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MANAGEMENT PRACTICES IN ELDERLY CARE: DIFFERENCE BETWEEN MUSLIM AND JEWISH ELDERLY POPULATIONS IN ISRAELI NURSING HOMES

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In Israeli society, the perception of nursing homes differs between Arab and Jewish populations. For Arab Muslims, family plays a central role in elderly care, considering it a core value in Arab culture. This study examines the elderly's involvement in deciding to move to a nursing home and utilize formal community services. Findings show that family members in the Arab community struggle with this decision, and the high involvement of the elderly themselves provides legitimacy to the decision. Muslim families take longer to decide regarding transferring to a nursing home than Jewish families, indicating the decision's complexity. Factors contributing to this matter include limited knowledge about nursing homes, lack of adapted institutional services, and difficulty obtaining culturally aligned medical care. The study highlights the need for culturally sensitive institutional services and increased knowledge accessibility. These findings can guide policymakers and healthcare providers in developing tailored solutions to address the unique needs of Israel's elderly population across diverse cultural and religious backgrounds.

Keywords: elderly, cultural differences, decision-making, family involvement, ultra-orthodox jews, Arab Muslims.

Introduction. Israel is experiencing rapid aging, with life expectancy at 85 for women and 81 for men, ranking 14th globally. As the elderly population grows, so does the prevalence of physical disabilities and cognitive decline, requiring assistance from caregivers or formal services (Shnoor & Cohen, 2020). The proportion of elderly individuals needing care increases significantly with age, creating complex challenges for health systems and policymakers aiming to ensure dignified care.

A common policy globally is “aging in place,” which emphasizes supporting elderly people at home and in their communities as long as possible. This policy relies heavily on family and informal caregiving. However, as family dynamics change and the need for specialized care rises, more families are turning to nursing homes for long-term care solutions. Transitioning to institutional care can be emotionally challenging, often requiring elderly individuals to adapt to a new environment, impacting well-being and the management of nursing homes (Bar-Tor, 1993; Halpert, 1991).

Effective management of nursing homes requires balancing high-quality care with addressing the needs of residents, many of whom face a profound loss of autonomy. Successful management involves not only medical expertise but also cultural sensitivity, communication, and human resource skills to support staff and residents (Fottler, Khatri, & Savage, 2010). Studies highlight that leadership and employee engagement are crucial for the success of elderly care institutions, directly affecting care quality and resident satisfaction (McGilton et al., 2016).

Tailored interventions – such as structured social support programs and personalized care plans – improve adaptability and well-being in nursing homes (Schulmann et al., 2018). Additionally, comprehensive policies addressing both physical and emotional care can reduce the adverse effects of institutionalization, including depression and anxiety (Skudlik et al., 2023).

In Israel’s multicultural society, care needs differ between Jewish and Muslim communities. Muslim communities traditionally emphasize family caregiving, with strong norms discouraging the use of nursing homes. Only two of Israel’s 342 nursing facilities serve the Arab population, reflecting cultural preferences for home-based care (Central Bureau of Statistics, 2023). Muslim families often resist institutionalization, prioritizing family care and home life.

Conversely, Jewish society has a more varied approach. Ultra-Orthodox families often rely on large family networks, while secular families frequently turn to institutionalized care for complex health conditions (Iecovich, 2013).

Even within Ultra-Orthodox communities, balancing traditional caregiving roles with modern demands, especially for women, poses challenges (Band-Winterstein & Freund, 2013).

This study examines nursing home management practices for Jewish and Muslim populations in Israel, aiming to provide culturally sensitive elder care insights. This research highlights how cultural dynamics shape caregiving, contributing to more compassionate, effective elder care practices.

Literature Review

The Family and the Elderly. For an elderly person to remain at home, family willingness and resources are essential. Family members must be ready to provide intensive care, including assistance with daily activities such as bathing, dressing, eating, and medication management. Without genuine commitment, caregiving quality may decline, negatively impacting the elderly's well-being (Hoek et al., 2021). Over time, caregiver burnout can arise, affecting both the caregiver's health and the care quality. When families cannot meet these needs, hiring professional caregivers or considering institutional care becomes necessary.

In Israel, studies show that while most elderly people prefer to live at home, over 80% ultimately end up in hospitals or nursing homes, largely because the health system lacks adequate home-based services (The Joint & Ministry of Senior Citizens, 2011).

Israel's cultural diversity further complicates elder care. The nation includes diverse Jewish communities – Ashkenazi, Sephardic, Mizrahi, Ethiopian, and Soviet immigrants – as well as Muslim, Christian, and Druze populations, each with unique cultural practices. Respect for elders and caregiving expectations differ across communities, influenced by sectarian and religious backgrounds. Recognizing these nuances helps policymakers and healthcare providers develop culturally sensitive elder care strategies, ensuring dignified support for Israel's elderly population (Eisenstadt, 2022).

Comparing the Jewish elderly to the Arab elderly in Israels. The economic situation of Israel's elderly population reveals significant disparities between Jewish and Arab communities. The employment rate among elderly Jews stands at 20.6%, compared to just 6.1% among elderly Arabs. Furthermore, the poverty rate is 17.7% among elderly Jews but a striking 57.5% among elderly Arabs (Nathanson et al., 2018). Factors contributing to these disparities include limited employment opportunities for Arab Israelis due to historical, social, and political factors, as well as differences in educational attainment. Jewish populations generally have higher education levels, which positively impact job prospects, lifetime earnings, and, consequently, economic stability in old age (Ibrahim & Allassad Alhuzail, 2022).

Additionally, family structures and support systems vary, affecting financial support for the elderly. Arab families typically have larger households and rely on intergenerational support, which may strain younger generations economically, limiting assistance for elderly relatives. Jewish families often have more resources available for elder care, depending on socio-economic status (Haj-Yahia & Sadan, 2008).

Elderly Israelis derive income primarily from work, pensions, old age allowances, and private pensions. Employment among the elderly in Israel is among the highest globally, increasing by 136.7% from 2000 to 2017, partly due to policy changes extending retirement ages to 67 for men and 62 for women. Improved health and longevity also support prolonged workforce participation (Bloom, Canning, & Fink, 2010). Israel's elderly benefit from various tax exemptions, service discounts, and caregiver benefits, such as income tax and property tax exemptions, health plan reductions, and tax credits for family members funding elder care (Nathanson et al., 2018)

Nursing Home Management. Nursing home management is essential in healthcare, combining medical care, HR management, and regulatory compliance to impact elderly residents' quality of life. Managers oversee patient care standards, staff performance, financial operations, and adherence to regulations, all crucial for delivering safe and responsive care. Effective leadership is central, fostering a culture that prioritizes resident well-being. Both formal and informal leadership roles contribute to a supportive work environment, enhancing care outcomes (Ettelt et al., 2022).

Human resource management (HRM) is equally vital. Nursing homes with strong HRM practices, including employee training, retention strategies, and open communication, report higher staff morale and lower turnover. High turnover can disrupt continuity of care, affecting resident satisfaction and health outcomes. HRM strategies that emphasize staff development enhance care quality by boosting workforce competence and commitment (Surj et al., 2020).

Resident-centered care has also become prominent, focusing on tailoring care to each resident's unique needs, preferences, and values. This model promotes autonomy, dignity, and well-being, with nursing homes adopting flexible routines and encouraging strong staff-resident relationships (Guney et al., 2021).

Regulatory compliance and financial management complete the management framework. Compliance ensures safety and quality, while efficient financial management sustains operations and supports care quality. These aspects ensure nursing homes remain viable while meeting residents' needs through careful budgeting and investment in essential resources.

The Current Study. The main objective of the current study is to examine the factors and dilemmas underlying the decision of the elderly's family to transfer them to a geriatric institution from a healthcare management point of view. This investigation aims to uncover the various social, cultural, economic, and psychological elements that influence such critical decisions. By exploring these dimensions, the study seeks to understand the intricate interplay between cultural values, familial obligations, and practical considerations that families face.

From a healthcare management point of view, it is crucial to address the growing diversity of elderly populations in long-term care settings, such as nursing homes, especially in multicultural countries like Israel. The primary rationale for conducting this research stems from the need to optimize the quality of care by integrating culturally competent practices into healthcare management. This is essential to improving patient outcomes, ensuring equitable access to services, and enhancing the overall healthcare experience for elderly residents from different ethnic and religious backgrounds. Research into cultural competence in Israeli nursing homes can inform policy development at both institutional and governmental levels. For example, Schuster at al., (2018) argue for the need for standardized policies on cultural competence in long-term care facilities. These policies would help ensure consistency in care across nursing homes, improving the overall quality of care for diverse populations. By conducting this research, healthcare managers and policymakers can develop evidence-based guidelines that are responsive to the unique needs of elderly Jewish and Muslim residents.

Methodology

Participants and Procedure. The study sample comprised 307 family members of elderly residents residing in one of 18 nursing homes across Israel. Participants were recruited through these nursing homes and were requested to complete questionnaires pertaining to the elderly individuals in their care.

Nine nursing homes therein central Israel, three in the South, three in the North, and three in the Jerusalem area. Most of the respondents (60.9%) were the elder's children (N=187), 10.4% were their neighbor or friend (N=32), 9.4% were their grandchildren (N=29), and the rest were the elder's spouse (6.8%, N=21), children in law (3.9%, N=12). Of those family members, 38.4% reported living with the elderly person before moving to a nursing home. Before moving to the nursing home, 36.2% of the older adults were living with their spouse (N=111), 30.9% were living alone (N=95), 23.5% were living with their children or grandchildren (N=72), and 7.8% with a caregiver (N=24).

Data Collection. The data for this study were gathered using structured questionnaires originally developed by Brodsky et al. (2010) for a research project at the Myers-JDC-Brookdale Institute. These questionnaires were designed specifically for family members of elderly individuals who had transitioned to long-term care facilities within the past six months.The original questionnaire underwent a rigorous two-stage validation process. Initially, five caregivers referred by the Ministry of Health were interviewed to provide feedback. Based on their input, the questionnaire was revised to enhance its accuracy and relevance. The comprehensive development and validation process is detailed in Brodsky et al.'s 2010 report.

The questionnaires included sections addressing various aspects of the elderly individuals' backgrounds and experiences: **Sociodemographic Information:** Gender, living arrangements before moving to the nursing home, religion, country of origin, living area, marital status and education level. **Pre-Move Conditions and Health Needs:** Detailed questions about the elderly individuals' living conditions, health needs, use of health services prior to the move to the care facility, **Decision-Making Process:** Questions related to the decision to move the elderly individuals to the nursing home; Factors influencing this decision **Perceived Burden on Family Members:** Questions regarding the perceived burden

experienced by family members while caring for the elderly prior to the transition to the nursing home.

Data Analysis. First, descriptive statistics were conducted to get an overview of the research variables, including means, standard deviations, and Pearson's correlations. Next, a series of independent samples t-tests were conducted to examine the differences between Jewish and Muslim elderly in the research variables. P-value of 5% is considered significant.

Results. Table 1 presents descriptive statistics of the research variables. to examine relationships between the research variables, Pearson correlations were conducted . The data indicates that the education level of the elderly is negatively and significantly associated with the quality of home care, the elderly's daily assistance needs, and the financial burden. Meaning, as the elder's education level increases, their family members report lower satisfaction with the received home care, less daily assistance needed, and reduced financial burden.

Additionally, a positive correlation was found between the elder's education level and the impact of declining health on decision-making. This implies that as the elderly become elderly become more educated, the decline in their health status has a more substantial effect on the decision to move to a nursing home. Positive correlations were also observed between the elder's involvement in decision-making, the time taken to make the decision, the quality of home care, and the lack of consulting sources. This suggests that as the elder becomes more involved in the decision to move to a nursing home, it takes longer for family members to reach this decision; they report greater satisfaction with home care and tended to report that the lack of consulting sources influenced the decision to move to a nursing home.

Furthermore, negative correlations were found between the elder's involvement in the decision and the impact of health decline on decision-making, the elder's daily assistance needs, and the mental burden. This implies that increased elder involvement in the decision-making process is associated with a lesser impact of health decline on the decision, less need for daily assistance, and reduced mental burden. There were also positive correlations between the reported frequency of family visits, satisfaction with the quality of home care, and the elder's daily assistance needs. This suggests that as the frequency of family visits increases, family members express greater satisfaction with home care, and the elderly require more daily assistance.

Additionally, positive correlations were identified between the impact of recurrent hospitalizations on decision-making and the lack of consultation sources, the elder's daily assistance needs, and the financial burden. Specifically, as family members took more time to decide on moving the elder to a nursing home, they reported that the absence of consulting sources played a role in their decision. Furthermore, the longer the decision-making process, the more daily assistance the elder required, and the greater the financial burden experienced by the family.

A positive correlation was found between the impact of the elder's health decline on decision-making and the elder's daily assistance needs and mental burden. This suggests that as the elder's health declines, family members report that the elder requires more daily assistance and experienced requires more daily assistance and experiences a greater mental burden. Moreover, a significant positive correlation was found between the lack of prior consultation and the financial burden. As the elder's reluctance to seek medical attention has a more significant impact on the decision, family members report a higher financial burden. Positive correlations were also observed between the elderly's daily assistance needs, financial burden, and mental burden. This indicates that burden family members report higher financial and mental burdens. Finally, a strong positive correlation was found between burden financial and mental burden. As one increases, so does the other.

To examine differences between Muslim and Jews elderly, independent samples t-tests were conducted (see Table 2). In these tests, we investigated whether there were differences between Jews and Muslims in the level of involvement of the elderly in the decision to move to a nursing home, the frequency of visits to the elderly, the time it took for family members to make the decision, and the financial and mental burden associated with caring for the elderly before the transition to a nursing home. Results showed that the level of involvement of Muslim elderly individuals is higher (M=2.83, SD=1.10) than that of Jews (M=2.15, SD=1.09), t (272) = -4.53, $p < .001$. As for the frequency of visits, no significant difference was found between Jews (M=3.92, SD=1.16) and Muslims (M=4.03, SD=1.09), t(270) = -.69, $p = .246$.

Regarding the time to make the decision, it was found that family members of Muslim elders

Table 1

Pearson's Correlations, Means, and Standard Deviations of the Research Variables

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	
1. Elder's Education												
2. Involvement in Decision-Making	-.06											
3. Visits Frequency	-.05	.01										
4. Time in Decision-Making	.01	.18**	.04									
5. Home Care Quality	-.14*	.13*	.15*	.01								
6. Recurrent Hospitalization on Decision Making	-.02	.04	-.08	-.03	-07							
7. Health Decline on Decision Making	.11†	-.10†	-.01	-.05	-.03	.07						
8. Lack of Consulting Sources	-.05	.13*	.01	-.07	.00	.32***	.10					
9. Elder's Walking Ability	.04	.04	-.06	-.06	.04	-.03	.01	-.08				
10. The Elder's Daily Assistance Is Needed	-.12*	-.14*	.14*	.07	-.03	.12†	.22***	.08	-.36***			
11. Mental Burden	.07	-.13*	.07	.07	-.03	.05	.26***	.05	-.15*	.21***		
12. Financial Burden	-.12*	.06	.09	.17**	.06	.15*	.09	.13*	-.12*	.20***	.25***	
M	2.11	2.37	3.95	3.05	3.74	3.19	3.72	2.19	3.31	2.46	3.20	2.42
SD	1.38	1.17	1.15	1.58	1.22	1.06	.61	.85	1.30	.66	.90	.95

** $p < .05$; ** $p < .01$; *** $p<.001$; † $p < .08$*

took more time to decide (M=3.61, SD=1.46) to family members of Jewish elders (M=2.81, SD=1.60), t (271) = -3.76, $p < .001$. Additionally, it was found that the mental burden on the family members of Jewish elders is higher (M=3.26, SD=0.92), compared with Muslims (M=3.04, SD=0.81), t (139.75) = 1.87, $p = .032$.

Finally, results showed that, the financial burden on the family members of Muslim elders is higher (M=2.81, SD=0.91), compared with Jews (M=2.30, SD=0.93) t(272) = -4.03, $p < .001$.

Also, conducted chi-square test was conducted to examine whether there are differences between Muslim and Jewish elders in terms of living arrangements before moving to a nursing home, and Cramer's V was calculated. The test yielded a non-significant result, $\chi2(3) = 4.22$, $p = .239$, Cramer's V = .13. In other words, both for Muslims and Jews, there was a relatively similar distribution of elders who lived alone (32.7% of Jews and 30.6% of Muslims), elders who lived with a spouse (34.2% of Jews and 44.4% of Muslims), elders who lived with their children or grandchildren (24.6% of Jews and 22.2% of Muslims), and elders who lived with a caregiver (8.5% of Jews and 2.8% of Muslims).

Discussion. In Israeli society, there is a wide range of cultures with different values, norms, and behaviors, including Jews, Muslims, and other religions. The perception of the concept of "nursing home" among the Arab population in Israel differs between Arabs and Jews. According to Arab Muslim culture, families play an important role in caring for the elderly and ensuring their well-being, and thus, they tend to keep the elderly within their families. Out of 342 nursing homes in Israel, only two are designated for the Arab community, demonstrating that Muslim society still struggles to transfer the elderly to institutional frameworks.

The current study examined the level of involvement of the elderly in deciding whether to move into a nursing home and use community services. The findings of the study showed

Table 2

Independent Samples t-Test Results Comparing Jews and Muslims

	Jews (N=203)		Muslims (N=73)		t (df)	p
	M	SD	M	SD		
Involvement in Decision	2.15	1.09	2.83	1.10	-4.53 (272)	<.001
Frequency of Visits	3.92	1.16	4.03	1.09	-.69 (202)	.246
Time to Decision	2.81	1.60	3.61	1.46	-3.76 (271)	<.001
Mental Burden	3.26	0.92	3.04	0.81	1.87 (139.75)	.032
Financial Burden	2.30	0.93	2.81	0.91	-4.03 (272)	<.001

that the family members of the elderly still find it difficult to decide regarding the move to a nursing home, and the involvement of the elderly often determines whether the decision will be legitimized and approved.

Muslim families take longer to decide on nursing home placement for elderly relatives than Jewish families due to cultural, informational, and logistical factors. Islamic culture emphasizes filial piety and caring for elders at home, delaying the decision to transition to a nursing home. Limited access to information and a lack of culturally suitable nursing homes further complicate the process (Haj-Yahia & Sadan, 2008).

As time passes, decision-making becomes more complex, with growing care needs, emotional attachment, and logistical issues adding to the challenge. In Arab culture, strong familial bonds and the expectation of home-based care can result in reluctance to seek institutional support, leading to increased family distress from the lack of professional guidance. Additionally, financial support for elderly parents, common in Arab families, can strain the family's economic situation and contribute to stress and anxiety. This highlights the need for culturally sensitive healthcare services and supportive policies.

This study offers key insights into how cultural and religious values shape elder care decisions in Jewish and Muslim families in Israel. It highlights the longer decision times and challenges Muslim families face due to cultural norms, identifying barriers such as limited information on nursing homes, lack of culturally specific services, and stigma around institutional care. Additionally, it reveals the significant financial and psychological burdens on Arab families, who are culturally expected to support elderly parents. These findings underscore the need for culturally sensitive policies and services to aid families, improve elder well-being, and support informed decision-making.

Managing elderly care in Israel's nursing homes requires cultural, religious, and social awareness, particularly with diverse Jewish and Muslim populations. Culturally sensitive management practices are crucial. The study recommends policies that promote family involvement in care plans, especially for Muslim families, where familial caregiving is deeply valued. Flexible visitation and family engagement can reduce resistance to institutionalization (Truong, Paradies, & Priest, 2014).

Additionally, nursing homes should provide culturally appropriate healthcare by hiring staff familiar with residents' customs, respecting religious dietary laws, and allowing for prayer times. Jewish residents may need kosher meals, while Muslim residents may require halal options (Jongen, McCalman, & Bainbridge, 2017). To ensure quality care, national standards on cultural competence are recommended. Guidelines for dietary accommodations, language services, and family involvement can support administrators. A diverse workforce and diversity training can further enhance empathy and understanding within the facility (Brenner, Bird, & Willey, 2017).

Despite the valuable insights provided by this study, several limitations should be acknowledged. Firstly, the research focuses specifically on Jewish and Muslim families within Israel, which may limit the generalizability of the findings to other cultural or national contexts. To address this, future studies should explore similar decision-making processes in diverse cultural and geographic settings, thereby enhancing the understanding of cultural influences on elder care on a global scale. Additionally, while the sample size used in this study is adequate, it may not capture the full diversity within Jewish and Muslim populations. Variations based on socio-economic status, urban versus rural settings, or differing levels of religiosity were not fully explored. Expanding

the sample size and including a more diverse range of participants in future research could provide a more comprehensive view of the factors influencing elder care decisions across different subgroups within these communities. By addressing these limitations, future studies can build on the findings of this research, providing deeper and more comprehensive insights into the complex factors that influence elder care decisions in diverse cultural contexts. Such advancements will contribute to the development of more effective, culturally sensitive policies and practices that support families and improve the well-being of elderly individuals.

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