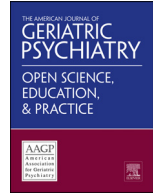


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“This is Not My War:” Moral Challenges Faced by Migrant Home Care Workers at Times of War

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ABSTRACT

Objective: The present study aimed to examine the experiences of migrant home care workers following the October 7 massacre and the Israel-Hamas war that followed. **Methods:** About 25 interviews with migrant home care workers were conducted. Interviews were analyzed thematically. **Results:** An overarching theme of moral challenges at times of war was identified. The first theme addressed the challenges faced by migrant home care workers who find themselves during a war that is not theirs. A second theme concerned the requirement to seek shelter within a very short period, which means that at least some older care recipients under certain conditions are unable to reach a safe room on time. The third theme concerned the dilemma of staying in Israel versus going home to a safe place, given the ongoing war. **Conclusions:** The findings highlight the interdependence which is formed within the migrant home care arrangement and the challenges faced by migrant home care workers, who transitioned for financial reasons, but found themselves in a war situation with financial, emotional, and social commitments that challenge their loyalties. (The American Journal of Geriatric Psychiatry: Open Science, Education, and Practice 2024; 2:11–18)

Highlights

- What is the primary question addressed by this study?

The primary question addressed by this study concerns the experiences of migrant home care workers during times of war in Israel.

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- **What is the main finding of this study?**

An overarching theme of moral challenges at times of war was identified. Migrant home care workers had to make sense of a war that is not theirs and negotiate their own safety versus the care of the older care recipient.

- **What is the meaning of the finding?**

The findings highlight the interdependence which is formed within the migrant home care arrangement and the challenges faced by migrant home care workers. Those workers transitioned for financial reasons, but found themselves in a war situation with financial, emotional, and social commitments that challenge their loyalties.

On October 7, 2023, the lives of all people in Israel took a negative turn. More than 1,200 people were murdered, more than 240 were kidnapped to the Gaza Strip, and a few thousand people were injured by the Hamas terror organization. Many of these people were civilians, representing some of the most vulnerable groups in society, including infants, toddlers, teenagers, women, older persons, and migrant workers. In the months that followed during the Israel-Hamas war, missiles and rockets have been fired at civilian populations daily. Moreover, a substantial number of civilians was forced to evacuate their homes and are still internally displaced at the time of the writing of this paper, 7 months following the attack. In this context, many older and younger persons alike, including migrant home care workers, have found themselves struggling in the face of a new reality.^{1,2} The present study explores moral challenges brought by the current war from the perspective of migrant home care workers in Israel.

Migrant home care is a highly popular care arrangement worldwide.^{3,4} This is because migrant home care represents an opportunity for older persons to age in place, in their own home, in their familiar environment, and at the same time allows family members to share the substantial load of care. In Israel, there are 58,605 documented migrant home care workers, and an additional 13,298 undocumented workers who provide round-the-clock care to older persons in their own homes.⁵ In the context of elder care, the current Israel-Hamas war has resulted in several moral and loyalty challenges, which resemble those raised in the context of the COVID-19 pandemic.⁶ Specifically, older persons' susceptibility was evident during the pandemic, as well as during the Israel-Hamas war. During the current war, older persons are required to seek shelter within a very short

period (between 10 seconds and 1.5 minutes, depending on geographic location), which means that many are unable to reach a safe place on time. Moreover, just like the case of the COVID-19 pandemic, during the current war, family members are torn between caring for older persons and caring for their young children, who were left without adequate schooling during the first few weeks of the war.¹ Likewise, during the pandemic, many care workers left the older persons in fear for their own lives.⁷ A similar situation also was evident in Israel during the early months of the war.⁸

Moreover, there are some similarities between the October 7 massacre that took place in Israel and the 9/11 terror attack that occurred more than 20 years earlier in the United States. One such similarity concerns the situation of migrant workers. Both in Israel and the United States, migrant workers were directly affected by the event, coupled with the undocumented status of some of the workers, which made it difficult for them to receive assistance and acknowledgement as victims of terror.⁹ Moreover, following the 9/11 terror attack in the United States, there was a rise in anti-Muslim and anti-Islam sentiment, which had a substantial impact on Muslim migrants living in the United States.¹⁰ In Israel as well, a similar sentiment has evolved following repeated exposure to terror attacks.¹¹

Although moral challenges of migrant home care workers in the context of war and terror have received only limited attention thus far, it is argued here that many of the challenges previously explored in detail with regard to the pandemic^{6,7,12} are also relevant in the present context. We are aware of only one study, that explicitly addressed moral issues concerning migrant home care during the war, briefly mentioning the need to seek shelter within a short

period of time as a situation that may raise moral issues.¹³ Considering the shortage of past research, the present study aimed to examine moral challenges faced by migrant home care workers during the Israel-Hamas war. We employed an inductive stance of curiosity and openness and did not pose specific research hypotheses to allow the findings to guide the analysis and identify emerging themes.¹⁴

METHODS

The Sample

The study was approved by the ethics committee of the PI's university (#112305, November 2023). To recruit participants for the study, we used a snowball sampling technique. The initial participants were recruited through support groups for family members of individuals with dementia organized by the Alzheimer's Association of Israel. These family members, whose close relatives (parents, grandparents, or siblings) are cared for by migrant home care workers, connected us with the migrant home care workers. The migrant home care workers who participated in the study referred us to other migrant home care workers within their personal networks and community connections. In total, 25 migrant home care workers were interviewed as part of the study. Most of the workers came from Uzbekistan (32%), the Philippines (28%), Moldova (20%), and a few came from Sri Lanka and Ukraine. Most migrants were women (92%). On average, they were 5 years in the country, with a wide range of 5 months to 21 years.

All older care recipients except for three were widowed (one single, one divorced, and one married, living with her husband, who has dementia and is also cared for by the migrant caregiver). Out of the 25 older people, three had no children at all: two of them had siblings (main caregivers from family members), and one had no relatives at all. All lived in separate houses from their children, either in the Central or Northern part of Israel (only one lived in a Southern city), together with a migrant caregiver. Out of the 25 older care recipients, 12 had advanced-stage dementia. Prevalent health issues included orthopedic problems, blood pressure and heart problems, diabetes, digestive system issues, and cancer. The average age of the care recipients was 91 years ($SD = 5.02$); all

TABLE 1. Socio-Demographic Characteristics of the Migrant Home Care Workers (n = 25)

	Mean (SD)	Range
Age	45.64 (8.02)	36-61
Number of years of education	11.84 (2.28)	8-19
Number of children	2.12 (1.26)	0-5
Years in Israel	5.168 (4.11)	5 months-21 years
Length of work in the present family (with PwD)		5 month- 11 years
Gender	(%)	
Female	92	
Marital status		
Single	16	
Married	56	
Divorced	12	
Widowers	16	
Place of origin		
Philippines	28	
Moldova	20	
Ukraine	8	
Uzbekistan	32	
Sri Lanka	12	
Economic status (subjective)		
Below average	4	
Average	72	
Above average ("Good" and "very good")	24	
Health condition (subjective)		
Below average	0	
Average	40	
Above average ("Good" and "very good")	60	

were born outside of Israel (three in Germany, one in the United States, one in Iran, three in Russia, two in Belarus, two in Ukraine, one in Latvia). The average number of children was 1.76 ($SD = 1.18$), grandchildren 4.15 ($SD = 3.26$), and great-grandchildren 3.14 ($SD = 2.79$). For detailed information regarding the sample, see [Table 1](#).

Procedure

All interviewees signed an informed consent prior to participating in the study. Face-to-face interviews were conducted during December-January (2023-24) and lasted between 30 min and 60 min. Interviews with migrant workers from the Philippines and Sri Lanka were held in English, and interviews with those from Uzbekistan, Moldova, and Ukraine were conducted in Russian. All interviews were recorded, transcribed verbatim, translated, and pseudonymized.

Interviews were formed as a funnel, starting with broad questions about general caregiving experience

("Tell me about yourself and your work in this family with Mrs./Mr._?"), followed by more detailed questions concerning the current situation, "Could you share your recent experiences, particularly any thoughts and feelings you've had about the current (war) situation?", ending with vignettes, which explicitly illustrate moral challenges brought by the current war situation. For a detailed description of the interview guide, see [Appendix 1](#).

Analysis

We conducted a thematic analysis, starting with a broad research question concerning migrant workers' moral challenges following the October 7 terror attack and the war that followed. We started with open, descriptive categories, followed by more interpretative units of meaning. Interviews were read and re-read in search of commonalities and differences within and across interviews.¹⁵ In line with the overall research question, we identified three main themes, which are discussed below. For a detailed description of the analysis process, see [Appendix 2](#).

FINDINGS

Three themes concerning migrant workers' moral challenges were identified. The first addressed the challenges faced by migrant home care workers who find themselves during a war that is not theirs. A second theme concerned the requirement to seek shelter within a very short period, which means that at least some older care recipients, under certain conditions, are unable to reach a safe room on time. The third theme concerned the dilemma of staying in Israel versus going home to a safe place, given the ongoing war in the country. Below is a detailed account of migrant home care workers' perspectives and the varied ways they faced these challenges. [Appendix 3](#) provides a more detailed account of the findings.

"This is Not My War:" Migrant Home Care Workers' Perceptions of the War in Light of Their Varied Backgrounds

The responses of participants varied. Whereas some stated that this was not their war, the majority

identified with the Israeli side and attempted to distance themselves from Hamas. The ability to do so varied somewhat based on the religious affiliation of the workers. Zinat (age 42), who is a Muslim migrant home care worker from Uzbekistan, stated the following:

We are Muslims, but are we guilty? No, right? We are Muslims, but we are not to blame. It's these Palestinians, and in my opinion, (they are) non-Muslims; it's terrorists, terrorists. We are also Muslims, but we don't engage in acts like cutting people, gouging out eyes, or beating people. That is no longer human.

In her attempt to explain the Hamas terror attack, which was done by Muslims, and her own belief in Islam, she makes a clear distinction between herself and her "people" and the acts performed by Hamas terrorists, whom she views as non-Muslims, given their horrific acts of violence.

Olesya (age 61), a migrant home care worker from Ukraine, completely and wholeheartedly identifies with the Israeli side. In her view, she does not have to make a distinction between herself and the Hamas terrorists because she is Christian. Her support of Israel is unequivocal. She also views the war situation in Israel as comparable to the situation in Ukraine, thus perceives both countries as being invaded by vicious powers:

For me, it (the war) didn't affect me in any way because I'm 100% sure that the Israeli people will win. I have no doubt even that evil will always receive punishment, but of course, I didn't see the news about what they did to these people, but when they told me in the store that heads had been decapitated, then I hardly lost consciousness... I, if there's this movie, I won't see it. Because I, I see what's happening in Ukraine the same, bombers and that, I've seen so much and I can't hear anymore, it's too much, too much, and my grandmother (care recipient) doesn't understand that there's a war, and I don't turn on this news for her.

In contrast to those who fully identified with the Israeli side, a minority expressed a lack of relevance of the current war to their own affairs. Dinara (age 52), a Muslim migrant home care worker from

Uzbekistan, clearly stated that this is not her war. Of course, she feels sorry about the death and suffering of all innocent people who are affected by this war, but she does not take sides. To her, the pain on both sides of the border is unbearable:

I don't know. It's their war, it doesn't relate to me. I came here to make a profit; I don't get it. The fact that they started this war, someone is at war, someone is suffering. I'm just sorry for the people. You know, I'm very... I start crying, I just can't look at it. It's terrible. Both sides, both sides, I don't care who they are, who they are, the main thing is people, people suffer, children suffer. Women, innocent people, someone at war, and someone who is suffering. Here, I'm sorry for them. I'm Muslim, I'm reading (Koran)... I am a person of faith ... but I'm in favor... I, how can I say? I'm in favor of peace, peace between innocent people, I'm sorry, I cry when I look... even at Palestinian dead children, women... I'm sorry for them. It's a shame that people are dying in Israel. It hurts a lot as a person.

“She is Old, She Has Lived Her Life. I Am Still Young and Have Children:” How Migrant Home Care Workers Negotiate the Need to Seek Shelter

In the center of the country, people have 1.5 minutes between the sound of the siren and the requirement to seek shelter. However, in the areas surrounding the Gaza Strip as well as in the Northern border of Israel, people have only 10 seconds to seek shelter. Either way, older persons and their caregivers might find it almost impossible to seek shelter in a relatively short period. Under such circumstances, migrant home care workers must negotiate whether to seek shelter and leave the older person on his or her own or stay with the older care recipient and thus compromise their own lives as well as the lives of their care recipient.

Nafisa (age 38), a migrant home care worker from Uzbekistan, was unable to seek shelter together with the care recipient, who was too ill to move quickly enough. Her rationale for leaving the older person and seeking shelter on her own was that these were the instructions provided by the children of the older persons:

I can... For example, our grandmother (the care recipient) lives here, and we ... And her daughter said: “Look, for example, at ten in the morning... Until Mom gets up. She doesn't... She has a walker, but it's very hard for her to move. When you're together traveling... When there's still time that she hasn't laid down, please (take her to the shelter), but if she's asleep, don't sit next to her. Walk alone to the shelter.” That's what the daughter said because my mom (care recipient) is ninety-something, “she has lived her life, and you're still young. God forbid something happens. Leave my mother and go alone to the shelter.”

This was a very common explanation, shared by many migrant home care workers, who viewed the fact that they left alone the care recipient during a missile attack as a no-choice situation, as they were forced to protect their own lives and even received permission for this from the children of the care recipient. Lora (age 55), a migrant home care worker from Moldova, stated the following:

It's very hard for her (the care recipient), that's how the kids decided it was better for her to be in bed. Well. Yes, yes, the girls (the daughters of the care recipient) said, “You will save yourself because, no, in bed you will not be able to make it to the shelter.” She understands, and understands everything very well. Just when there's an alarm. I lower the blinds so that the glass in case there is an attack so that the glass doesn't fly out into her eyes. She herself tells me, Lora, an alarm, go to the shelter. She herself says.

“I Took Many Loans to Come Here:” Rationalizing the Decision to Stay in the Country Despite the War

Most interviewees reported that the thought of leaving the country due to the war had crossed their minds, at least in the early stages of the war. Their decision to stay in the country rather than return to their home country was financial in nature. They all took loans to come to Israel (as the process of obtaining a visa involves the payment of large amounts of money to various agents).

Zulfiya (age 42), a migrant home care worker from Uzbekistan, attributes the fact that she stayed in Israel to her financial situation:

Yes, I wanted home. In the past, I wanted home. I told her, "I'll go home" and Mom and Dad said, "Come, come. There is a war there", but I have a debt there; how am I going to go? A big debt, if not for the big debt, I would have gone home. Not yet, I don't know anymore, right? I have a lot of debts there. If I had been here for two, or 3 years, I would have gone home, yes? Now in no way can I go home.

On the other hand, Olesya, a migrant home care worker from Ukraine, who has been working in Israel for 8 years, views Israel as her home. She points to her strong connection to the place and the people. She also compares the situation in Israel to that in her home country, Ukraine, and concludes that she feels more secure in Israel.

I went on vacation and ...I can't describe how happy I was when I returned to Israel, and again after that I went on vacation and haven't gone on vacation in 5 years. At first, there was Corona, then war in Ukraine, and that's it, I even said, if God forbid there is a war in Israel, then, always these Arabs, so I said I would never leave this country, I will never leave Grandma alone...In Ukraine, I'm very worried, my daughter is under bombardment... Because there's a state of war, they can't go anywhere, so she stayed in Ukraine. I'm a little worried about her, and she's now worried about me that there's a war going on in Israel. I say, "Don't worry. We will defeat the Arabs."

DISCUSSION

This study addresses the moral challenges faced by migrant home care workers at times of war. Just like the pandemic,¹² the current war situation in Israel also highlights the vulnerabilities and the interdependence of all stakeholders involved. However, in contrast with the pandemic that impacted everyone worldwide, the current war situation is limited in its geographic scope. Hence, migrant home care workers

often find themselves facing a war that is not theirs. Although some explicitly addressed moral challenges that arose because of the current situation, others were quite oblivious and experienced no moral struggle.

Our findings show that migrant home care workers largely viewed the current Israel-Hamas conflict out of loyalty to their own home country and cultural background while negotiating this with current affairs in their host country, Israel. Those who came from a Muslim country (e.g., Uzbekistan) were forced to make sense of the unfolding events while acknowledging and maintaining their own Muslim identity in a Jewish country that faces Muslim enemies. To do so, they largely differentiated themselves and their religion from the Hamas terror organization. This practice is not unique to the migrant home care workers interviewed in this study. Similar reactions were reported by Israeli Arabs who, despite their identification with the people in Gaza, viewed the terror attack by Hamas as a barbaric act.¹⁶

In the case of migrant workers who come from non-Muslim countries, like Ukraine, the identification with Israel was unequivocal. These workers came from a war zone and experienced substantial violence and harassment prior to coming to Israel. To them, Israel still seemed like a safe haven. Moreover, their identification with Israel is not a coincidence. A recent poll has shown that nearly 70% of the people in Ukraine identify with Israel and view their war and the Israel-Hamas war as being instigated and motivated by similar forces.¹⁷ From the interviews, it appears that this has made it easier for some workers to stay in Israel.

A second struggle concerned the challenges associated with ensuring one's safety while protecting the older care recipient. As the allotted time between the sound of a siren and the requirement to seek shelter is limited, many older persons are unable to relocate to a safe place in time. Moreover, not all older persons wish to seek shelter for varied reasons. This leaves the migrant home care worker in a conflictual situation previously discussed in the literature.¹³ To resolve this, our findings show that most workers emphasize the important role of the children of the older care recipient as the ones who make the ultimate

decision. This attests to the power of family members and especially the children of the older care recipient as the mediators of the caregiving arrangement and as the ones who set up the rules.¹⁸ A few workers also attributed the fact that they seek shelter while the older care recipient remains unattended to the age gap between themselves and the older care recipient. Thus, providing a somewhat ageist rationale that views the fact that they are still young and need to provide for their younger children as a reason for leaving the older care recipient unattended at times of danger.

A third dilemma concerned the decision to stay in Israel. We interviewed only those who decided to stay in the country, thus obtaining a select sample for whom staying in Israel during the war was not presented as a dilemma. Migrant home care workers simply attributed their stay in the country to the large financial debt they took prior to coming to Israel, which literally forced them to stay and work towards paying their debt. Past research has addressed this as a form of abuse, as workers find themselves under substantial financial burden while attempting to improve their life circumstances.¹⁹ This study adds by showing that the financial burden also results in keeping some of the workers in an environment which they view as unsafe.

Other workers, on the other hand, explained their stay in the country by stressing their loyalty and strong emotional ties to the care recipient and his or her family members. This corresponds with past research, which has portrayed the migrant home care arrangement in family-like terms.¹⁸ Our findings highlight the fact that these ties, which were initially motivated by financial need have been given an added layer of “family-like” ties. This reflects the unique nature of home care, which is not solely based on personal care but also requires emotional labor.²⁰ In this study, the emotional aspect of care work made care work bearable and important enough even during a war situation.

To conclude, this study has several limitations that should be addressed. The situation in Israel is unique, and although other countries worldwide experience terror and trauma, the findings are context-specific. It is important to note that some of the challenges reported by the workers resemble

challenges reported by care workers during other trauma and severe stress situations in different parts of the world.⁶ As noted, we interviewed only those migrant home care workers who chose to stay in the country. In addition, the interviews were conducted in the months of December 2023 and January 2024. During that time, the situation in Israel has become somewhat calmer compared with the intense sorrow, threat, and surprise, which characterized the first few weeks following the massacre. Nonetheless, the findings highlight the moral and ethical challenges faced by a vulnerable and invisible population, which provides care to older care recipients, who are themselves vulnerable and invisible for the most part. It is important to note that although the paper portrays these challenges within a moral perspective, the migrant home care workers we interviewed explicitly expressed only minimal challenges or conflicts around these issues. Nonetheless, the findings highlight the interdependence that is formed within the migrant home care arrangement and the challenges faced by migrant home care workers, who transitioned for financial reasons, but found themselves in a war situation with financial, emotional, and social commitments that challenge their loyalties.

AUTHOR CONTRIBUTIONS

LA-concept development, analysis, write-up.

NU-concept development, recruitment and interviews, critical revisions.

DATA SHARING STATEMENT

Data are available upon request, following the submission of a proof of identity as a researcher and an IRB approval.

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

None to declare.

DISCLOSURES

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Liat Ayalon reports financial support was provided by Volkswagen Foundation. Liat Ayalon reports a relationship with International Psychogeriatric Association that includes: board membership. Ayalon: WHO core group member long term care work group; NGO Committee on Ageing in Geneva- Executive board member; GSA-SIG co-convenor climate change and ageing, Israel Council for Civilian Research and Development-member. If there are other authors, they declare that they have no known competing financial interests or personal

relationships that could have appeared to influence the work reported in this paper.

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SUPPLEMENTARY MATERIALS

Supplementary material associated with this article can be found in the online version at [doi:10.1016/j.osep.2024.06.002](https://doi.org/10.1016/j.osep.2024.06.002).

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