
SOCIAL WORKERS IN HOME CARE: THE ISRAELI CASE

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In Israel, the government partially supports personal home care services (grooming, feeding, assistance with transfers) as a means to maintain frail individuals in their home environment for as long as possible. Social workers capture a prominent position in these arrangements as initiators and supervisors of personal home care services. This study evaluates the view of social workers concerning the home care industry in Israel. We conducted focus groups with 37 social workers and identified three main themes: a) challenges faced by social workers in home care agencies; b) advantages associated with working as a social workers in a home care agencies; and c) resources available to assist social workers in their work. The stigma associated with home care appears to be pervasive and to include stigmatizing attitudes and behaviors towards older adults, their home care workers, and the social workers responsible for this caregiving arrangement. This stigma could potentially be reduced by actively bringing aging and home care into academia and by greater regulation of the home care industry by the government.

The shortage of available family members as informal (unpaid) caregivers of older adults and frail individuals is attributed to a variety of factors including the increase in lifespan, the decrease in childbirth, the fragmentation and nuclearization of the family system, and the entrance of women into the workforce (Popenoe, 1993). As a result, there has been an increase in reliance on formal (paid) caregivers and a growing increase in long term care (LTC) options for older adults and frail individuals. One popular LTC alternative

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is home care. This is because home care fulfills the wishes of frail individuals and their family members to stay in their home environment for as long as possible (Keysor, Desai, & Mutran, 1999; McAuley & Blieszner, 1985). In addition, home care is a cheaper alternative than institutional care and is often encouraged by governments as a result (Heller, 2003; Jones et al., 1999).

In Israel, the government partially supports home care services as a means to maintain frail individuals in their home environment for as long as possible. Governmental assistance is limited in scope and is aimed towards supporting the family rather than substituting the family as the main caregiver. Financial assistance is not given directly to the care recipient, but instead it is given to home care agencies that are expected to provide the services in return. The scope of financial assistance is determined based on degree of impairment in activities of daily living (ADLs) and need for supervision, with older adults constituting about 85% of home care recipients (Heller, 2003).

Currently, two main home care options exist. The first provides personal home care services (assistance in grooming, feeding, and dressing) and minimal house care services for several hours per week. This option is available to individuals who demonstrate modest impairment in activities of daily living. Services are usually provided by Israeli women (either new immigrants from the former Soviet Union or Israeli Arabs). Private home care agencies are expected to match workers to frail individuals and to supervise the care. Workers are considered employees of the home care agency and are paid through this agency. The agency in return, receives funds from the government that are equivalent to the number of hours of care assigned to the care recipient based on his or her degree of disability. The number of hourly home care workers is estimated at 70,000. Most of these workers (especially new immigrants from the Former Soviet Union) have at least high school education; they tend to view home care as a low-status job, and perceive their employment as home care worker as a necessity rather than as their first choice (Corazim, Goren, & Niran, 2002; Heller, 2003).

The second home care option is round the clock home care. This option is available only to the most impaired individuals. Because Israelis are unwilling to provide round-the-clock care, these services are almost exclusively provided by female foreign workers. Foreign workers come from Asia or East Europe and are expected to leave the country when their care recipient dies or after several years in the country. Similar to hourly workers, these workers also provide personal services and minimal house care services. In addition, similar to the case of hourly home care workers, the agency is expected to

match workers to care recipients and to supervise the care. However, in the case of round-the-clock foreign home care workers, the care recipients are considered to be their main employers and they pay the bulk of the worker's salary. The agency in return, pays a small portion of the worker's salary that is subsidized by the government. Currently, there are 54,000 documented foreign home care workers and an additional 40,000 undocumented foreign home care workers in the country (Heller, 2003; Nathan, 2009). Many of these workers are well-educated and are amongst the strongest in their own community of reference. Nevertheless, even though their salaries are much higher than the salaries they could have obtained in their home country, their social status in the host culture is lower and they often are jeopardized based on gender, race/ethnicity, religion, socioeconomic status, and employment status (Ehrenreich & Hochschild, 2000). Despite Israel's attempts to limit the number of foreign workers in the country, the number of foreign home care workers has been increasing steadily, because their entrance into the country is based solely on demand (Nathan, 2009).

There are over 150 home care agencies in Israel. Approximately 70% of these agencies are private for-profit agencies. Yet, all agencies are approved by the government and are expected to execute governmental policies regarding home care. Thus, it has been argued that there are only minor differences between not-for-profit and for-profit agencies (Heller, 2003). Social workers capture prominent positions within home care agencies; many times, social workers are the ones who actually run the agency. Social workers also provide administrative assistance to care recipients in an effort to maximize their legal rights and obtain governmental financial assistance. In addition, most often, workers are the ones responsible for matching the home care worker to the care recipient and for supervising the caregiving arrangement (Ayalon, Kaniel, & Rosenberg, 2008).

The international literature on the role of social workers in home care settings is limited (Stark, 1997). The few studies conducted have noted the low status of social workers in home care settings (Cabin, 2008). The one study that directly focused on social workers' role in home care settings found the social workers identified three main job requirements. These included preparation of the older adult and the home care worker to the care arrangement, supervision of the care arrangement, and the provision of emotional support to all parties involved in this care arrangement (Ayalon et al., 2008). This study, however, focused exclusively on social workers views of foreign home care workers and did not evaluate their general role as social workers in a home care agency. In addition, researchers have pointed out that

social workers face many ethical dilemmas in their work within home care settings. Among the main dilemmas faced by social workers are their perceived inability to meet care recipients' service needs, implementation of advance directives, and assessment of competency (Egan & Kadushin, 1999; Healy, 2003; Kadushin & Egan, 2001, 2006), with connecting care recipients to appropriate services being the most common dilemma mentioned by workers (Egan & Kadushin, 2002).

Although not studied extensively in relation to home care, researchers have identified several additional dilemmas that are often faced by social workers who work with older adults in LTC in general. One such dilemma faced by many social workers in LTC settings concerns working for for-profit vs. not-for-profit organizations (Harrington, Woolhandler, Mullan, Carrillo, & Himmelstein, 2001). It has been argued that social workers might feel less obligated to serving the care recipient and more obligated to serving management in the case of for-profit organizations (Dolgoft, LoEwenberg, & Harrington, 2009). Similarly, workers often face a challenge of defining their obligation to a specific client. This is especially pronounced in the case of care recipients with dementia, where the family might be more dominant in its requests and demands than the older care recipient. In these cases, it is often unclear whom the social worker should serve as the primary client (Dolgoft et al., 2009; Nelson, Netting, Huber, & Borders, 2001). The support workers receive in solving these dilemmas and the ethical atmosphere on the job have shown to affect workers' intention to leave their job, so that those social workers who experience a more positive ethical climate also report lower willingness to leave their job (Ulrich et al., 2007).

These various dilemmas likely are intensified by lack of training and negative attitudes towards older adults held by many social workers. Research has found that many social workers openly report ageist attitudes (Allen, Cherry, & Palmore, 2009; Gellis, Sherman, & Lawrence, 2003) and lack adequate training in gerontology. When training is provided, it often increases students' interest in aging as well as their willingness to work with older adults (Cummings, McClure Cassie, Galambos, & Wilson, 2006; Snyder, Wesley, Lin, & May, 2008). Yet, although the majority of social work students surveyed acknowledged that knowledge of aging issues is important for social workers, many did not perceive such knowledge as relevant to their own career (Bonifas, Fredriksen-Goldsen, & Bailey, 2009).

Whereas informative, these studies provide very limited information about the Israeli case as social workers' responsibilities in Israel are quite different. As already noted, the main responsibility of social workers in home care settings in Israel is to match home care

workers to care recipients and to supervise the caregiving relationship (Ayalon et al., 2008). Thus, they are less likely to encounter challenges such as competency assessment or advance directives, as these are not within the scope of their responsibility. It also is not clear to what degree connecting care recipients to services is indeed a challenge faced by Israeli workers as most care recipients are already financially supported by the government and social workers serve as de-facto facilitators of governmental initiatives (Heller, 2003). In addition, even though the majority of social workers in home care work in the for-profit sector, there are more similarities than differences between the two sectors as the two are highly regulated by the government (Heller, 2003).

Given the very limited literature on the role of social workers in home care and the very unique characteristics of home care in Israel, it is important to evaluate social workers' perceptions of their job requirements and the major dilemmas faced by these workers. The present study used qualitative methodology to obtain an in-depth understanding into the experiences of social workers in the home care setting. Specifically, we were interested in social workers' perceived roles and expectations as well as challenges associated with their work in home care. We expected social workers to view their role as both administrative and therapeutic in nature. We also expected them to report major challenges associated with serving the older adults as well as the other key players involved in this caregiving arrangement: Israeli home care workers, foreign home care workers, and family members of older adults.

METHOD

Participants

Thirty-seven social workers employed by three home care/social work agencies participated in five focus groups that lasted between two to three hours each. Two agencies were for-profit and one was not-for-profit. Three to 10 participants participated in each focus group. Focus groups were largely homogenous in terms of participants' role in the agency. Participants were purposely selected to represent a range of geographical locations (north, center, and south of Israel, including both urban and rural areas) as well as different levels of interaction with the parties involved (from direct placement of the home care worker to ongoing assistance to the older adult and his or her family). All but two of the participants were female; all but

two had a bachelor's degree in social work or a related field. The other two had a master's degree. On average, participants had six years of experience working with older adults.

Procedure

We conducted open-ended focus group interviews to gain a better perspective on the experience of social workers within the home care setting. Initial interviews focused more specifically on the experience of social workers with foreign home care workers. Subsequent interviews were broader and focused on social workers' decision to enter the job, their relationships with the various stakeholders involved in this caregiving arrangement, and challenges and advantages associated with their job. Sample questions include the following: How did you perceive home care agencies prior to working for one? Tell me about your role as a social worker working in a home care agency. Why did you pursue this job? Whom do you serve as social workers? What are some of the challenges and advantages of your job? Who helps you resolve some of your moral dilemmas on the job? What are the challenges/advantages associated with working with foreign home care workers? Interviews followed a funnel approach, starting from broader questions, followed by more specific ones.

Interviews were conducted by several different interviewers, all experienced in qualitative research. We continued with data collection and recruitment of participants to the point of content saturation (i.e., no additional information obtained).

Analysis

Interviews were audiotaped and transcribed verbatim. At least two independent evaluators coded each interview. We coded data categories in stages, with each stage representing a more complex conceptual level (Strauss & Corbin, 1998). Each interview was first coded thematically for major content areas. Next, commonalities and differences across interviews were evaluated and themes were regrouped to represent major content area that received considerable attention across groups and participants. Data were not forced into preconceived themes, but instead an open coding approach was employed, so that interview data guided the creation of the categories (Lincoln, 1985). Searching for intertheme consistencies and contradictions, descriptive and then interpretive categories were created to represent interview data. The final stage was selective coding, which involves the identification of core categories to create a story line (Strauss &

Corbin, 1998). These categories were subsequently integrated with relevant literature. We maintained an audit trail by recording the data analysis process and keeping records of all stages of analysis (Beth & Kathleen, 1993).

RESULTS

Three main themes emerged from the data. These include the following: a) challenges faced by social workers in home care agencies; b) advantages associated with working as social workers in a home care setting; and c) resources available to assist social workers in their work. We discuss each theme in detail and provide direct quotes from the text in order to support our thematic division.

Challenges Faced by Social Workers in Home Care Agencies

The most notable challenge associated with working as social workers in home care appears to be the stigma associated with such work. Many social workers acknowledged the stigma openly by attributing it to the fact that much of the work in home care is for-profit, which, according to workers, is contradictory to the values of social work. Even if, in reality, workers operate based on the ethics of social work that are geared towards improving their clients' lives, according to social workers, the general perception of the public, academia, and the government is that social workers in home care agencies are guided by financial incentives rather than by their clients' needs.

To support their claim, social workers stated that even though the field of home care has been growing steadily in the past two decades, academia has been ignoring the field; students have no opportunities to do their practicum in home care, and the work of social workers in home care does not count towards clinical experience. In addition, even though social workers in home care agencies are highly qualified to assess the needs of the older adults they serve, social workers from the department of welfare are the ones who actually take this role. As noted by a social worker, "In social work, we learn that we should take care of a client without prejudice, but academia feeds into the stigma of home care, it doesn't try to understand, doesn't try to get to know the field."

The stigma is further intensified for social workers as a result of ambivalence concerning their role. Social workers tended to devalue the type of work they do as they identified their main tasks as supervision of the caregiving arrangement and the marketing of home care services, rather than direct one-on-one therapeutic contact, which

they perceive as “real social work.” Social workers referred to their work as system oriented, as they serve many potential parties, and are required to do substantial case management in order to assure that the needs of the involved parties are met. They were equivocal as to whether or not they actually do “social work,” which they associated with doing one-on-one therapy. “I think we don’t do social work net, but a very diverse job . . . sometimes it is therapy . . . sometimes it is very short,” stated a social worker.

Social workers noted a prevalent stigma not only in relation to their own job, but also in relation to the older adults they serve, many completely impaired in activities of daily living, and others also cognitively impaired. “. . . and the long hours of being alone with a non-communicative older adult, it seems like a nightmare to me, I think about you or me- try this once . . .,” acknowledged a social worker when discussing the experience of foreign home care workers.

In addition to stigma towards older adults, social workers expressed stigmatizing views towards the home care workers they supervise, and more specifically towards foreign home care workers. Holding such a stigma, obviously affects their ability to serve the various stakeholders. As noted by a social worker, “when a foreign home care worker comes and wants to talk to me, immediately I think that she wants to talk about money, about her salary . . .”

A related challenge is the multiple potential clients social workers are expected to serve as part of their role in the home care agency. Although all were able to identify the older care recipient as their main client, and some also identified family members as their client, they were struggling with regard to the other potential clients they serve. Thus, whereas some stated that home care workers also are their clients, others noted that it is only the Israeli home care workers who are their clients, as they are employees of the agency. Yet, others stated that neither foreign home care workers nor Israeli workers are their clients, but instead viewed home care workers as the “product” their agency is selling. Whereas some social workers even identified other social workers or nurses at hospitals and the welfare department as their clients. As noted by a social worker, “I see the home care workers as manpower we totally depend upon, but not exactly as our customers. I also do not really feel as if I can ‘do social work’ for them, even if they need it just as much as the older adults, I cannot really ‘do social work’ for them as I do for the older adults.”

Communication difficulties are yet another challenge faced by social workers in home care. The fact that care takes place within the private realm limits the ability of social workers to supervise this caregiving arrangement and to know what exactly happens within the

home. Because many older adults are cognitively impaired, they are unable to communicate their needs or complaints. In addition, many foreign home care workers also are unable to communicate their needs and complaints due to language and cultural barriers and lack of knowledge about their rights. Communication difficulties are further intensified by the stigma held by many of the social workers towards the involved parties.

Advantages Associated with Working as a Social Worker in a Home Care Agency

Along the various challenges faced by social workers in home care agencies, social workers also noted several significant advantages associated with their work. Apparently, the for-profit nature of home care offers some unique advantages. The benefits and salary associated with their job were identified as strong incentives to pursue such a position. Because of its private nature, home care is a better paying job with better benefits than most other social work positions in Israel. In addition, because the agency is financially stable, social workers can provide better training to home care workers and can offer outreach services to the community. A social worker when discussing her decision to pursue a position in home care stated, "I knew I was going to work for a home care agency . . . I wanted money and home care is not something many social workers are eager to do. I went into this job because of its benefits."

The dynamic and fast-paced nature of their job, including the fact that social workers in home care agencies can actually provide quick and measurable assistance to older adults were identified as additional advantages of the job. Social workers also noted that relative to other positions that require therapeutic contact with clients, they are better able to set limits between their work and their private life. Another social worker stated, "I came to this job from the 'therapy world.' I used to work in a hostel . . . I really liked the kids, but did not like the psychotherapy part as much . . . I took it home with me. I wanted a job where I could set limits and feel more comfortable."

Resources Available to Assist Social Workers in Their Work

As already noted, the nature of the job and its benefits help social workers overcome some of the challenges associated with it. In addition, many social workers noted that they keep their professional integrity

and operate based on the value system they had acquired as social workers rather than as representatives of for-profit agencies. Acknowledging their professional contribution to older adults, their family members and their home care workers is another way that helps social workers overcome some of the challenges associated with working in a home care agency. One social worker noted, “We give very concrete assistance to people. You can see the results immediately. An older that cannot function and receives a home care worker, who is trained to help him . . .”

Other resources that help social workers are changes at the public policy level that are specifically geared towards protecting the rights of foreign home care workers. According to social workers, these policies have greatly improved the quality of life of foreign home care workers and in many ways provide social workers with concrete tools to intervene in case of abuse of foreign home care workers. This is particularly valuable given the fact that protecting foreign home care workers was not viewed as within the main mandate of social workers in home care agencies. Nevertheless, it appears that at the same time, these legal changes that have improved the rights and quality of life of foreign home care workers have also made the life of some older adults harder.

Apparently, greater regulation of foreign home care workers' salary makes home care services less accessible for many older adults who cannot afford to pay a just salary for such services. As one social worker indicated, “Today, the state really protects foreign workers a lot more . . . I would have done my job completely differently two three years ago . . .”

DISCUSSION

The increase in lifespan and the decrease in childbirth that have taken place in the past century represent major demographic changes that require ongoing adjustments at the societal level. As individuals live longer, they are more likely to suffer from chronic conditions that necessitate further formal assistance, oftentimes in the form of LTC services (Heller, 2003; McAuley & Blieszner, 1985). The most popular LTC arrangement in Israel is home care as it allows older adults to stay in their home environment for as long as possible (Heller, 2003). Interestingly, despite the increasing popularity of this LTC arrangement and despite the major demographic changes that have taken place in the past century, the field of social work has largely ignored these dramatic developments. As already noted, only a very

small fraction of social work students have specialized training in aging, and a very small minority perceives such training as essential to their work (Bonifas et al., 2009). Hence, it is not surprising that the social workers in this study were unclear as to whether or not their work within home care agencies can even be considered social work. Social workers' lack of clarity about the nature of their work and their potential clients is a direct result of the neglect of the aging field by academia. Any one working with older adults would agree that such work is system oriented, fast-paced, focused on crisis intervention, and requires ample case management. Yet, social workers in home care who were able to articulate these exact tasks as part of their role remained unsure as to whether or not these tasks actually represent social work. Therefore, the first step in promoting the field of home care for older adults is to better integrate aging and LTC services in the academic agenda.

The stigma of home care can also be attributed to the low status of formal caregivers involved in this caregiving arrangement: This applies to both Israeli and foreign home care workers. As noted by social workers, Israeli home care workers often are in as much need for social assistance as the older care recipients they serve. This is one of the weakest groups in our society that tends to view their work in home care as a last resort, rather than as a first choice. Foreign home care workers capture even a weaker social position as they provide caregiving services to the frailest individuals in society under conditions that Israeli workers are unwilling to accept (Ayalon, 2009). Supervising such workers is in itself a stigmatizing experience. The same dilemmas and stigma that social workers voice in relation to their own role in a for-profit agency are also reflected in their perceptions of the home care workers. This is especially true for the foreign home care workers they supervise; for instance, whether or not their employment choices and actions within the job are guided by financial incentives.

Interestingly, even though the for-profit nature of most home care agencies created ethical dilemmas for social workers, it was also viewed as an opportunity because such agencies offer better paying jobs and better working conditions than other alternatives in the field of social work. In addition, as noted by some social workers, some agencies capitalize on their financial resources to improve the lives of home care workers and the older adults they serve by offering financial assistance and specialized training and education to home care workers as well as community outreach. Thus, it is important to acknowledge these potential advantages associated with the for-profit nature of the home care industry in Israel in order to reduce the stigma of home care.

In many ways, the current arrangement where private home care agencies execute governmental policies is an attempt at the governmental level to “free” the state from taking full responsibility for home care workers and the older adults they serve. However, at the public policy level, it is clear that greater attention and regulation of the home care industry is much needed. As noted by social workers, more recent changes that have taken place at the regulatory level and are aimed to protect the legal rights of foreign home care workers have both positive and negative impact on the involved stakeholders. Yet, additional regulations that broaden and clarify the various roles of social workers in relation to the involved stakeholders and in relation to state policy are much needed.

The present study has several limitations that should be noted. This study used a convenience sample of social workers from three agencies. Whereas these workers were purposely selected within the agency, the experiences and attitudes they expressed may not be representative of other agencies. Yet, this is often the case in qualitative studies that are aimed to provide in-depth understanding into a chosen topic, rather than represent the views of a representative sample. Finally, some may criticize the subjective nature of qualitative inquiry. However, given the scarcity of research and the need for in-depth understanding of the topic, qualitative research has been the recommended practice by many experts. In addition, in order to assure greater reliability of the findings, we systematized the coding process by working in pairs, and we identified only those themes that emerged directly from the text.

The present study is one of very few to evaluate the experiences of social workers in home care. The stigma associated with home care appears to be pervasive and to include stigmatizing attitudes and behaviors towards older adults, their home care workers, and the social workers who supervise this caregiving arrangement. Because of the increasing need for home care services worldwide, it is important to identify ways to reduce such stigma and to improve the quality of life of the involved parties. According to social workers, this can be done by bringing aging and home care into academia and by improved regulation of the home care industry.

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