



The Impact of Elderly Services Management on the Well-being of the Arab Elderly Population in Israel

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Abstract

A growing body of literature has attempted to explore how to improve elderly services management and promote optimal care and support for aging persons. While research has shown the important role of elderly services management on aging populations, little is known regarding the impact of elderly services management on the well-being of the Arab elderly population in Israel. The objective of the current study was to explore the management of elderly services in the Arab sector of Israel impact the well-being of the Arab elderly population. A mixed method research was used to collect relevant data from 385 senior citizens aged 65 years and above who are receiving elderly services support. Surveys were used to collect views of the elderly persons. The data was supplemented using interview responses from 65 service providers and 60 family members. Findings showed that various strategies are used to facilitate the elderly services management in the Arab sector of Israel. The strategies include family involvement, close consultation with family members, regional coordination, close support to meet tailored needs, and awareness creation. Family members were largely optimistic about elderly services management offered their relatives. Care providers were also optimistic about the support they provide to the elderly. However, the elderly felt that some of their needs were not met including urgent access to services during emergencies, difficult locating physical location of service providers, and delays in responses. Even so, participants noted that elderly services management is an essential need for society and the aging population of elderly Arabs in Israel in terms of enhancing their well-being. Potential factors that affect the well-being of the elderly Arab population across the Arab sector of Israel include dwelling conditions, self-rated health, functional ability, economic level, level of social support, loneliness, health services satisfaction, and depression. In future, there is need to research more on how elderly services management could address these challenges to ensure optimal life experience among the aging persons from the Arab sector of Israel.

Keywords: Elderly Services Management, Arab Elderly, Well-being,

1. Introduction

Elderly services management, also called Aging Life Care Management, is the process of planning and coordinating care of aging persons (Donelan et al., 2019; Kang, 2019). The service also helps elderly persons with mental and physical impairments to meet their daily needs while overcoming individual challenges and achieve better quality of life or maintain their independence for as long as possible (Podell et al., 2018). According to Bahador et al. (2022), elderly services management include working with aging individuals

and their families in identifying their needs, assessing, coordinating, managing, and referring different types of social and health care services.

Care providers meet the various needs of elderly persons by combining knowledge from different fields including human development, psychology, health, family dynamics, private and public resources, while advocating clients' wellbeing throughout the continuum of care (Maher et al., 2022; Wu & Liu, 2020). For example, care providers may help families with elderly persons with chronic problems in areas of activities like functional care, daily living, memory and cognitive decline, chronic disability or illness, and other challenges they experience in attaining optimal daily living (Donelan et al., 2019; Ramesh et al., 2022). In most countries, elderly services management integrates psychosocial care and health care with various services to help aging persons lead quality life.

Optimal care may also be assessed based on various risks like falls assessment, depression, pain, home safety, nutritional needs, mental examination, gait assessment or ability to walk, and other needs required to promote optimal life experience (Donelan et al., 2019; Kang, 2019; Wu & Liu, 2020). Elderly service managers typically have formal education and experience in social work, gerontology, nursing, and other health service specialties (Alvarez, 2016). These service providers are expected to have extensive knowledge about quality, costs, and service availability in their communities (Fukui et al., 2019). In some jurisdictions and countries like Finland, professional certification is promoted by their membership in Aging Life Care Association (Vaalavuo, 2019). In Israel, elderly services focus on providing individuals, families, and other relatives a range of services to adjust and cope with challenges of aging through the following:

- Arranging, screening, and monitoring in-home assistance and other personal care services,
- Undertaking care-planning evaluation to identify problems, needs, and eligibility for assistance,
- Reviewing legal, financial, and medical issues arising among the elderly persons in society,
- Offering referrals to specialists to avoid future problems and to optimize resource allocation,

- Providing crisis intervention and acting as a liaison to families at a distance or those living away from their elderly parents;
- Ensuring the wellbeing of the elderly persons is sustained and alerting families of potential problems;
- Assisting the elderly shift from their houses, nursing home, rehabilitation facility, and assisted living, and
- Offering support and counseling, in addition to relevant client or family education on wellbeing (Vaalavuo, 2019).

Elderly services management, also known as aged care or elderly care in some countries, continues to grow across Israel in efforts to cater for the requirements and needs of senior persons (Vaalavuo, 2019). Nursing home, adult daycare, assisted living, nursing homes (also known as residential care), home care and hospice care have all been included in the elderly services management in Israel (Alvarez, 2016). As such, the services encompass a wide range of behaviors and institutions due to the large range of aged care demands and cultural attitudes on the elderly (Donelan et al., 2019; Le Bihan & Sopadzhayan, 2019). Growing interest in elderly care has emerged due to declining number of younger generations who largely live away from their elderly parents and are less likely to provide frequent care for the elderly (Bahador et al., 2022; Podell et al., 2018). Elderly services management, therefore, is considered suitable in filling the gaps in changing family dynamics in offering personal and social needs of senior persons who want to age gracefully while still need support with healthcare and everyday activities (Fukui et al., 2019).

Increased uptake of elderly services management has also been facilitated by the fact that older persons tend to have more comorbidities like heart conditions, diabetes, and high blood pressure (Zucker et al., 2019). In the light of their diverse needs, service providers need to be mindful of the long history for elderly's individualized care. According to Lowenstein (2020) nurses and case managers should use evidence-based practice when educating and promoting the well-being of the elderly persons. Importantly, researchers advocate the need for professional nursing to support culturally competent service management with scientific research to deliver relevant care support to persons from multiethnic and multicultural Israel backgrounds (Lowenstein, 2020; Zucker et al., 2019).

1.1 The Problem of the Study

Today, Israel has over 300 geriatric centers operated by non-governmental organizations (NGOs), private companies, and governmental agencies. However, the elderly persons in these institutions face potential threats: the risk of contracting chronic viral infection in the wake of COVID-19 pandemic, and deteriorating mental health due to isolation. There are further concerns that the elderly population show reduced quality of life, poor cooperation and coordination of various health and social services, client dissatisfaction, and slow activation of a variety of services (Bahador et al., 2022; Cohen-Mansfield, 2020; Muhsen et al., 2022). According to Levi-Belz and Aisenberg (2020) the outbreak of COVID-19 has increased potential risks for depression and suicide among older adults in Israel. Cohn-Schwartz and Ayalon (2020) reported that older adults are increasingly perceived as a burden during the COVID-19 outbreak due to higher dying anxiety, reported more age-based discrimination, and less likely to live with their children.

Underwriting the above considerations, Clarfield and Jotkowitz (2020) observed that aging adults in Israel experience various challenges when accessing and utilizing elderly services. As such, it is essential to find ways to protect all at-risk elderly persons to ensure they live optimal life by availing essential services to meet their personal needs, health, social, and their psychological needs. Specifically, the quality of care received by elderly Israelis in the Arab sector seems to have declined substantially since measurements first began; with females likely to receive lower quality elderly services than males (Podell et al., 2018). Identifying challenges and availing effective services management could contribute to population's successful aging; both chronic conditions at earlier ages (such as diabetes), and short-term hazardous conditions such suicidal thoughts, emotional breakdown, lack of social support, weight loss, and the use of potentially harmful medications (Muhsen et al., 2022).

Across the Arab sector, most elderly services management are offered at local levels. However, there is lack of a universal framework to its implementation across the Arab sector. Large-scale change initiatives implementing change in elderly services management in the Arab sector remain a challenge both when leading and evaluating service delivery. There is a lack of systematic research that can enrich current

understanding of strategies to facilitate the transformation of elderly service management in the Arab sector (Lowenstein, 2020; Wu, & Liu, 2020). The purpose of this study was to explore the impact of elderly services management on the well-being of the Arab elderly population in Israel by collecting the views of the aging population and service management providers.

1.2 The Importance of Significance of the Study

Findings from past studies show that despite growing importance of elderly services to the ageing population, little is known about how they impact the well-being of this population. Specifically, there is a paucity of research that has explored the impact of elderly services management on the well-being of the elderly Arab population. Undertaking this study was important to fill this knowledge gap by creating new knowledge about the effectiveness of elderly services management on the ageing Arab population in Israel. Findings from this study will help understand strategies that have been used to facilitate the elderly services management in the Arab sector of Israel.

Moreover, by undertaking this study, it was possible to explore and examine the opinion of the family members and staff regarding the elderly services management within the Arab sector of Israel. Importantly, the study will help uncover views and opinion of the elderly Arab population concerning the impact of the elderly services management on their well-being. Understanding the perception of social services providers and health workers towards the elderly services management, and its impact on the well-being of elderly, will create new insights of how these services may be improved in future. Thus, the findings are of social importance when determining factors that affect the well-being of the elderly Arab population across the Arab sector of Israel, resulting in better interventions to improve existing services.

2. Materials and Methods

In the current study, a mixed research design was employed to collect data pertinent to answering the research questions and testing the hypotheses. Using semi-structured interview questions and survey questionnaires, qualitative and quantitative data were collected, respectively. The use of varied research methods was meant to ensure the internal

validity of the findings by triangulating data. Each of the research methodologies is then explained in the subsections that follow.

3. Results:

Quantitative Results

A total of 385 elderly participants who receive elderly services support from across the Arab sector of Israel were invited to participate in the study. The participants will be drawn from 15 Arab towns and will include Muslims, Christians, and the Druze. The current section presents survey findings from the participants' responses. The results are presented in the order of the formulated research questions.

Hypothesis 1 was created to test the following: *Care providers use multiple strategies to facilitate the elderly services management in the Arab sector of Israel.* Table 33 displays the analysis of participant perceptions on strategies to facilitate elderly services management in the Arab sector of Israel based by the age groups using the ANOVA. There were statistically significant differences, $F_{(2, 383)} = 4.863$, $p = .009 < .05$, in participants' perceptions on strategies used to facilitate the elderly service management by age groups. The null hypothesis was rejected. This suggests that elderly participants in at least one of the four age groups perceived multiple strategies to facilitate the elderly services management.

Table 1: Participant Perceptions on Strategies to Facilitate elderly services management in the Arab sector of Israel

Source	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.913	2	.957	4.863	.009
Within Groups	27.539	383	.197		
Total	29.452	385			

Hypothesis 2 was created to test the following: *Family members and staff have varied opinion regarding the elderly services management within the Arab sector of Israel.* Table 35 displays the analysis of participant perceptions on family members and staff opinion regarding the elderly services management within the Arab sector of Israel by the age groups using the ANOVA. There were statistically significant differences, $F_{(2, 383)} = 4.234$, $p = .001 < .05$, in participants' perceptions on family members and staff opinion by

age groups. The null hypothesis was rejected. This suggests that elderly participants in at least one of the four age groups perceived that family members and staff opinion varies.

Table 2: Participant Perceptions on Strategies to Facilitate elderly services management in the Arab sector of Israel

Source	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.913	2	.945	4.234	.001
Within Groups	27.539	383	.086		
Total	29.452	385			

Hypothesis 3 was created to test the following: *Elderly Arab population express negative views concerning the impact of the elderly services management on their well-being.* Table 37 displays the analysis of participants' perception about the impact of the elderly services management on their well-being by the age groups using the ANOVA. There were statistically significant differences, $F_{(2, 383)} = 4.633$, $p = .000 < .05$, in participants' perceptions on family members and staff opinion by age groups. The null hypothesis was rejected. This suggests that elderly participants in at least one of the four age groups perceived that elderly services management affects their well-being.

Table 3: Participant Perceptions on Elderly Services Management Affects their Well-Being

Source	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.913	2	.945	4.633	.000
Within Groups	27.539	383	.081		
Total	29.452	385			

Hypothesis 4 was created to test the following: *Social services providers and health workers negatively perceive the elderly services management and its impact on the well-being of elderly in the Arab sector of Israel.* Table 39 displays the analysis of participants' perception about the impact of the elderly services management on their well-being by the age groups using the ANOVA. There were no statistically significant differences, $F_{(2, 383)} = 4.529$, $p = .058 < .05$, in participants' perceptions on services providers and health workers negatively perceive the elderly services management and its impact on the wellbeing of the elderly persons. The null hypothesis was confirmed. This suggests that elderly participants in all groups do not perceive that service providers and health workers negatively perceive the elderly services management.

Table 4: Participant Perceptions on Elderly Services Management Affects their Well-Being

Source	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.913	2	.945	4.529	.000
Within Groups	27.539	383	.081		
Total	29.452	385			

Hypothesis 5 was created to test the following: *Multiple factors affect the well-being of the elderly Arab population across the Arab sector of Israel.* Table 40 displays the analysis of participant perceptions on factors that affect the well-being of the elderly Arab population across the Arab sector of Israel by the age groups using the ANOVA. There were statistically significant differences, $F_{(2, 383)} = 4.444$, $p = .002 < .05$, in participants' perceptions on factors that affect the well-being of the elderly Arab population across the Arab sector of Israel by age groups. The null hypothesis was rejected. This suggests that elderly participants in at least one of the four age groups perceived there are multiple factors that affect the well-being of the elderly Arab population across the Arab sector of Israel.

Table 5: Participant Perceptions on Strategies to Facilitate elderly services management in the Arab sector of Israel

Source	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.913	2	.957	4.444	.002
Within Groups	27.539	383	.197		
Total	29.452	385			

Hypothesis 6 was created to test the following: *Elderly persons identify various challenges to hinder efficient operations at the elderly services management within the Arab sector of Israel.* Table 42 displays the analysis of participant perceptions on challenges that hinder efficient operations at the elderly services management within the Arab sector of Israel by the age groups using the ANOVA. There were statistically significant differences, $F_{(2, 383)} = 4.674$, $p = .000 < .05$, in participants' perceptions of challenges that hinder efficient operations at the elderly services management within the Arab sector of Israel. The null hypothesis was rejected. This suggests that elderly participants in at least one of the four age groups perceived there are multiple strategies to facilitate elderly services management.

Table 6: Participant Perceptions on Challenges that Hinder Efficient Operations at the Elderly Services Management

Source	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.913	2	.957	4.674	.000
Within Groups	27.539	383	.197		
Total	29.452	385			

Hypothesis 7 was created to test the following: *Social care providers and staff encounter various challenges in pursuit of efficient care delivery to elderly services management within the Arab sector of Israel.* Table 44 displays the analysis of participant perceptions on challenges social care providers and staff encounter by the age groups using the ANOVA. There were statistically significant differences, $F_{(2, 383)} = 4.854, p = .003 < .05$, in participants' perceptions of the challenges social care providers and staff encounter. The null hypothesis was rejected. This suggests that elderly participants in at least one of the four age groups perceived there are challenges social care providers and staff encounter when delivering service support.

Table 7: Participant Perceptions on Challenges Social Care Providers and Staff Encounter

Source	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.913	2	.957	4.854	.003
Within Groups	27.539	383	.197		
Total	29.452	385			

Hypothesis 8 was created to test the following: *Various measures should be implemented to improve the elderly services management in the Arab sector of Israel in future.* Table 46 displays the analysis of participant perceptions on challenges social care providers and staff encounter by the age groups using the ANOVA. There were statistically significant differences, $F_{(2, 383)} = 4.533, p = .000 < .05$, in participants' perceptions of various measures to be implemented to improve elderly service management. The null hypothesis was rejected. This suggests that elderly participants in at least one of the four age groups perceived the need for various measures to be implemented to improve elderly service management.

Table 8: Participant Perceptions on Various Measures to be Implemented to Improve Elderly Service Management

Source	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.913	2	.936	4.533	.000
Within Groups	27.539	383	.188		
Total	29.452	385			

Qualitative Findings

The current section presents qualitative findings collected from 60 care providers, the elderly persons, and members of the family. There was a total of 23 care providers, 7 managers, 15 elderly persons, and 15 family members who were invited to take part in the interview sessions. Subsequent sections detail the main themes and issues identified from the interview responses to further help understand the formulated research questions. That is, to understand how the management of elderly services in the Arab sector of Israel impact the well-being of the Arab elderly population.

Objective 1 was created to explore the following: *To identify strategies that are used to facilitate the elderly services management in the Arab sector of Israel.* Findings showed that various strategies were used to ensure effective elderly services management. These strategies included the following: (1) including family members; (2) building trust; (3) developing personal support plans; (4) group collaboration; and (5) regional collaboration. The findings largely support views and findings earlier recorded during the survey responses as further elaborated below.

Objective 2 was created to undertake the following: *To examine the views that the elderly Arab population express concerning the impact of the elderly services management on their well-being.* Senior Citizens 4, 17, 32, 49, 57, 69, 71, 86, and 93 noted that they often do not get services quick enough. Senior Citizen 71 was of the view that “I do not get quick and appropriate response when I’m really in pain... I have to wait for staff response for many hours or day and this pushes me to go to the clinic myself.” Senior Citizens 23, 67, 97, 103, 115, 134, 183, 234, and 273 were concerned that there is no efficiency of service procedures. Senior Citizen 183 noted that “my appointments are delayed... or you visit the clinic from noon and there is no one to attend to you. Some other day I’m told the ‘specialist doctor is in another facility, come another day.’ It can get frustrating as the pain keeps going on and my blood pressure rises.” Senior Citizen 115 added that:

My worry is that medical treatment and service provider visits fail to occur as scheduled. I have to wait for long lines for my dialysis and the situation gets even worse when the machines are broken." At home, no one visits anymore since the

outbreak of the pandemic, I have been forced to visit the clinic under my bad condition and it is difficult getting public transport. — (Senior Citizen 115)

Senior Citizen 213 also expressed that “I find there is no adequate rest time for me as promised, my children are given few minutes to visit.” Senior Citizen 251 added that “in times of most need there is no quick medical treatment response and the home services are limited to critical care when no one of my relatives is around.” Senior Citizen 277 expressed concerns that “the writing and information we get is often unclear... at one point I received to similar medication and I had overdose issues. I guess there was no good communication of the service right from the first time.” Senior Citizen 308 added that “I feel care providers and those assisting me move around are busy to respond to all my needs... I had to hire someone to do some of the basic things at home, it is better but they are not trained to provide that much needed care support.” Senior Citizen 320 expressed that:

I appear there is no close attention from the young employees in helping me. I always prefer the senior workers with my records and history. So, the need is that I wish to have one care provider but they keep changing them all the time... one will do something today, tomorrow another one comes to do another different thing I don't get that complete experience in their care for me. — (Senior Citizen 320)

Objective 5 was created to assess the following: *To discover factor that affect the well-being of the elderly Arab population across the Arab sector of Israel.* Participants identified various factors likely to affect the wellbeing of the elderly persons. Family Members 3, 8, 11, 27, 34, 49, 53, 58, and 60 noted that a major concern related to issues of poor housing conditions. Family Member 8 added that “there are problems with air conditioners and heating during cold weather that increases cold infection and pneumonia.” Family Member 34 mentioned that “the environment has poor drainage and man holes often leak along the sewer line. Senior Citizens 39, 71, 103, 108, 132, 173, and 238 also reported about poor state of their houses. For example, Senior Citizen 108 felt that:

my house is a bit dusty I live near the road side... when strong winds blow the ventilation and gaps let in everything... I have this persistent cough and asthma that won't go away. My small structure needs some repairs or things will keep worsening with my current condition. — Senior Citizen 108

some of the elderly people live in desolate conditions... at times we visit to make repairs and some cases to replace falling parts. It is hardly difficult to guess why

some continue to have worse care outcomes because of the poor conditions they live in despite their advanced health. — (Care Provider 30)

Senior Citizens 45, 59, 63, 71, 89, 104, 120, 209, 243, and 312 shared that their functional ability and poor health worsened their wellbeing. Senior Citizen 45 was of the view that “I fell and now I have issues walking... I took early retirement and the condition has greatly held me down over the past 4 years.” Senior Citizen 63 noted that “I have some depression after losing my loved ones... it’s always in and out of hospital to manage my pressure and emotional feelings.” Senior Citizen 104 added that “I take some medications that are really strong, they give me fever and some serious reactions and that affects me. I often opt for home remedies.” Family Member 29 elaborated that:

My parent has memory and cognitive issues can’t quite put everything in order. She is not able to plan herself well so she needs close monitoring and support. It’s a degenerative memory issue that keeps getting worse with age and this makes it difficult to get anywhere. — (Family Member 29).

Family Members 28, 34, 39, 45, 51, and 58 also indicated that their relatives experience issues of lack of social support, financial challenges, lack of company, expensive health needs, and depression. All these factors largely affect the wellbeing of the elderly persons in Israel, thereby hindering them from realizing optimal life experiences. Family member 51 was of the view that “my mother who is old no longer engages in social activities so she really lacks a lot of control over the important things in her life. It is difficult to try and be involved with important things in life when your health is failing, you know.” Family Member 58 added that:

yeah. and again, she is quite restricted and her physical energy failing. I fear the mental state may be affected with all the medications she is on. I heard her saying she is no longer able to pay for most things as cost rises so I have to step in, you know how stressing things get when your pension is wiped out before end month. — (Family Member 58)

4. Discussion

Objective 1 was created to explore the following: *To identify strategies that are used to facilitate the elderly services management in the Arab sector of Israel.* Findings showed that the elderly feel service providers use different strategies to deliver care management services. These included family participation, flexible services, trust development, professional assistance, and an emphasis on promoting personal needs and wants are all important factors to consider. Furthermore, care professionals improve services by promoting ethnic and cultural values, conducting flexible assessments of patients' requirements, establishing service management priorities, and providing transportation. Group engagement, timely support and assistance, excellent leadership, and continuous capacity development all help to improve service delivery. There are also learning networks and awareness-building, social networking, and proper registration and documentation of senior people who require assistance.

These findings find new insights compared to past literature on the topic. Insights from past studies on the elements that facilitate elderly services management provide general frameworks for change agents (such as project teams and program management) to think about while planning elderly services programs. There is less information available on how to lead elderly services programs in complex situations and how to choose and apply ways to make implementation and change processes easier (Golubeva & Khabarova, 2019). In healthcare development research, the viewpoint of elderly care needs is sometimes disregarded. As a result, research from other fields, such as change management, can provide more specific information (Fukui et al., 2019). Haklai et al. (2022), for example, have identified essential assumptions about change and how they influence the primary change approach or methods utilized by change agents. They depict five basic change paradigms: the blue-print approach (rational planning), the yellow-print approach (stakeholder involvement and negotiation), the green-print approach (interactive learning), the red-print approach (focus on individual needs and motivation), and the white-print approach (focus on the needs and motivation of individuals) (emergent and less controllable change) (Haklai, 2022).

A prior study of a large-scale health promoting program showed that the program management's use of these basic change approaches during implementation was not a one-

choice option but rather the use of multiple strategies that varied over program phases (Donelan et al., 2019). Besides the focus on preventive actions, the program management team also faced challenges such as defining intermediate and end goals and clarifying the roles of each member of the team (Cohn-Schwartz & Ayalon, 2020). Different teams of change agents may also choose different approaches to enhance LSTs in health care depending on the context (e.g. organization, condition, patient group, staff) and may thereby vary in their success rates (Clarfield & Jotkowitz, 2020). Strategies for overcoming resistance to change have been proposed, where change agents can choose to, for example, provide education; facilitate and support; and/or negotiate and come to an agreement (Fukui et al, 2019). The few prior studies found on elderly service provider strategies to facilitate the implementation and change process involved in LSTs provided a rationale for the current study.

Objective 2 was created to understand the following: *To explore the opinion of the family members and staff regarding of the elderly services management within the Arab sector of Israel.* Findings from the interviews and results from the surveys showed that both the expectation and perception of the quality of elderly services management is at a very high level among family members and care providers. These findings show that family members, providers, and the elderly persons expect high quality services to the aging population. These observations are in line with similar ratings found by past literature conducted by Ris et al. (2018) showing that family members' expectation toward overall elderly service quality is very high. When comparing service expectation and perception towards elderly services management, the mean rating for perception was observed to be significantly higher than expectation.

These observations reflect that care providers have a positive opinion about elderly services management that meets the needs of the aging populations. Expectations especially from the service provider aspect and service quality aspect was found to be rated higher for perception than expectation. As Ramesh et al. (2022) stated, the definition of quality of a service is the comparison between expectation and perception. According to family members and service provider, if service perception is in accord with service expectation meeting clients' expectations, that service is considered to be a quality service. As such, such a view demonstrates that elderly services providers conduct themselves

professionally are service oriented, and display good interaction with clients (Podell et al., 2018). Moreover, with a policy that focuses on easy access, fast, and safe service processes provided by a professional team and modern techniques, participants hold positive opinion that elderly services management in Israel has created trust and confidence in their service which fulfills the needs of the aging population. However, the findings contrast with some studies that show that clients have lower perceptions than expectations.

Objective 3 was created to explore the following: *To examine the views that the elderly Arab population express concerning the impact of the elderly services management on their well-being.* Findings showed that elderly persons have high expectations about various services they should receive. However, the perceptions of the quality of services was low implying that their care needs are hardly met. The Kano Model, proposed by Kano et al. (1984), assumes that satisfaction does not always occur when all important traits are present, and that it is possible for elderly people to feel dissatisfied or have no feelings at all. The Kano Model, which was first used in the manufacturing industry for product development, divides quality into five categories: (1) appealing quality attributes, which elderly people are satisfied with if present, but not dissatisfied if absent; (2) one-dimensional quality attributes, which are positively and linearly related to elderly people's satisfaction—that is, the greater the degree of fulfilment of the attribute, the greater the degree of elderly people's satisfaction; (3) must-have quality attributes, whose absence will result in elderly people's dissatisfaction, but presence does not; (4) must-have quality attributes, which are positively and linear.

These observations are consistent with earlier claims by Haklai et al. (2022) whose studies found that quality attributes are essential in enhancing the experience of elderly persons with support and care services. Further evaluation of the information also shows that as many as four of the items falls under the elderly health categories considered as one dimensional or high value added. These are the attributes that result in satisfaction when fulfilled and dissatisfaction when not fulfilled.

Objective 4 was created to explore the following: *To assess how social services providers and health workers perceive the elderly services management and its impact on the well-being of elderly in the Arab sector of Israel.* Findings showed that social service providers and health care workers positively perceive the services they deliver to the

elderly persons across the Arab sector of Israel. However, the elderly participants gave a contrary view noting that in most situations, the care they need is not met in line with their daily needs. In terms of involvement, service providers elaborated that they often discuss options with the elderly about the use of life sustaining technologies (for example: CPR or cardiopulmonary resuscitation, breathing machines, dialysis). Also, service providers were of the view that they regularly discuss options with the elderly persons about initiating palliative care or comfort care measures. In addition, the care providers noted that they engage and take part in decision-making regarding their clients' medical and person care in the nursing home or at home. However, the elderly persons reported experiencing less help and engagement with service providers. The contradictory observations may result from poor or lack of communication or clear guidelines of how service providers and the elderly need to engage during care (Golubeva & Khabarova, 2019).

Objective 5 was formulated to explore the following: *To discover factor that affect the well-being of the elderly Arab population across the Arab sector of Israel.* Although most participants stated that their family, friends, or neighbors would support them if required and that they had someone who offered them love and affection, they would have preferred greater companionship or more people with whom to enjoy life. Because these four questions were assigned to the OPQOL's social connections' dimension, these findings revealed that the participants were less satisfied with their social ties within their well-being. This represented the participants' sense of isolation even more. Family members, friends, and neighbors may provide them with assistance and love, but this was insufficient to address all of their needs, as seen by the fact that their overall social support level was low. Aside from social relationships, financial status was another aspect of participants' well-being with which they were dissatisfied.

The majority of them stated that they did not have enough money to pay for household repairs, that the cost of living was limiting their lives, that they did not have enough money to pay for healthcare or to do things they enjoyed. When compared to senior adults who lived with others, older people who lived alone were more likely to receive less financial assistance and experience more financial strain (Golubeva & Khabarova, 2019). Economic deprivation may be more apparent in the current situation in China, where rapid economic developments and rising inflation have resulted in an increase in the cost of

living (Fukui et al., 2019). With an undeveloped pension system and a low salary, older persons living alone may face more financial difficulties. Previous research has found that satisfaction with general living conditions has a significant impact on well-being (Donelan et al., 2019). Because older individuals have smaller living quarters than younger people, they are more inclined to stay at home and spend a lot of time there (Cohen-Mansfield & Meschiany, 2022). A sense of security, stability, and attachment can be provided by having appropriate home with required and satisfactory facilities. Having no somewhere to reside in old age is one of the worst possibilities in China (Domènech-Abella et al., 2019). As a result, how older people perceive their living conditions has a significant impact on their well-being.

Biggs et al.,(2021) found that health had a significant impact on people's life satisfaction and happiness, as well as older people's well-being. The second most important predictor was self-rated health, with older adults having a higher quality of life when their self-rated health was better, correlating with earlier findings (Domènech-Abella et al., 2019). Another health-related component that was shown to be connected with well-being was functional capacity. Participants with stronger functional abilities were more likely to report a higher quality of life. Previous study has come up with similar results (Clarfield & Jotkowitz, 2020). Good functional capacity is an indication of self-care, which enables older persons to retain social contact and participate in social activities (Bunn et al., 2018). Being able to do these things gives elderly people's lives significance and, as a result, improves their well-being.

A lot of studies have linked economic status to life quality (Donelan et al., 2019). This was also seen in the current study, with participants' well-being differing according to their socioeconomic status. A lower degree of economic status can have a significant detrimental impact on older people's confidence in life, self-esteem, and coping resources, ultimately leading to a lower quality of life (Bahador et al., 2022). There was no statistical difference in reported quality of life between the medium–high- and high-income level groups, however. One possible explanation is that economic status only has an impact on quality of life at the poverty level (Bahador et al., 2022). When people's basic needs are addressed, economic position has less of an impact.

Like earlier studies (Bunn et al., 2018; Clarfield & Jotkowitz, 2020), this study found that social support was an essential component connected to quality of life, with those who reported a higher level of social support reporting a higher quality of life. It suggests that increasing overall social assistance for elderly persons who live alone could improve their quality of life. However, as compared to the Arabic norm, the participants in this study had a low degree of social support, necessitating the development of strategies to strengthen their social support. Loneliness was found to be strongly linked to the quality of Life of older individuals who live alone, with those who reported a higher level of loneliness experiencing a lower quality of life. Loneliness has been shown to have a negative influence on physical and psychological health, which can eventually degrade quality of life (Clarfield & Jotkowitz, 2020). Because the study participants reported a moderate amount of loneliness, the findings suggest that loneliness should be reduced.

Objective 6 was formulated to understand the following: To determine challenges that elderly persons consider to hinder efficient operations at the elderly services management within the Arab sector of Israel. Findings from the survey and interview responses showed that the accessibility of efficient services at the aged services departments may be influenced by lack of clear and relevant personal data, difficulties using physical services like access to buildings without lifts, and difficult engaging any service provider. Bratt and Gautun (2018) found that accessibility issues largely hinder positive experience for the elderly persons. Some of the common problems related to access include inadequate information about suitable service providers, busy schedule, and delays in travelling to the service provider's site (Bratt & Gautun, 2018). Furthermore, transaction convenience has an impact on efficiency because of the long distance required to reach the service provider, the difficulty in discovering the service provider's physical address, and the extra work required when paying for services. Benefit convenience was also a barrier in terms of accessing the benefits of the service with minimal effort, using some services was cumbersome, and the time required to acquire the benefits of the service was insufficient. In other circumstances, post-benefit assistance is troublesome because the service provider is unable to rapidly address problems, it takes more effort to schedule follow-up care, and the service provider does not make it easy for elderly people to resolve problems quickly.

Objective 7 was formulated to comprehend the following: *To understand the challenges social care providers and staff consider to hinder efficient operations at the elderly services management within the Arab sector of Israel.* The findings revealed that senior people believe that sharing duties among aged service providers or organizations improves patient safety because high-level performance is assured when work is deemed rewarding. Junior employees, as much as senior employees, value leadership. Attitudes of healthcare workers at all levels are crucial. Senior service providers take the lead in patient care, especially in emergency situations, but they rely greatly on their colleagues. Most participants in this research agreed that "Senior staff should encourage queries from junior staff," but disagreed with the assertion that "service providers who encourage suggestions from team members are ineffective leaders." As a result, a horizontal and dictatorial method was seen more favorably than an egalitarian mindset and an opinion-gathering manner. However, the results were lower than those of a survey on the views of service providers done by Helmreich and Davies (2016). Therefore, elderly persons and family members in the Arab sector of Israel often perceive the technical skills and competency of a leader as more important than non-technical skills.

5. Conclusion

The presented findings further confirm observations from the interviews and survey questionnaires that elderly services management have an impact on the wellbeing of aging adults in the Arab sector of Israel. Key observations made include the fact that care providers use multiple strategies to facilitate the elderly services management in the Arab sector of Israel. In addition, family members and staff have varied opinion regarding the elderly services management within the Arab sector of Israel; family members are less optimistic about the offers services, while staff are optimistic that they provide the required services. Like family members, the elderly Arab population express negative views concerning the services they receive which they consider to be less favorable, thereby having less positive impact on their well-being. Thus, there are multiple factors that affect the well-being of the elderly Arab population across the Arab sector of Israel. As such, there is need for top management to have in place various strategies to address potential

challenges that hinder staff and healthcare workers from delivering efficient care across the Arab sector of Israel.

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