

The following is the output of machine-generated transcription from an audio recording. The accuracy varies as speech recognition software can only recognize words in their existing database. These transcriptions are posted as an aid to the podcast interviews but should not be treated as an authoritative record.

Speaker 1 ([00:00](#)):

The Gerontological Society of America, meaningful lives as we age.

Speaker 2 ([00:04](#)):

Welcome to our podcast series on aging and developing countries. I'm Barbara Bowers Amerit to professor at the University of Wisconsin Madison School of Nursing. And I'm here with Dr. Jing Wang, who's an assistant professor at the University of New Hampshire School of Nursing. This presentation is part of a podcast series that we hope provides insight into how culture, competing population health priorities, political conflict and resource limitations, influence older people, their families and caregivers in six nations, along a continuum of national development. Today's podcast will focus on Palestinian long-term care services, specifically in East Jerusalem. A bit about the Palestinian diaspora. There are currently about 14 million Palestinians worldwide, almost 2 million Currently live within Israel as Israeli citizens. About 5 million Palestinians live in the West Bank in Gaza, including 350,000 who currently live in East Jerusalem. In terms of access to healthcare, Palestinians, living throughout Israel have access to Israeli health services, including long-term care.

Speaker 2 ([01:12](#)):

This podcast will focus specifically on geriatric care and services available to Palestinians living in East Jerusalem, so not throughout the rest of Israel, a total of 17,000 elderly persons comprising just 5% of Palestinians living in East Jerusalem are over 60. The only place that currently offers subacute long-term care for older Palestinians in East Jerusalem is the Augusta Victoria Hospital. While the hospital offers other specialized services such as oncology, nephrology, critical care to Palestinians from West Bank and Gaza and East Jerusalem, the subacute geriatric services are only offered to older people living in East Jerusalem. Subacute. Long-term care services are extremely limited in the remainder of the Palestinian territory, and we won't be talking about those today. We're only gonna focus on services for older adults in East Jerusalem. Our guest today is Dr. Amma Abu Awad. Dr. Abu Awad received a bachelor's degree in nursing from Al Coz University in West Bank, a master's degree in pediatric neonatal nursing from the University of South Carolina in Columbia, and a PhD in nursing from the University of Wisconsin Madison with a minor in educational leadership and policy analysis.

Speaker 2 ([02:27](#)):

She's served as the dean for iben College for Health Sciences in the Palestinian Ministry of Health, and through 2021 as a director general of education in health for the Ministry of Health in the Palestinian territory. Dr. Jing Wang, assistant professor from University of New Hampshire School of Nursing will guide the discussion with Dr. Abu Ahad. Hello Amal. Welcome to the podcast. It is our great honor to have you with us and share your unique perspectives and expertise and services for older adults. So, Amal, could you talk about who takes care of older adults in East Jerusalem? What are the social expectations?

Speaker 3 ([03:14](#)):

Decades ago, it was the family who took care of these elderly people. Even if they get sick, they will assign somebody from the family to take care, uh, close, even if they need the specialized care, like NG feeding or changing position or whatever, you know, specialized care. One of the family members will be assigned to take care of these elderly people. But nowadays, things are changing. People are more busy. We have more dysfunctional families, and, uh, the families size even is becoming smaller. Things are becoming much more challenging for the families to take care of their elderly, especially if they have special needs. I think they try to go to, to the extended family. Sometimes they can get help and, but you, you can find many neglected cases I'm sure of that, especially when it comes to females, males in general in the Palestinian culture, they marry.

Speaker 3 ([04:25](#)):

If their wife died, like when he is 70, his wife died, he will marry somebody to someone to take care of him. So he will not be alone. But when it comes to female elderly, it's not easy for her to get married or to find somebody to take care of her. So many of the females actually cases, they get neglected or they depend on their nephews, nieces, or sons. It depends on the case. Very few are taking it seriously to invest in, in all the people, to provide them enough services and, uh, the respect they needed. And I think it came from the, the highest authority in the, in the country. When it comes to political leaders or to WHO and decision makers, when it comes to policies and decisions, when it comes to the services, there should be provided as basic healthcare package for the public. But when you ask anybody in the area, whether in the Palestinian territory and even in Israel, they, they say this area needs more attention. And in the Palestinian area, it's disastrous. I think it's, it's very sad what's going on.

Speaker 2 ([05:51](#)):

Yes, Amal, indeed it is sad. And thank you for sharing your thoughts with us on that. When it comes to priorities, I know many developing countries have made significant strides in aligning their healthcare systems with the guidelines set forth by the WHO, with particular emphasis on maternal and child health as well as infectious diseases, it is vital to acknowledge the progress made in maternal and child health, while also recognizing the emerging focus on Asian populations. So Amal, could you talk about the priorities in the health system and how it affects long-term care in a two wrestling

Speaker 3 ([06:41](#)):

During the less, the three decades of my life, I worked a lot with them <inaudible>, whether through my work with MCAD Hospital or through the Ministry of Health, and mostly they focused on maternal child health. And when we ask them about elderly basis, it's not a priority and they represent very small percentage of the population. Most population are, uh, children under 16. So this is why we give more attention to MCH Care. Then they integrated mental health package because of the political situation and all the stressors, uh, going on in the country. And recently before covid, they decided to integrate the elderly package, but when it comes, they came, the covid, the issue, and, uh, everything was postpone. So I hope they really give it more attention to, to provide the basic package for the elderly.

Speaker 3 ([07:51](#)):

I think the attention for elderly, it should be the same like taking care of a child. It's the same because they are good human beings. They are one me, they need, uh, more attention and, um, they need, uh, enough respect and, um, I think we can invest more in elderly and, uh, you'll be surprised you'll get back a lot though, I think I hope they will take them in more serious manner and, uh, after retirement, it's, it

shouldn't be the end for the elderly there. And there are many health issues. It is tackle early enough, it'll improve the quality of the life of the elderly, but if it is neglected, everybody, the elderly will suffer and they're traveling also won't suffer. So if we take care of them at, at the appropriate time, it'll be for the benefit everybody.

Speaker 2 ([08:56](#)):

Thank you, Amal. This can be a sensitive topic, but in a country of remarkable diversity and complexity, various religious, ethnic and cultural groups coexist, creating a vibrant yet challenging environment. Could you help us understand the context here better?

Speaker 3 ([09:18](#)):

I think it is different. If we talk about Israel or if we talk about Palestinian territory, it is that the things are much more organized and, uh, the services are, uh, within the, uh, governmental health insurance, uh, coverage, uh, in Israel, but in, uh, the Palestinian territory, it is very challenging to age in the Palestinian territory. This package of health in the primary healthcare with the Ministry of Health in the Palestinian territory, it doesn't cover specialized in their care in Palestinian territory. This doesn't exist. If somebody needs this, they will do it out of their pocket if they can't afford it. If not, they will depend on relatives and grandsons, granddaughters or daughters. But the ones who are chronically ill or who needs long-term care, these people are very challenged. So we are, I think we are approaching very big issue when it comes to elderly care.

Speaker 3 ([10:24](#)):

In the Palestinian territory, we have very few elderly homes and they are not like equipped enough and they, their capacity is limited to take care of the sick elderly. We have few nursing homes and none of those nursing homes provide medical care. This is the issue in senior Erritory, very few hospital and in the like Arabic, uh, uh, society, we are the only hospital take specialized in taking care of elderly, uh, people who are bedridden, who need specialized care. The other hospitals barely, they can take care of acutely ill elderly. Even the health insurance, they don't have, uh, elderly care services unless they, he is acutely ill. Then they admit them to the governmental hospitals, but it is, uh, for limited time. But they don't provide long-term services. They have much more organized system. Uh, it is well supported from the government. We have the national insurance, like social security system discovers healthcare and social support.

Speaker 3 ([11:42](#)):

Also financial, I mean, after certain age you get evaluation after i, I think it was 67 or something like that, you get evaluation and then you get special allowance from the government. It's like small salary, like the retirement salary. In addition, the Israeli insurance, they cover even sometimes patient to aid to go to the home to help the elderly at home and check on them and help them with the meals or something like that. You have services offered through specialized hospitals. You have more nursing homes available all over the country for the ones who are getting just order and then no, there is nobody to take care of them. But also they have specialized centers for the one who need specialized care in subacute departments. And you'll have also the specialized nurses assigned, uh, by the specialized medical services in the country. If it's that the elderly can't take care of themselves at home, they send them somebody patient aid or a nurse according to the case, they can send them two mom to take care of this elderly.

Speaker 2 ([13:02](#)):

Thank you Amal, for helping us understand the context, the background better. Our next question is about the challenge in elder care and training specialized healthcare providers. It is a global challenge. Could you talk about the training system and workforce in elder care in Israel and Palestinian territory,

Speaker 3 ([13:26](#)):

There is no training, unfortunately no training, but if they take care of elderly as companions in the hospital, they learn certain things about how to change position, how to change <inaudible>, they need or change, uh, give n GQ feeding or whatever the need is. So they, I think they learn, uh, by experience and some guidance from nurses and or physicians. Actually there is severe shortage, uh, geriatric, uh, physicians are very, and the number is limited in general in Israel and we almost, we have none in, uh, in Palestinian Territories, but even in, in Israel, all, although they have advanced geriatric care and they have different types of services for geriatric patients, but still the number of the specialists in this area are very limited. We have two geriatricians working with us in the hospital and they are linked with so many centers of hospitals. I think the specialty of geriatrics is very much needed for physicians as well as for nurses.

Speaker 3 ([14:48](#)):

For nurses, it is, I think in, even in Israel it's barely starting now. There is a specialized moha offered to the Ministry of Health in Israel, but we are trained to have a share in this, but, uh, it's not easy. So I think the number of nurses who are trained health, the geriatric nurses also very limited. Even in Israel, most of the ones who work in geriatric care, they are regular nurses. They, they are not specialized. So the same situation and worse in the Palestinian, geriatric care is not over offered in Palestine. Geriatric care specialty, I mean like masters or specialized diploma or something like that. It's not offered in Palestine. It's not even offered in the region. It wasn't a priority by WHO. We were following like academic programs when it comes to nursing and the medicine, we were following recommendations from WHO. We have now good number of pediatrician, good number of obstetrician, good number of NCH nurses according following WHO recommendation.

Speaker 3 ([16:04](#)):

But we don't have geriatric nurses. We don't have very, very limited number of gerontology physicians. So this is why I think it is a challenge specialty. We have the geriatric physicians who work with us. We have two and they work in several in hospitals. Several. They are very, very busy because they need to cover several institutions and for geriatric nurses, actually we have none. Only they are, they got the specialty through experience. None of them is officially specialized in geriatric nursing in Israel. They are starting the specialized program. We hope we can get a share and we can get one of or two of our nurses to join this program. So we can train other nurses as well to get them specialized. Because I think there are so many aspects when it comes to geriatric nursing that needs specialized training. And this is even highlighted in the, uh, ministry of Health report when they audited our hospital. This is one of the things that, uh, we need to work on, is to have our staff nurses to get specialized in geriatrics.

Speaker 2 ([17:26](#)):

I see. Thank you. Amal. In recent years, there has been a notable trend and migration of health workers from developing countries to more economically developed nations. Amal, could you share some thoughts with us on that?

Speaker 3 ([17:44](#)):

We have enough work, but no employment opportunities, especially in Palestine. I think in more than in Israel. We have good number of graduates from nursing schools, even from medical schools, but not, we don't have enough employment opportunities. This is why graduates from Palestine, they see who in Israel, they see why in the Gulf in other countries after graduation because we don't have enough employment opportunities.

Speaker 2 ([18:17](#)):

Thank you Amal, for sharing your insights into elder care, workforce and exodus of healthcare workers. Now we will like to hear your understanding of person-centered care for older adults. We use the term person-centered care here, but we understand and respect that the language may not resonate well in a specific social and cultural context. We say that there is a hierarchy in the needs at the core of person-centered care is the understanding that ensuring basic safety is there. Once this foundation of safety is established, attention can be directed towards improving an individual's quality of life and addressing their preferences. How would you provide person-centered care?

Speaker 3 ([19:10](#)):

For me, uh, I want to, to have my, uh, patients safe. I don't want them to be harmed in any way. So I want to make sure that they are taken care of safely. I want them to be satisfied and happy. I don't want to find them upset or depressed. So this is, uh, something, uh, we consider a priority. Also, medical legal aspects also is a priority for me to be on the safe time for the patients themselves. In general, they want good medical service. They are very annoyed when it comes to using restraints, whether the patients or the family members. But sometimes we don't have a choice. We get consent from them, but it is something that is unpleasant to them. They want, uh, more also like, uh, hotel services, you know, better beds, better food in general, you know, the hotel services to get improved.

Speaker 3 ([20:19](#)):

Infection prevention, it's a challenge to find the balances between, okay, you want the the patient to get visited by relatives and be happy at the same time. You want to protect them from infections, making sure hand washing is done all the time by the staff and by the relatives and by the patients themselves in general. Also in the handling of patient, like when we move them, transfer them from bed to chair and vice versa when they get bath. Also, not to inject them in any way, uh, their medications to get, uh, also to them safely. Uh, the the, also the nutrition, the feeding, I think all the, we focus in general we are JCI accredited the hospital, so we are following the international patient safety goals. So we, I think these are the main target when it comes to the safety aspects. When the patients themselves, many of the patients are very meticulous about everything that happens to them, what touches their plate, how the food was handled, uh, if the fruit were washed or not.

Speaker 3 ([21:41](#)):

Everything. They are very meticulous about all the details we are trying to be. It is one of our values to be patient for, uh, patient-centered to, to provide patient-centered care and to do comprehensive care for the patient and to, to see all the concerns of the patient and consider them in planning his care or her care. But, uh, I think the patient-centered care sometimes is challenged with the, with the load of work, especially in certain shifts in the morning shifts sometime. But in general, this is what we are doing because every case is unique. You can do things the same for all the patients. Specialized care. Even, you know, in the geriatric department we have like four patients who are on dialysis, so we have a

special dialysis unit in the geriatric department. So yes, we have very specialized care in the department. So I think it's similar because the needs of elderly is similar.

Speaker 3 ([22:51](#)):

They want the patient or the person to be comfortable free from breasts in safe position not to be exposed to, to infection. They also appreciate having continuous activities and attention for this elderly if they need physiotherapy to provide it to them if they need special diet, like a diabetic diet or soft diet or whatever is needed for the standard need to be provided as needed. Also to consider their opinion if they are conscious to consider their opinion, not to ignore what they want and what they prefer. Yeah, they is I think in general what they asked for.

Speaker 2 ([23:37](#)):

Thank you Amal, for sharing your perspectives of providing person-centered care for older dogs. Could you also talk about care models implemented in elder care? How do you improve care for older adults?

Speaker 3 ([23:54](#)):

When I came to the hospital, I found them doing skilled nursing. They were, they have like one or two who are named like in charge nurses who were doing all the documentation and the, the coordination for the case management and the most of the other nurses, they were doing the hard work of the bathing changing position, doing the dressing, doing the, uh, bed sore care, et cetera. So, and the feeding and the medications and documentation, they were done by the senior nurses, one or two in the unit. I ask them if they are able to change the order of care because uh, what they were doing is, was effective but not going well with patient-centered care not going well. Also with increasing the capacity of the nurses because the other, we have competent two, three nurses in the unit and the rest they are doing skilled nursing. They were doing labor work without thinking much about what they are doing. We changed the way they were working. Now we have, they are working in teams and everybody is expected to participate according to their level. We have very few practical nurses, but most of them are staff nurses. I said to them, every staff nurse can have the responsibility of taking complete care of the patient, uh, doing the medications, doing everything for that patient and documenting this as well. So it was challenging for them at the beginning, but then they got used to it.

Speaker 2 ([25:52](#)):

Thank you. Amal, last but not least, what areas of research do you believe should be prioritized and which potential collaborations do you think would be beneficial to the enhancement of care for older adults in is to wrestle limb?

Speaker 3 ([26:13](#)):

I think our priority is to have specialized care. So we want to train our, uh, nurses. We want to have at least one or two headmasters or PhD in, uh, in geriatrics. So we can depend on them in depending the capacity of our nurses. This is one, uh, also collaboration when it comes to research, learning from each other about the care of elderly updates when it comes to the care to the equipment used to help in the care of these patients. This could be a start. Also, we need the consultants to come and, uh, visit and see and advise us on how to go about, uh, like initiating home health service because we don't have it Also to share more, uh, life practices or, um, good lessons from other countries in taking care of elderly, whether in hospital setting or at home. I think this, this could be very helpful.

Speaker 3 ([27:25](#)):

Also, the, like, the things needs to be documented on these patients. We have our own specialized or um, we develop this electronic record for the documentation was developed by our computer engineers in the hospital. So we are adding to this, uh, system, especially aspects when related to in life programming, the scales, the breadth scales or the whole scale for falling, et cetera. So we want to learn about other assessment tools, use the other countries. Also, we want to elaborate what it comes to research. We want to collaborate together with other countries. I think these are the main aspects. We are eager to collaborate with other countries and the, the nurses here also, they are eager to do this. When I suggested the, when you contacted me and I said to them, we were contacted my top-notch universities in the US who have specialty in geriatric and we, they are suggesting collaboration.

Speaker 3 ([28:42](#)):

So they were very eager to collaborate all the stuff. So I think this will be great opportunity for us. Well, uh, we are looking forward to, to hear more about the geriatric models and how things are done in other countries. I think we can learn a lot from each other. I think there is big first or knowledge or uh, uh, pending the capacity of our staff when it comes to geriatric care because it is very much needed, even even in Israel where it is very well organized when it comes to the system of taking care of these, uh, elderly. But still they have very, uh, big shortage when it comes to specialized nurses and specialized physicians doing and early care. So I think we can do a lot together and then I think everybody will be thankful to you. So if we open these channels,

Speaker 2 ([29:46](#)):

Thank you, Dr. Abwa and Dr. Wang. The situation in East Jerusalem as well as the rest of the Palestinian territory are certainly complex. It seems that access to long-term care medical services for older people depends largely on where someone lives. And as you point out, there's a real need to increase capacity for skilled healthcare services for older people in East Jerusalem, Gaza, and the West Bank. Something that you share with other countries we've profiled is the need for greater access to geriatric expertise and training. This seems to be consistent across developing and developed countries. It's really an international issue, but particularly acute. I think in developing countries where there doesn't seem to be a lot of access to geriatric education, there needs to be a way for us to share training programs across the globe. I think we need to work a little harder to figure out how to get that done. Some issues that are culturally specific, but much of some issues are certainly culturally specific, but much of what is needed, I think is pretty universal. This is something for us to work on together. It seems like so many of the problems we've been discussing are really universal across developed and developing countries. Again, thank you Dr. Abbo Awad and thank you Dr. Wang for guiding this great conversation.

Speaker 1 ([31:03](#)):

The Gerontological Society of America was founded in 1945 to cultivate excellence in interdisciplinary aging research and education to advance innovations in practice and policy. For more information about GSA, visit geron.org, [GERO n.org](http://GERO.n.org).