of the smallest units of meaning in the text (Elo & Kyngäs, 2008). Initially, each interview was analyzed separately. Subsequently, codes were collapsed into larger categories of meaning, while comparing and contrasting within and across interviews. At this stage, each of the interviews was reviewed once again. Comparisons and contrasts were conducted within and between interviews to collapse the smaller units of meaning into larger categories (Miles, Huberman, & Saldana, 2013). For instance, a category called "good care" included smaller codes, which indicated good relationship with carer, but also the adequate provision of personal care, and so on. Next, I used selective coding to create a coherent storyline of a unified meaning (Corbin & Strauss, 1990). Of the various categories identified, I selected thematic categories that addressed the concepts of formal versus informal care as the major thread that guides this article. These themes are described in detail in the Findings section. Each of the themes was examined from the perspective of the various stakeholders (e.g., older adults, family members, and paid home care workers) who were interviewed in this study. Comparisons and contrasts between stakeholders are outlined. Other major themes such as a strong sense of injustice and discrimination, the status of women in the Arab sector, or grievances about the NII were addressed in other papers.

Sources of trustworthiness. The interviews were conducted with three different groups of stakeholders (e.g., older adults, family members, and paid home care workers) to provide a broader outlook on the phenomenon. All stages of data collection and analysis were fully documented to provide an audit trail (Rodgers & Cowles, 1993). In addition, a thick description was provided by supplying detailed quotes from the interviews to allow the readers an opportunity to judge the adequacy of the themes proposed (Ponterotto, 2006).

Finally, the coding scheme was discussed with policy makers in the NII to obtain their feedback.

Findings

Three major themes that address the intersection between formal and informal care were identified. The first theme addressed solidarity between the generations. Most Arab respondents reported that intergenerational solidarity is very strong in the Arab sector. They contrasted the strong solidarity between the generations in the Arab sector with a much weaker intergenerational solidarity among Jews. A second theme contrasted paid care with family care. Whereas many Arab older adults and a few of their family members tended to favor paid care, the majority of Arab family members and fewer older adults stated that family care is preferred. Finally, a third theme outlined the desired properties of care in the eyes of Arab older adults and their family members. Based on their reports, the desired type of care consisted of a true mix between formal and informal care.

Solidarity Between the Generations

Most Arabs discussed functional and normative solidarity as being extremely strong in their own family and community. When asked to describe the care they provide to their older family members, adult children outlined in great detail the type of tasks they provide. They said they do it out of duty and respect. Many emphasized their religious tradition that promotes elder care.

Respondents specifically stressed that intergenerational solidarity was stronger in the Arab sector compared with the Jewish sector. This response was more common in the children generation. They have stressed the adequate personal care provided to their parents (functional solidarity) and the fact that family members live in close proximity and see each other very frequently (structural solidarity) as indications of the strong intergenerational solidarity in the Arab sector. The following is a quote of a 54-year-old Muslim son:

> Of course, there are differences in mentality. In the Arab culture, taking care of older adults is part of our tradition. A religious command even. This is why the entire family groups together. I know this is not the same with the Jews. This does not exist in their culture. Or exists in a very low dosage. They have nursing homes. They have a high demand for nursing homes and this is why

> the nursing homes are of high quality. Here this hardly exists and there is no demand for this.

Another 57-year-old Muslim son explains the commitment to elder care as a combination of emotional and religious obligations (e.g., affectual and normative solidarity, respectively), which dictate strong family solidary and intergenerational care of the younger generation toward older family members:

> "We, the Arabs, have a commitment to older adults. To our parents. This is an emotional commitment and a religious commitment. We assist our parents. This is what our religion commands us to do." In this quote, in addition to functional solidarity, the son mentions affectual solidarity.

This was further corroborated by a home care worker: "the advantage here is that we all take care of each other. There are very close ties between people. We enjoy excellent relationships. We take care of each other."

Although intergenerational solidarity was addressed, there were some "cracks" in the perfect picture of care. Some family members complained that care was not adequately shared and that even when there were many siblings to provide care theoretically, in practice, this was not the case and usually, a single daughter or daughter-in-law carried the load. The following is a quote of a 53-year-old Christian daughter about the care provided to her mother:

> I do everything. Only me. Nobody comes here. They all live far away. I am the one who gets all the tension. I have kids I need to care for. My father is old and cannot help. I do everything for God, as this is a command.

Work–family interference was brought up as a major obstacle to the quality of care provided to older adults. Older adults, their family members, and the paid home care workers have stressed the fact that family members have multiple obligations. Working, raising a family, and providing care to an older adult who suffers from sickness and disability were seen as competing tasks that often place family members in a very stressful situation, given the high time demands of these various tasks. The following is a quote of a 30-year-old Muslim paid home care worker who addressed the topic:

> In our society, it is a moral commitment. The problem is that family members are busy. Everyone is busy. There are a lot of people in our community who are completely alone. Without a paid carer, they will never manage.

A different home care worker added, "sometimes, she (the older care recipient), does not want to speak with her sons. Sometimes, she is hurt because they did not visit her on that day. But, the minute I ask her to speak with them, she immediately respects my request."

Although similar to family members, many older adults emphasized the strong intergenerational solidarity in the Arab society; some expressed a great sense of loneliness and isolation. Both older adults and their adult children stated that adult children are extremely busy nowadays, managing their own careers and families. Hence, many older adults expressed a sense of dissatisfaction with current family relations. The following is a quote from an interview with an older adult:

> Every day, a family member comes to visit. When they visit each other, they also visit me. But, there are some (kids) that I see only once a week. They each have their own work. Sometimes they come home tiered. I do not want to burden them. I want them to have peace and quiet . . . . Most of them do not do enough. But, I have no complaints to anyone. Each has his or her own work. Not everyone is the same. Some come more and some come less.

Another quote of a 75-year-old Muslim woman compliments the picture by stressing how lonely she feels:

> The daughter who cares for me, comes and does everything. But the rest of the kids do not do anything. They come by and I call them. They don't even listen to me. I call my granddaughter to come over and sit with me. But, nothing . . . . What else can I tell you? Sometimes, the wife of my son comes over to help a bit.

Formal Versus Informal Care

The majority of adult children reported a strong preference toward family care. They stated that care by a family member is by far superior to care provided by home care workers. Providing the care with "all your heart" and being available to perform personal care tasks were identified as activities that family members could do better than home care workers. This is clearly discussed in the following interview with a 52-year-old Christian daughter:

> The things I do for my mom, no one will do. There are things I cannot even tell. These are things no one will do for my mom. Only me. If my mom throws up, I can clean her up. No one will do this. If she pees in her pants, I can clean her up. No paid carer will do that. Even my sister said she can't do this for our mom.

A different response states that family care is desired, but because this cannot always be provided adequately, paid care can complement family care for some of the tasks. Nonetheless, the most desired form of care is the one provided by family members, as it is seen as being of better quality:

> As a principle, the older adult prefers to receive care from family members. From close people he knows. People he trusts and can rely on. This includes the performance of intimate tasks, such as showers, taking to the restroom, changing cloths, even cooking food. The truth is that it is the safest situation when a family member does it. But, family members are not always available. They have their own work, their own life, their own families and commitments. This is why it is important to have a paid carer. Someone who comes regularly; on a regular time. Even though this is a poorer service, it is provided regularly, on time. It is preferred that the older adult receives family care, but a paid carer will complement this. Ideally, a family member would have stayed with the older adult and helped him. This is the best and the most important thing. But, very few people can do this. (A 51 year-old Muslim son)

In contrast to adult children, Arab older adults were leaning more heavily toward favoring paid care. They emphasized that their children were busy with their own career and family and stated that in contrast to their adult children, home care workers were committed to providing care. Reportedly, home care workers come on a set schedule and regard elder care as their duty. Older adults felt as if they could ask a home care worker to perform tasks an adult child may or may not agree to perform. Hence, most Arab older adults reported a preference toward a paid carer. This is elucidated in the following quote:

> Family members are good and important but sometimes, family members are too busy. They have a family, they work. The paid carer comes on a regular basis. It is her work. She has to come on certain hours. There is also supervision and monitoring of her work. I think this is much better. Even if sometimes the older adult would be ashamed to ask for assistance. Sometimes, there are sensitive tasks, only a family member can perform. But she is still there, on constant times, doing whatever you need. (A 73-year-old men)

Similarly, although this 69-year-old Muslim woman preferred family care, she was able to articulate the advantages inherited in paid care: “The kids are more merciful, more gentle. But, when the paid carer gets here, I give her instructions and not the other way around.”

Another 75-year-old Muslim woman stressed her preference toward paid care, by contrasting it with family care:

> The advantage is that the older adult does not ask for favors from anyone. The carer has to help her. Paid care is preferred. This is care due to one's right. No one is doing you a favor.

A few older adults even stated that formal institutions were superior to family care and that for them care would be more adequate if provided via a home care worker in a formal setting. This is exemplified in the following quote:

> What do I need, if this (daughter) comes with no willingness and the boys have started to negotiate who is coming when. I begged my kids, asking them to take me to a nursing home. I have never been in an institution but I have heard a lot about it. I heard the carers are good. They bring food and tea to bed. There are people who care for older adults over there. There is a woman who comes and helps in the shower. My daughter refused. She said this was a disgrace. The kids refused. The kids said they would come and care for me.

This preference toward paid care is also expressed by the following 77-year-old Muslim woman. Apparently, dissatisfaction with the family care provided is often a good reason to favor paid care:

> There is a big difference between a paid carer and a family member. When it comes to my kids it feels like they are doing me a favor. I cannot request them to do things. There are limitations. A paid carer, is something different. She receives money and does not do me a favor. I can ask her to do things without feeling embarrassed. Without feeling she is doing me a favor. She has to come on time. There are set hours. She will do the household chores: cleaning, dishes, if I need a shower or change my clothes. There is no way, she would come whenever she wants or be busy. She has set hours and she has to do her work during that time.

A home care worker also stressed the benefits of paid care: "I am very new. I have been to her place only five times. She really likes me though. I feel very comfortable with her. She says she is satisfied with me services."

The Ideal Carer

The ideal carer was portrayed as a mix between paid and family care. Older Arabs reported a preference toward paid care, but at the same time, they

argued that the paid carer has to be someone they know. A person from the same village or family was desired. Proximity and familiarity were seen as important qualities. Hence, having a complete stranger as a carer was rejected as unacceptable. The following statement was made by an 80-year-old Muslim woman:

> Anyone who comes here, we will be fine. I will respect her. We will get along just fine. But, this should be someone from the village. Someone I know and she knows me. Not someone from outside the village.

A different 82-year-old Muslim woman stressed the exact same argument about the importance of familiarity and prior acquaintance with her paid carer: "If it is a worker I am not familiar with, not used to, it is uncomfortable. This may not work well."

These same qualities seem to hamper the ability of older adults to receive funds through the NII, which views this type of paid care by family members as a way to transfer money in the family, rather than as a legitimate desire. This is because the NII views the financial support it provides through the LTCI law as a means to supplement and support family care, rather than as a way to fund family care.

> In the beginning, they (NII) used to give us 1,000 Shekel. I used to give this to my grandson, who came over and showered me, shaved me. His mom also came over and helped. (A 68-year-old Muslim woman)

A 74-year-old Muslim woman also argued for the importance of financially supporting the employment of family members through the LTCI law:

> The carer who came over for 2 hours per day stopped coming, because she said the money wasn't enough and she wasn't going to work for so little money. Why don't they (NII) let us employ a family member? What is the problem that a family member would get paid to come over and takes care of me?

Discussion

The present study examined the intersection between formal and informal care in the Arab sector in the North of Israel. The Arab society is a society between tradition and modernization (Ayalon et al., 2015; Khalaila & Litwin, 2011). It is exposed to "Western" values and practices that favor the nuclear family over the extended family, yet at the same time, also has a strong

tradition of respect and care for older family members. The present study is unique for its reliance on qualitative interviews with multiple stakeholders (e.g., older adults, family members, and home care workers) to better understand the perspectives of Arab older adults, their family members, and home care workers on family relations and elder care in a society in transition.

As expected, intergenerational solidarity was portrayed as being high in the Arab sector. This solidarity was manifested by close proximity, frequent daily contact, and the performance of instrumental and personal care tasks to support the older adult in his or her home. Unexpectedly, however, this solidarity was criticized primarily by older Arabs who often viewed the type and frequency of care provided by their family members as being inadequate. In particular, structural (e.g., geographic proximity) functional solidarity (exchange of instrumental and financial assistance) and normative solidarity (strength of obligation toward older family members) were seen as being inadequate. Although this finding is unexpected, it is consistent with past research that has found that older adults in traditional societies are the ones to report the highest levels of loneliness (Sundström, Fransson, Malmberg, & Davey, 2009). Similarly, research conducted in Israel has found that older Arabs report the highest levels of loneliness more so than Jewish older adults (Shiovitz-Ezra, 2011). Apparently, in the transition between traditional values and modernization, Arab older adults feel a strong sense of dissatisfaction due to inadequate perceived social support. Hence, this study further corroborates that older adults do not necessarily have their needs met in societies that transition from traditional family values to more modern individualistic values.

Whereas family members tended to emphasize the benefits of family care, older adults favored paid care. Because family members are the ones expected to provide elder care, they likely feel obligated to advocate for the values of family care and intergenerational solidarity. Older adults, on the other hand, are the recipients of such care. They can explicitly criticize current practices of family care at no "societal cost," as it is not their duty to provide such care. The issue of formal versus informal care likely represents a source of tension and potential conflict between older adults and their family members. Conflicting values and traditions interact to possibly create frustration among family members as well as among the older adults they care for. These changes might reflect an attempt to maintain consensus solidarity (e.g., greater concordance in terms of values) between generations in the Arab sector.

The third theme concerned the ideal carer. Many portrayed such a carer as a mix between formal and informal care. On the one hand, this person would

be a family member or at least someone familiar from the same village, but on the other hand, this person would receive financial compensation for the care provided. The provision of financial compensation for one's care is seen as a way to change the power structure in the caregiving–care receiving dynamics between family members and their older adults. When no financial compensation is provided, family members who provide the care are seen as the ones who make the final call. Many older adults viewed themselves as being subject to the mercy of their family members and as having few opportunities to "say the final word" in the interaction. The introduction of financial compensation for family care reshaped the relationship, so that older adults regained their power to dictate the type and quality of care they wished to receive. In the view of many older interviewees, this turned older adults from beggars to choosers.

It is interesting to note that the NII somewhat disapproves paid family care. Paid family care might be seen by the NII as a potential source of abuse, as money remains in the family and formal authorities likely have little opportunity to intervene and ensure that the care provided is of adequate quality. As a result, until very recently, the financial assistance provided by the NII was in the form of services rather than in the form of actual financial support (Iecovich, 2012). This follows a paternalistic perspective that views older adults as being in need for protection rather than as capable of making their own long-term care decision choices (Da Roit & Le Bihan, 2010).

The discordance between the NII's view on paid care and the view of the Arab interviewees in this study also demonstrates a potential conflict between the Jewish perspective, which is currently the dominant view in the country and is reflected in the law enforced by the NII and the Arab perspective on elder care. Whereas the Jewish perspective likely reflects acceptance of paid care and willingness to introduce paid care into the family (Ayalon, 2009), Arabs might be more conflictual about this (Azaiza et al., 1999). On the one hand, they are aware of the fact that family members, who are the traditional suppliers of care and support, are highly busy and have many obligations that prevent them from fully dedicating themselves to elder care. But, on the other hand, they still wish the care to remain within the family. A reasonable alternative, yet not necessarily well received by authorities, is the combination of formal and informal care, which advocates for financial compensation to familiar individuals and even family members for the care they provide.

The present study does not go without limitations. First, the study focused on the North of Israel, which has its own unique characteristics. Hence, the findings may not be relevant beyond this region. In addition, although we

attempted to have a representation of various religious affiliations, interviewees were mainly Muslim. This goes in line with current demographics in this part of the country but does not allow adequate information on individuals of different affiliations such as Christian, Druze, or Bedouin. Finally, the study did not address gender differences in the provision of care in the Arab sector in Israel. The Arab society is largely patriarchal (Moghadam, 2004), with women being expected to provide care to their parents and parents in law as well as to children and other sick members of the family. Given the changes that take place in this sector (Haj-Yahia, 1995), it is likely that the role of caregivers, which in the past was automatically assigned to women, now goes through substantial changes. Future research will benefit from examining these changes from a gender perspective.

Nevertheless, the present study provides clear insights into emerging global issues. The study stresses the tension between traditional values of family care and elder respect and more modern values of career orientation and individualization (Ayalon et al., 2015; Khalaila & Litwin, 2011). More specifically, the study points to two major sources of tension. The first source of tension is between older adults and their family members. Whereas family members make great attempts to maintain and advocate for the traditional values of elder care within the family, older adults often are disillusioned by these attempts and view the care provided to them as being inadequate. A second source of tension concerns different perspectives held by the NII and the Arab sector in Israel. The NII likely represents the values of the Jewish majority in the country and tends to adopt somewhat paternalistic policies, which attempt to protect older adults from abuse and neglect, rather than maintain their autonomy. In contrast, the Arabs interviewed in this study report a preference toward a mixture of formal and informal care as a way to find a compromise between traditional and more modern values and practices. The present study is a first step in changing policies with regard to elder care in the Arab world. Such a change in policies will likely be more in line with current preferences and practices held by the Arab sector in the country.

Appendix

Interview Guide

Older adults and family members were asked the following questions:

- Tell me about your relationship with family members/older care recipient/paid home care/workers.
- Tell me about the care you receive/provide.

- What are the differences between paid/unpaid/family care? What are the similarities?
- What are the advantages/disadvantages of each paid/unpaid/family care?
- What is unique to care in the Arab/Jewish sectors? What are the differences in care between the two sectors?
- Tell me about the decision to ask for LTCI.
- How was your encounter with the NII?
- What are some of the challenges? What helped you in dealing with the institute?
- If your claim was rejected, how do you explain this? Why do you think your claim was rejected?

Home care workers were also asked the following additional questions:

- Tell me about your work.
- Why did you pursue this job? Why older adults?

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