

## Examining satisfaction with live-in foreign home care in Israel from the perspectives of care recipients, their family members, and their foreign home care workers

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**Objectives:** This pilot study evaluates satisfaction with foreign home care arrangement from the perspectives of older adults, their family members, and their foreign home care workers.

**Methods:** A matched cross-sectional sample of 148 family members and foreign home care workers and 90 older care recipients completed a satisfaction survey in the years 2007–2008.

**Results:** Foreign home care workers' satisfaction was directly associated with family members' and care recipients' satisfaction. In addition, the well-being of older care recipients and foreign home care workers was directly associated with their satisfaction with this arrangement. Finally, there was an inverse association between care recipients' cognitive functioning and family members' satisfaction.

**Conclusions:** This study demonstrates the complex associations between the various stakeholders involved in this caregiving arrangement. It is possible that better working conditions would result in improved satisfaction with services of all parties involved.

**Keywords:** Israel; migration; social care; satisfaction with services

### Introduction

The dramatic demographic changes that have taken place in the past century are responsible for a sharp increase in life expectancy accompanied by a decrease in childbirth in the majority of the developed world. As a result, the availability of informal care (i.e., unpaid care provided by family members and friends) to frail older adults has been declining and the use of formal services (i.e., paid care) has been steadily increasing (Popenoe, 1993). One form of long-term care (LTC) service to older adults that has been gaining increasing popularity is home care. A variety of home care services are available for older adults, including medical services provided by physicians and nurses, social services provided by social workers and care managers, and personal care services (e.g., grooming, feeding, transferring) provided by paraprofessional workers or direct care workers (Kane, 1995). This article is focused only on a particular type of home care services which concerns the provision of round-the-clock personal care by direct care workers to older adults, because this is one of the most popular services available to older adults in Israel.

Only 4% of older Israelis reside in LTC institutions. The Israeli government partially subsidizes home care services in an effort to maintain older adults in the community as long as possible. Nevertheless, only the most impaired older adults are eligible for round-the-clock personal care which is provided almost exclusively by foreign home care workers<sup>1</sup> (Heller, 2003). Currently, live-in foreign home care is the most popular LTC alternative, as can be seen by

recent statistics that demonstrate that approximately 68% of the older adults who are eligible for governmental financial assistance due to disability, have a live-in foreign home care worker (Nathan, 2007).

Foreign home care workers in Israel are viewed as a temporary workforce and are expected to leave the country after several years or when their care recipient dies. Their prospects of becoming citizens in the country are almost non-existent and they are not allowed to bring their family members with them, in order to limit their stay in the country. Despite active efforts of the Israeli government to reduce the number of foreign workers in the country, the one sector that has been increasing in size is the home care sector, because it is based solely on demand (Heller, 2003; Klein-Zeevi, 2003). For instance, whereas the number of documented foreign home care workers was 4300 in 1995, it jumped to 37,821 in 2002 (Heller, 2003), and in 2008, this number was already estimated at 54,000 documented and at least 40,000 undocumented (Nathan, 2009). Although these numbers are correlated with the aging of Israeli population, they also reflect an increasing tendency of Israeli society to rely on foreign workers for personal care.

### *Satisfaction with home care services*

There is a growing body of literature outlining the advantages associated with evaluating satisfaction with LTC services in general and home care services in particular. Nonetheless, research concerning satisfaction with home care services is still limited.

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Hence, I present the general body of research concerning satisfaction with LTC services.

Obtaining satisfaction with LTC services is viewed not only as a means to gain more information about consumers' needs and services' quality, but also as a means to empower LTC consumers (Geron, 1998; Geron et al., 2000; Reeder & Chen, 1994; Struyk, Alexandrova, Belyakov, & Chagin, 2006; Uman & Urman, 1997; Westra et al., 1995; Wiener, Anderson, & Khatutsky, 2007). Nonetheless, there are many substantial barriers that hamper accurate evaluation of satisfaction with home care services. First and foremost, there is no uniform definition or measure of satisfaction with services and there is no clear consensus as to what constitutes major aspects of satisfaction with home care (Forbes, 1996). Second, it is not clear whose opinions should be evaluated when assessing satisfaction with home care: the care recipient, who is often both cognitively and physically impaired and may not be able to provide a reliable response, his or her family members, who often do not share the same household and spend only limited time within this caregiving arrangement, and the home care worker, who is the provider of services, or another "impartial" professional. Each of these various stakeholders has his or her own subjective view of what constitutes satisfactory care that may be entirely valid, yet, non representative of the views of the other parties involved (Lowe, Lucas, Castle, Robinson, & Crystal, 2003).

Given these various challenges, the majority of research, to date, has focused on developing measures for the assessment of satisfaction with home care services in an attempt to identify the appropriate ingredients of this construct. Much less attention has been given to the evaluation of home care services from the perspective of the various parties involved. The few studies that have evaluated various points of view have reached inconsistent results. Some found that relative to professional carers, care recipients tend to view services more favorably (Morrow-Howell, Proctor, & Rozario, 2001), whereas others have found care recipients to rate their services less favorably than their family members (Castle, 2005). Overall, these studies concluded that there is a lack of agreement between patients and their proxies regarding satisfaction with services (Gasquet, Dehe, Gaubebout, & Falissard, 2003; Lavizzo-Mourey, Zinn, & Taylor, 1992). Whereas informative, much less attention has been given to the sources of influence that potentially shape the opinions of the involved parties about these services and how the various parties involved in this caregiving arrangement influence one another.

Most studies have primarily focused on the qualities of service providers as a determinant of service satisfaction. This line of research has shown that workers' exhaustion and intention to leave their jobs result in less satisfied customers (Leiter, Harvie, & Frizzell, 1998), whereas workers' commitment to their jobs and greater job satisfaction improve care

recipients' satisfaction and quality of life (Bishop et al., 2008; Chou, Boldy, & Lee, 2003).

Nonetheless, others have found that it is not so much the quality of the services received, but the mental and physical health of the consumers that determine consumers' satisfaction with a variety of health services (Bair et al., 2007; Blenkiron & Hammill, 2003; Lee, Tu, Chong, & Alter, 2008; Marshall, Hays, & Mazel, 1996). One such factor is cognitive functioning. Specifically, cognitive functioning has shown to be associated with worse satisfaction with the quality of the food served at the facility among care recipients (Simmons, Cleeton, & Porchak, 2009). In contrast, others found that family members tended to dismiss complaints made by older adults about quality of home services, by attributing their complaints to impaired cognition (Ayalon, 2009c), whereas a different study found that the presence of Alzheimer's disease was the main motivating factor for leaving one's job among foreign home care workers (Ayalon, 2010).

### *The present study*

This study is unique because it takes into account all three parties associated in this caregiving arrangement in an attempt to identify the various variables associated with satisfaction with this caregiving arrangement. Because in recent years, increasing emphasis has been placed on consumers' satisfaction with services as an indicator of quality of services (Chou et al., 2003; Laferriere, 1993), it is important to determine what factors other than service related ones, form consumers' opinions. Given past research that has shown that both emotional and cognitive functioning play a role in determining satisfaction with services (Bair et al., 2007; Blenkiron & Hammill, 2003; Marshall et al., 1996), this study evaluates the role of these variables in the present context and their association with the satisfaction level of all parties involved in this caregiving arrangement: older care recipients, their family members, and their foreign home care workers. In addition, given past research that has demonstrated that consumers' satisfaction is largely associated the satisfaction of their care providers (Chou et al., 2003), this potential relationship is also evaluated in this study and the association between foreign home care workers' satisfaction with services and the satisfaction level of care recipients and their family members is examined.

As outlined in Figure 1, this pilot cross-sectional study is aimed at examining the following hypotheses: (1) given research that demonstrates the important role that care recipients' cognitive status plays in care recipients', family members', and foreign home care workers' satisfaction (Ayalon, 2010; Simmons et al., 2009), it is expected that the cognitive status of the care recipient has a direct relationship with the well-being of the care recipient, his or her primary

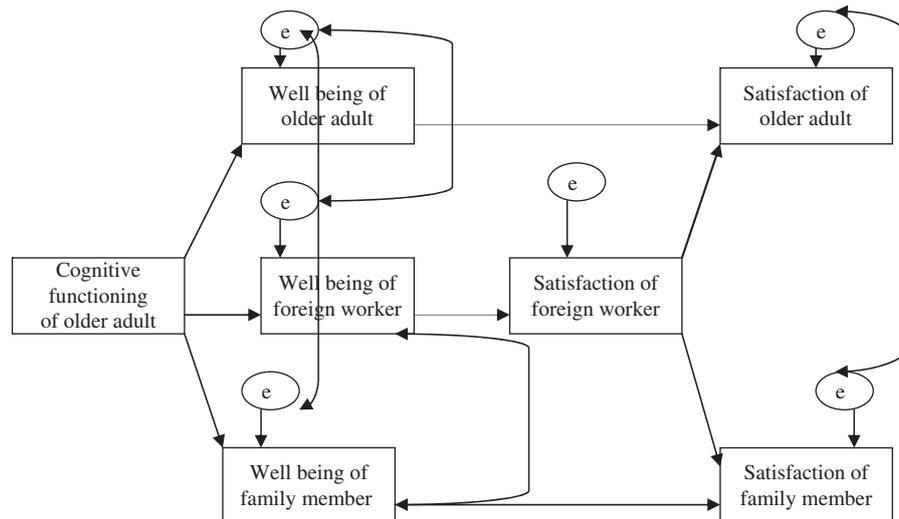


Figure 1. The hypothesized model of satisfaction with foreign home care services.

family member, and his or her foreign home care worker; (2) given research on the role of well-being in satisfaction with services (Bair et al., 2007; Blenkiron & Hammill, 2003), it is expected that the well-being/quality of life of the various parties (e.g., older adults, family members, foreign home care workers) is correlated and is directly associated with their satisfaction with this home care arrangement; (3) given research that demonstrates the reciprocal associations between family members and care recipients (Byers, Levy, Allore, Bruce, & Kasl, 2008; Glass, Bengtson, & Dunham, 1986), it is expected that family members' and care recipients' satisfaction with home care services are highly correlated; and (4) given research that demonstrates that workers' satisfaction is directly related to consumers' satisfaction (Leiter et al., 1998), it is expected that foreign home care workers' satisfaction with the relationship is associated with the satisfaction of both older care recipients and their family members.

## Method

### Procedure

This study was based on prior qualitative research conducted with Filipino home care workers, family members of older adults cared by these workers, and social workers in charge of this caregiving arrangement (Ayalon, 2009a, 2009b, 2009c; Ayalon, Kaniel, & Rosenberg, 2008). Measures were pilot-tested and a-priori evaluated for readability and content by the involved parties. Inclusion criteria were: for *family members*, self-identifying as the primary caregiver of a family member aged 60 or older who receives round-the-clock home care by a foreign home care worker; and for *paid carer*, being a foreign home-care worker who provides round-the-clock care to a person aged 60 or more years. Foreign workers were offered to complete the questionnaire in any of the following

languages: Hebrew, English, Russian, Romanian, or Tagalog; and for *care recipient*: being 60 years or older and showing no evidence of severe disorientation or confusion as demonstrated by a score of four or greater on the six-item cognitive screen (Callahan, Unverzagt, Hui, Perkins, & Hendrie, 2002).

The study was approved by the ethics committee of Bar Ilan University. All research assistants participated in a half-day workshop, during which, they received detailed instructions concerning the study rationale, the administration of the measures, and ethics in research and survey administration.

Participants were recruited through snowballing techniques, such as adult day centers, meetings of the Alzheimer's Association, and other settings usually attended by the involved parties. Trained research assistants first approached family members and subsequently contacted the care recipient and the foreign home care worker regarding participation in the study. Surveys were administered in-person separately with each stakeholder. Most surveys were administered in a face-to-face format. Administration took approximately 45 minutes. Most interviews were conducted at the home of the care recipient or the home of his or her family member. In order to assure the privacy of interviewees, we first interviewed family members, who usually take a supervisory role in this relationship, and only afterwards interviewed separately the older adults and their foreign home care workers. Participation was voluntary and all participants signed an informed consent prior to their enrolment in the study.

Table 1 summarizes the demographic and clinical characteristics of the sample.

Overall, 148 matched dyads of foreign home care worker-family member completed the survey, but due to severe disorientation, confusion, and physical disability of a substantial number of older adults, only 90 matched triads of care recipient- foreign home care worker-family member were available

Table 1. Demographic and clinical characteristics.

	Foreign home care workers ( <i>n</i> = 148)	Family members ( <i>n</i> = 148)	Older care recipients ( <i>n</i> = 148 – 90) <sup>b</sup>	<i>p</i>
Satisfaction with home care services (10–50)		42.8 (6.2)	41.8 (8.1)	0.57
Satisfaction with relationship with care recipient (0–35)	28.1 (5.7)			
Age (20–97)	38.2 (8.7)	58.8 (13.1)	82.8 (8.0)	<0.001
Gender				<0.001
Female	119 (81.5%)	89 (60.1%)	97 (69.3%)	
Education (0–28)	11.2 (4.1)	14.3 (3.9)	10.6 (5.0)	<0.001
Marital Status				<0.001
Married	52 (35.1%)	121 (82.9%)	42 (29.8%)	
Well-being <sup>a</sup> (0–25/13–52)	18.7 (5.2)	16.2 (4.9)	29.6 (5.7)	<0.001
<i>Measures completed by care recipient</i>				
Cognitive status (0–6)			2.8 (2.5)	
<i>Measures completed only by foreign home care workers</i>				
Ethnic origin				
Asia	115 (79.3%)			
<i>Measures completed only by family members</i>				
Relationship to care recipient				
Spouse		35 (23.8%)		
Lives with care recipient		44 (29.7%)		

Notes: Not all measures are administered to all stakeholders. Non-parametric tests for dependent samples were conducted for categorical variables; repeated measures ANOVA and paired *t*-test analyses were conducted for continuous variables. Frequency (%) is presented for categorical variables and mean (SD) for continuous variables.

<sup>a</sup>Measure of older adults' well-being differs from measures of the other parties. Hence, *p*-value relates to a comparison of family members to foreign home care workers only.

<sup>b</sup>Demographic data were available for 148 older adults, but older adults who were disoriented or too physically frail did not participate in the interview (*n* = 54).

(demographic data based on family members' report were available for all 148 care recipients).

The average age of care recipients was 82.8 (SD = 8.0) and the majority were female (69.3%). The majority of foreign home care workers were Asian (79.3%; 54% from the Philippines) female (81.5%). The rest of the workers came from East Europe (20.7%). The majority of family members were non-spouse (76.2%) female (60.1%). Both male and female family members were most likely to be sons or daughters, respectively (66.1%, 61.4%, respectively).

## Measures

### *Satisfaction with the caregiving arrangement*

The Home Care Satisfaction Measure (HCSM; Geron et al., 2000) was designed specifically for the assessment of home care services. The original measure consists of 13 questions concerning satisfaction with the home health aide or homemaker. Whereas most questions from the original questionnaire deemed appropriate for the Israeli context, some were irrelevant in the context of live-in care (e.g., my home care worker arrives late). On the other hand, other questions, such as my "home care worker is like a family member" or "my home care worker communicates easily" deemed relevant based on qualitative interviews with the involved parties (Ayalon, 2009b), but were not part of the original questionnaire. The revised measure

consisted of 10 items, ranging from 0 = "yes definitely" to 5 = "no definitely." The measure ranges from 10 to 50, with a higher score indicating greater satisfaction. Measure was completed by family members and care recipients. Chronbach's alpha scores in this study are 0.88 and 0.85, respectively.

### *Burns Relationship Satisfaction Scale*

This is a seven-item self-report scale that assesses satisfaction in various areas of the relationship, such as communication, intimacy, role in the relationship, and overall satisfaction (Burns & Sayers, 1988). In this study, foreign home care workers were specifically instructed to refer to their relationships with their care recipients. Participants were asked to rate each of the items on a scale of 0 = "very dissatisfied" to 5 = "very satisfied." Range is from 0 to 35. Chronbach's alpha in this study is 0.93.

### *Demographic information*

Age, gender, education, marital status, and ethnic origin of home care worker were gathered based on self-report.

### *Cognitive status*

Cognitive status was assessed by a six-item screener. This measure contains six memory and orientation

items from the Mini-Mental Status Exam (MMSE). The measure has shown to be as sensitive as the 30-item MMSE for the identification of cognitive impairment in primary care (Callahan et al., 2002). Chronbach's alpha in this study is 0.71. Range is from 0 to 6, with a higher score representing better cognitive functioning.

#### Well-being

The *World Health Organization Well-Being Index (WHO-5)* is a five-item questionnaire endorsed by the World Health Organization as a screening measure for depression in primary care. Questions range on a scale of 0 = "at no time" to 5 = "all of the time," with a higher score representing better well-being (Heun, Burkart, Maier, & Bech, 1999). Example questions are: "I have felt cheerful and in good spirits," "I have felt calm and relaxed." Range of the entire scale is from 0 to 25. Both family members and foreign home care workers completed this measure. Chronbach's alpha in this study are 0.86 and 0.88, respectively. Care recipients completed the *Quality of Life in Alzheimer's Disease (QOL-AD)* (Logsdon, Gibbons, McCurry, & Teri, 2002) as an indicator of elder well-being in this study. This is a measure of quality of life in older adults with cognitive impairments. It has shown to be a reliable and valid measure for individuals with Mini Mental Status score greater than 10. Questions are rated on a scale of 1 = "poor" to 4 = "excellent," with a greater score representing greater well-being. Example items are: "ability to do things for fun," "physical health." Range is from 13 to 52. Chronbach's alpha in this study is 0.78.

#### Statistical analysis

Descriptive statistics were performed to assure variables comply with the statistical assumptions. Bivariate correlates were calculated for all variables in the model. Path analysis, using AMOS 7 was used to test the proposed hypothesized model, estimated by maximum likelihood procedure. A pairwise covariance matrix was used to estimate the goodness of fit between the data and the hypothesized model (Figure 1). The following goodness of fit statistics are reported: chi-square statistic, Comparative Fit Index (CFI), Goodness of Fit Index (GFI), and Root Mean Squared Error (RMSEA) (Hu & Bentler, 1999; Raykov, Tomer, & Nesselroade, 1991). If the chi-square is small relative to the degrees of freedom, it results in a ratio between two to five; the observed data do not differ significantly from the hypothesized model (Kelm, 2000). In addition, CFI and GFI that exceed 0.95 (Hu & Bentler, 1995) and RMSEA below 0.08 (Musil, Jones, & Warner, 1998) are indicative of acceptable model fit. The significant level criterion for all statistical tests was set at 0.05.

An additional sensitivity analysis (a technique for systematically changing parameters in the model to

determine the effects of such changes) examined whether the direction of association initially set to be from foreign home care workers' to care recipients' and family members' should be reversed (an association from care recipients and family members to foreign home care workers).

#### Results

There was no significant difference in the satisfaction level between care recipients and family members, with the exception of one item. On this item, family members ( $M = 3.65$ ,  $SD = 1.21$ ) were significantly less likely to agree with the statement, "the foreign home care worker is like a family member to the older adult" than were older adults ( $M = 4.05$ ,  $SD = 1.39$ ,  $t[84] = 2.75$ ,  $p = 0.007$ ).

Table 2 presents the correlation matrix of the variables in the hypothesized model. As can be seen, the strongest correlations are between older care recipients' satisfaction and family members' satisfaction ( $r = 0.59$ ,  $p < 0.01$ ), home care workers' satisfaction and older care recipients' satisfaction ( $r = 0.28$ ,  $p < 0.01$ ), and home care workers' satisfaction and family members' satisfaction ( $r = 0.20$ ,  $p < 0.05$ ).

Figure 1 outlines the initially proposed model. This model had a less than adequate fit: Chi-square [9] = 20.5,  $p = 0.01$ ; Chi-square/df ratio = 2.2; GFI = 0.94; CFI = 0.87, RMSEA[range] = 0.12[0.05–0.18]. In order to improve the fit of the model, an additional direct effect from cognitive functioning to satisfaction of family members was added, based on the modification index (12.03) and existing research that has demonstrated that care recipients' cognitive functioning is related to their family members' satisfaction with services (Ayalon, 2009c). This model resulted in an adequate fit: Chi-square[8] = 6.8,  $p = 0.55$ ; Chi-square/df ratio = 0.85; GFI = 0.97; CFI = 1.00, RMSEA[confidence interval] = 0.00[0.00–0.11]. The cognitive status of the older care recipients was inversely related to family members' satisfaction, so that the more impaired was the older adult, the more satisfied was the family member ( $\beta = -0.30$ ,  $p < 0.01$ ). In contrast to initial expectation, cognitive functioning was not associated with the well-being of the three parties involved in this caregiving arrangement.

As expected, the well-being of older care recipients was directly related to their satisfaction with services ( $\beta = 0.20$ ,  $p < 0.01$ ). Similarly, the well-being of foreign workers was directly related with their satisfaction with the relationship ( $\beta = 0.54$ ,  $p < 0.01$ ). In contrast to initial expectation, the well-being of family members was not associated with their satisfaction with services.

Finally, as expected, workers' satisfaction was directly associated with care recipients' satisfaction ( $\beta = 0.31$ ,  $p < 0.01$ ) and their family members' satisfaction ( $\beta = 0.21$ ,  $p = 0.02$ ). There was also a

Table 2. Correlation matrix.

	Well-being of family member	Well-being of home care worker	Well-being of older care recipient	Satisfaction of family member	Satisfaction of home care worker	Satisfaction of older care recipient
Cognitive function care recipient	0.10	0.14	0.04	-0.16*	0.11	0.20
Well-being of family member		0.18*	0.13	0.12	0.18*	0.11
Well-being of home care worker			-0.07	0.13	0.54**	0.20
Well-being of older care recipient				0.02	-0.16	0.18
Satisfaction of family member					0.20*	0.59**
Satisfaction of home care worker						0.28**

Note: \* $p < 0.05$ ; \*\* $p < 0.01$ .

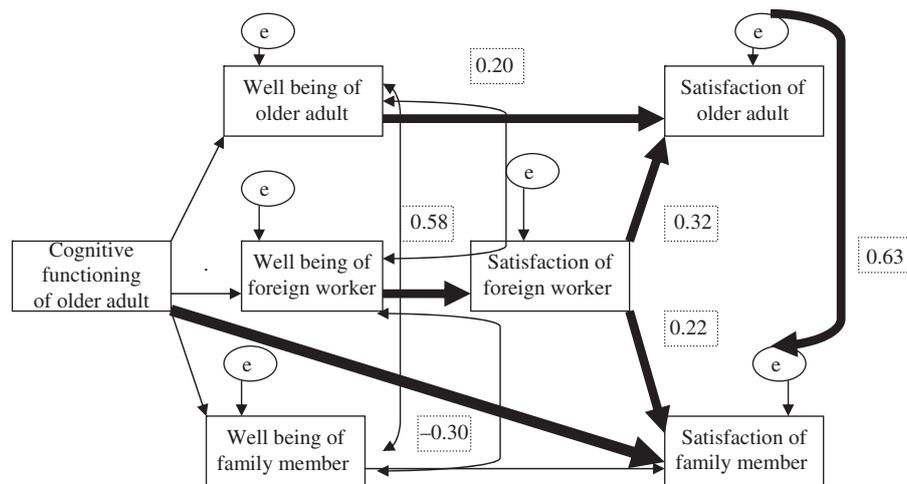


Figure 2. A revised model of satisfaction with foreign home care services. Standardized estimates are reported. Bold lines indicate significant estimates.

strong association between family members' satisfaction and care recipients' satisfaction with services ( $r=0.68$ ,  $p < 0.01$ ). This final model explained 30% of the variance in foreign home care workers' satisfaction, 13% of the variance in family members' satisfaction, and 14% of the variance in care recipients' satisfaction (Figure 2).

The alternative model, in which the direction of association goes from family members and care recipients to foreign home care workers resulted in worse, though still adequate fit indices: chi-square[8] = 12.3,  $p=0.13$ , GFI = 0.96, CFI = 0.95, RMSE[confidence interval] = 0.07[0.00–15]. Nevertheless, the association from care recipients' satisfaction to foreign workers' satisfaction (beta = 0.16,  $p=0.15$ ) and from family members' satisfaction to foreign workers' satisfaction (beta = 0.04,  $p=0.67$ ) were non-significant.

## Discussion

This study is unique because it evaluates the context in which satisfaction with home care evolves. Unlike past research that has focused on degree of concordance between care recipient and family member with regard to satisfaction with home care services (Castle, 2005; Gasquet et al., 2003), this study evaluates both

inter-individual and intra-individual factors that may be associated with satisfaction with home care services. Because much of the evaluation of home care services relies on consumer satisfaction as an indicator of the quality of services (Applebaum, Kunkel, & Wilson, 2007), it is important to evaluate some of the factors that are associated with satisfaction with services and how decisions about satisfaction or lack of satisfaction are formed within this caregiving context.

Overall, there was high degree of concordance between family members' and care recipients' levels of satisfaction, with a single exception related to their view of the foreign home care worker as a family member. Not surprisingly, older adults who actually spend the majority of their time with their foreign home care workers were more likely to view the workers as family members. Their family members, on the other hand, were more hesitant to do so, because to some degree, by allowing another person into their families they may relinquish their own place and status.

This study demonstrates that the more cognitively impaired the older care recipient was the more likely was his or her family member to express satisfaction with services. This finding is further supported by a recent qualitative study that found that family members often disregarded complaints about the foreign home care worker made by the older care recipients by

attributing care recipients' complaints to their deteriorated cognitive status (Ayalon, 2009c). It also is possible that caring for cognitively impaired older adults is such a taxing job that any kind of assistance tends to be viewed more favorably under such circumstances.

As has been shown in past research (Bair et al., 2007), the study demonstrates that the well-being of both older care recipients and their foreign home care workers is directly related to their satisfaction with this caregiving arrangement. In contrast, the well-being of family members is not related to their satisfaction or lack of satisfaction with services. This is not surprising as both the older care recipients and their foreign home care workers are the ones most involved in this arrangement. Family members, on the other hand, are potentially less emotionally involved in this caregiving arrangement and, thus, their judgment of this arrangement is less associated with their own emotional well-being.

An important finding is the association that workers' satisfaction with the relationship has with both family members' and care recipients' satisfaction with services. Given past research that has demonstrated abuse and inadequate working conditions among foreign home care workers (Abu-Habib, 1998; Ayalon, 2009a), one would expect that improvements in workers' working conditions would result in improved satisfaction with services. This, however, has to be further tested in longitudinal research before conclusions can be made.

This pilot study has several limitations that should be noted. First, this is a small non-representative cross-sectional design. Because of the relatively small sample size, analysis was restricted to evaluating major variables of interest. This study does not represent an attempt to provide an exhaustive assessment of all possible variables that contribute to satisfaction or lack of satisfaction in this complex caregiving arrangement. In addition, recruitment was based on snowballing technique and thus, we lack adequate data about refusal rate. Results cannot be generalized to the entire population of foreign home care workers and their care recipients. Second, the fact that most interviews took place at the home of the care recipient is yet another limitation, as this might have prevented the various parties from speaking openly about their experience. It also is possible that correlation between the various measures is higher than expected given this administration procedure. However, in order to alleviate this threat to privacy, we specifically interviewed each of the involved parties separately. Third, qualitative research might provide in-depth understanding into this very complex care arrangement. This may complement and enrich the findings of this study. Such research may point to additional directions that need exploration. Important to note that further research is much needed not only about the home care situation in the developed world, but also about the consequences of the present arrangement in the

developing world (Yeates, 2004). Finally, almost half the sample of care recipients was excluded due to severe cognitive or functional limitations. Hence, the voices of the most impaired older adults were not heard.

Nonetheless, this study goes beyond the usual assessment of agreement or lack of agreement between family members and their care recipients to further study the various variables associated with satisfaction with home care services in this complex caregiving arrangement. The study demonstrates that the well-being of older adults and their foreign home care workers is directly associated with their satisfaction with this caregiving arrangement. In addition, both family members' and their care recipients' satisfaction is directly associated with the satisfaction of their foreign home care workers. Thus, it is highly possible that better working conditions would result in improved satisfaction with services of all parties involved. Finally, the inverse relationship between older adults' cognitive functioning and their family members' satisfaction with services may suggest that caring for cognitively impaired older adults is such a taxing job that assistance tends to be viewed more favorably under such circumstances.

#### Acknowledgments

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#### Note

1. The term foreign workers is used rather than the more politically correct term migrant workers, as this is the common term used in Israeli society. This term better reflects the attitudes toward these workers as foreigners who are not migrants and, thus, their stay in the country is expected to be temporary.

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