

Home Care

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Abstract. Home care is becoming so very important due to rapid growth of the aging population, growth in healthcare expenditure, advances in medicine and technology, short length of hospital stay and increase in outpatient surgery. Home care services are continuously, organized and comprehensive preventive, curative and rehabilitative services given by the multi-professional team to the people and their families. Home health care services are provided by the Ministry of Health, other government institutions and organizations, municipalities and private sector for older persons and their families in Turkey. Each organization has its own established procedure and processes that not be compatible with other organization's workflow. As population in Turkey getting older demand for home care services is increasing in recent years. Therefore, there is a need to develop new policies to improve home care services so as to maintain post-hospital care of older persons in Turkey.

Keywords: home care, community services, older person, ageing, Turkey

Introduction

Due to the results of globalization, the quality of life for many populations of the world is improving. Many of the changes have come about through developments in science and technology, a decrease in mother, infant and child mortality, improved and balanced nutrition habits, increases in education levels, declines in the frequency of infectious diseases and improvements in healthy living habits. These changes have increased life expectancy and society's members live longer (1). In keeping with the global demographic trend, Turkey is also experiencing an increase in its aging population (2, 3). According to the TUIK (Turkish Statistical Institute) data, the percentage of people over the age of 65 in 2015 in Turkey was 8.2 per cent (4). Due to rapid growth of the aging population, growth in

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healthcare expenditures, advances in medicine and technology, shorter hospital stays and an increase in outpatient surgery and minimally invasive procedures, home care services have become very important (5). Factors such as increases in the incidence of chronic diseases and disabilities due to functional and physical impairments of older persons, difficulty in carrying out activities of daily living (ADLs), older persons become dependent on their family and others to receive home care (6). This chapter aims to give an overview about home care services given to older persons in Turkey.

The scope of home care services

Home care is a care model which includes psychosocial, physiological and medical support services. Home care services are continuous, organized, comprehensive, preventive, curative and rehabilitative services given by a multi-professional team to the people and their families who need them. Home care services comprise the following services (7, 8, 9, 10, 11, 12, 13):

- Nursing services include care and training given by expert nurses at home, regularly or periodically.
- Health support services include services which can help the individual to move and live independently at home. These include psychotherapy, physical therapy, foot care, speech and occupational therapy.
- Day/Night care includes services given to fulfill the need of care of a dependent individual.
- Self-care services include services which do not require professional nursing skills (grooming, bathing, feeding, etc.). These are administered to meet the many needs of the individual who has difficulty in performing ADLs or is dependent.
- Home help service is a service which aims to increase the quality of life of individuals who live in their own home and need regular care and follow up through the many services given at home. These services include housecleaning, clothes washing and ironing, obtaining medications, doing work outside the home and psychological support.
- Social support services help the individual to go shopping and to appointments, engage in social activities, visit friends and to pay the bills.
- Meals-on-wheels services deliver hot meals, permanently or temporarily, to homes of individuals who cannot prepare or cook their own meals. This service usually serves hot meals three times a day.
- Consultancy services include suggestion and consultancy services related to the individual's rights and responsibilities, and requirements and complaints.
- Respite care is temporary care service given to families with a disabled or older person. It is intended to provide family members with a chance to rest from their usual responsibility of caregiving. Nurses and other professionals who are specialized in the field of disabled and older person care provide this service.
- Handyman services include repairing of doors and windows, electrical problems, plumbing issues and changing the locks etc.

Delivery of home care services in Turkey

The first legal regulation on home care and older persons' health was enacted in Turkey in 1961 as the 'Law on the socialization of health services'. After establishment of the General Directorate for Social Services in 1963, the government planned a program which would provide various services for older persons (14). Major healthcare reforms in Turkey began in 2003 by establishing the Healthcare Transformation Program (15). In the early years of the transformation program, the Ministry of Health (MoH) enacted the 'Regulation on the delivery of home care services' on 10 March 2005 (13, 15). According to this regulation, Home Care Services (HCS) were defined as 'the provision of healthcare and follow-up services including rehabilitation, physiotherapy and psychological therapy by the medical team in accordance with the recommendations of a physician in the environment where sick people live with their family' (15). HCSs are provided by formal or informal caregivers to meet the daily medical and personal needs of older persons and their family. Informal caregivers are usually family members or unpaid relatives. Formal caregivers are professional members who deliver health care and self-care at home (10). The aim is to help older persons continue with a certain level of independence with the ADLs in their own homes. Caregivers strive to maintain older persons' health, function and comfort at the highest level (7, 8).

There are various government and non-government organizations that provide home health care services to older persons and their families in Turkey. Home health care services are provided by the Ministry of Health (MoH), other government institutions and organizations, municipalities, and the private sector. Each organization has its own established procedures and processes that may not be compatible with other organization's work culture. The usual process requires that a social worker, doctor or nurse at a MoH facility would assess the needs of the individual who is requesting services, and a home visit by one or more of the various possible care providers would take place (1, 16, 17, 18, 19, 20). The municipalities of big cities usually take an active role in providing home health care services for older persons by using home health care teams. Home health care teams consist of physicians, nurses, social workers, physiotherapists, and other needed health care staff. Older people who need home health care call the municipalities' call center and request an appointment. Thereafter, a social worker visits the person's home and assesses which services are needed. Based on this needs assessment report, a decision is made as to which members of the home health care team are needed. Then the team visits the callers at their homes and gives needed care (1, 16, 17, 18, 19, 20).

In the Turkish health care system, family physicians and nurses play a significant role in meeting primary care and curative care needs of the citizens at the primary level. All citizens must choose their family physicians based on where they reside. Family physicians and family health staff including nurses, midwives or emergency medical technicians may, at times, visit their patients at home if they are incapacitated and need care. Among family physicians it is common practice to visit the very old and patients confined to bed at their homes. However, due to resource limitations these visits do not occur on a regular basis and are not well coordinated with the services provided by other home health care teams of municipalities and MoH institutions (17,18,21).

Home health services include health care at home and training and consultancy services for caregivers and family members. These services provide information to caregivers on how to protect their own physical and mental health, how to handle the problems they will encounter, and what they can do to ensure a healthy ageing. Those using home health services receive treatment, nursing care, physiotherapy, and psychological counseling at their home. Nursing care services include wound care, inserting and removing urine catheters, inserting intravenous catheters, giving injections, patient education, monitoring of vital signs, screening sugar levels, cholesterol and anemia testing etc. Home physiotherapy and psychological counseling services are oriented towards older persons with physical challenges. These include paraplegia and hemiplegic cases which are treated by a physiotherapist; older persons needing psychological counseling are given psychotherapy services by a psychologist (1, 16, 17, 18, 19, 20).

Although various government and non-government organizations provide home health care services, the nationalized health care system in Turkey usually does not provide extensive care for older people who have a disability or who are terminally ill. Family caregivers usually meet these needs. Home care services are usually provided by private agencies but are limited in terms of quantity. They are also expensive, and are not covered by government health insurance.

Research in Turkey

Home care services have become an increasingly important aspect of healthcare worldwide. Advances in medicine and technology, growth in the older population, the increasing prevalence of chronic diseases, rising hospital costs, and shorter hospital stays have contributed to the rising need for home healthcare (5, 15). HCS are given to older persons, disabled, patients with chronic disease and people who are recovering from illness (22). The study reviewed by Karahan and Guven and conducted by Aksayan and Çimete in 1998 showed that 62.9 per cent of older persons in Turkey preferred to receive home care (10). Yet the study by Dogan and Degerin found that 92 per cent of older persons wanted to receive care at home (23). Another study which was reviewed by Karahan and Guven and carried out by Golgecen and Tumerdem aimed to determine the home care needs of older persons. Its findings revealed that older persons had difficulties in performing the following instrumental ADLs: 44 per cent, preparing meals; 35.9 per cent, shopping; 25.4 per cent, clothes washing; 25.4 per cent, taking pills on time and right dose; 20.3 per cent, doing housework; 12.4 per cent, managing their money, 11 per cent, using the phone. Challenges with basic ADLs were: 8.5 per cent, urinary and fecal incontinence; 6.5 per cent, bathing independently; 2.8 per cent, getting dressed independently; 1.4 per cent, toileting; and 0.3 per cent of older persons had difficulties feeding themselves independently (10). In the study conducted by Subaşı and Öztekin, it was found that home care services were provided to 8.7 per cent of the households. More than half of people (62.5 per cent) who received home care service were female and 42.3 per cent of them were older than 65 years. Fewer than one in five of the study population (15.4 per cent) were receiving home care after surgery, 15.4 per cent were receiving care because of stroke and cerebrovascular diseases, 9.6 per cent had cancer, 7.7 per cent were diabetic and 7.7 per cent had cardiovascular diseases. Only one 86-year-old adult was followed up by the

physiotherapist. The most common intervention performed during home care services was giving oral medication (81.4 per cent). A majority of adults (81.7 per cent) were found to be partly or completely dependent on performing daily living activities. Fewer than half of them (29.6 per cent) were completely dependent in doing shopping and using transportation, 19.7 per cent were completely dependent in bathing and 18.3 per cent needed help in getting dressed (24).

Home care services include patient care, rehabilitation and personal care as well as preventive services. Administering these services requires interdisciplinary teamwork including a doctor, a nurse, a social worker, and a psychologist, etc. (13). Yoruk and colleagues conducted a study to determine the reasons why older persons (65+) sought care and services from the home care unit (HCU) of the State hospital. They found that 23.3 per cent of older persons received health care for the diagnosis of cardiovascular diseases and hemiplegia. In the last six months, 46 per cent and 40.4 per cent of the bedridden older persons had used the services of the HCU respectively for only a physical examination or for laboratory tests along with the physical examination (25). Studies show that HCS are mostly provided by family members who are females and not very knowledgeable about home care (10,23). Dogan and Deger found determined that 55 per cent of older persons wanted to receive care from the same nurse, and 40 per cent of them wanted to receive care only from family members (23). Another study reviewed by Karahan and Guven determined that 89 per cent of caregivers were female, 56 per cent of them were spouses, and 84 per cent of them were not educated about home care (10). Taşdelen and Ateş performed a study to determine the needs of 177 home care patients, their primary caregivers' problems, and to analyze the burdens of care. In this study, more than half of the patients were women (63.8 per cent) and aged 76 years or older (59.3 per cent). The patients had the most difficulties in performing ADLs (96.6 per cent, shopping; 96 per cent, doing housework; 85.3 per cent, bathing; 83.1 per cent, grooming; 81.9 per cent, getting dressed; 78 per cent, using the phone, and 72.3 per cent, taking pills). Most of the primary caregivers were women who were between the ages of 46 and 64, and most of them were elementary-school graduates and housewives (22).

The scope of home care is comprised of daily home help, personal assistance, and professional assistance. The basic target of home care is to support the family by meeting the person's needs and to increase the functioning and quality of life of older persons (13,26). A research study performed with 45 older persons on a project named "Providing health and care service at home for senior people in need of protection" indicated that 28 older persons required medical care whereas all older persons received psychosocial care. The majority of older persons (92.9 per cent) who had requested medical care had their blood pressure, pulse and temperature taken. The other interventions performed during medical care were providing the treatment and emergency services (57.1 per cent), checking blood sugar levels, cholesterol, etc. and providing psychotherapy (35.7 per cent), injections (28.6 per cent), intravenous treatments (10.7 per cent), inserting urinary catheters (3.6 per cent), and caring for wounds (3.6 per cent). Most of older persons (91.1 per cent) received psychological and morale-boosting activities (have a talk, discuss problems about care services, walk around together, etc.) and food supply service as psychosocial care. Other services offered during psychosocial care were house cleaning (51.2 per cent), washing and ironing (42.2 per cent), cooking (24.4 per cent),

supporting self-care (bathing, hand and face washing, cutting nails, etc.) of older persons (15.6 per cent), accompanying the older person to accomplish activities of daily living such as grocery shopping, paying bills, etc. (11.2 per cent); and house repairs (6.7 per cent) (27). The study conducted by Polat et al. with 113 older persons aimed to identify the relationship between health-related quality of life, depression and awareness of home care services by older persons. Study results showed that 96.5 per cent of them had never received such services and 93.8 per cent wanted to receive services from HCS. Older persons who received HCS obtained help with daily chores such as cooking, cleaning, etc. Older persons who requested services from HCS mostly wanted to receive physical treatment/rehabilitation (90.1 per cent), measurement and monitoring of blood pressure/blood sugar (87.7 per cent), physical examination (eyes, ears, mouth, breasts, etc.) (80.2 per cent) and training in medication use (51.9 per cent). They preferred to obtain these services from physicians (92.5 per cent) and nurses (63.2 per cent) (26).

People in need of home care in Turkey can now apply for services through their family physicians, community health centers, or home-care units in hospitals (15). The study of Çatak and colleagues carried out in Burdur, Turkey defined the profile of older patients over 65 years who used home health services. The mean age of 108 of the study participants was 79.6, and 67.6 per cent were women. Nearly all of them (99.1 per cent) were dependent in doing activities outside of their home; 97.2 per cent were dependent in performing daily chores; and 95.4 per cent were dependent in cooking and shopping. Home care services provided to the older persons included medical examination and treatment (46.3 per cent), catheter insertion and wound care (14.8 per cent). Of the home care services given to older persons, 87.0 per cent were provided by the state hospital, and 3.7 per cent of these were provided by a family doctor (28). Aksoy and colleagues conducted a qualitative study to explore the views and experiences of the HCS physicians in the current system and identify the factors and challenges influencing their practice, motivations for practicing HCS, and weaknesses and strengths of the legislative background. Most physicians thought that home care could be provided to patients who are bedridden, are very old, have a chronic disease, have problems leaving the house, or do not have family support. They also expressed displeasure about the abuse of services and discordance of organization between hospitals and primary care centers. They noted that real circumstances in practice were not compatible with regulations and that cooperation and coordination between departments are necessary and important (15).

Conclusion

As the older population in Turkey has increased in recent years, so has the demand for home care services. Care at home is often needed for older persons with either temporary or permanent disabilities or after surgery or illness. At present, many home care services for older persons are provided by female family members who are not well educated about what is required for home care. As mentioned earlier, some government and non-government agencies do offer certain home healthcare services, yet the nationalized health care system offers only limited services for older persons with a disability or terminal illness. Private agencies offer such assistance but are limited and expensive and are not covered by the national insurance. The challenges to ensuring quality care to older persons who are fully or

semi-dependent in their needs are many as there are specific regulations governing the delivery of HCS in Turkey. Nevertheless, changes are called for in order to meet the care requirements of an ever-growing older population. Therefore, there is an urgent need to develop new policies to improve home care services for all older persons who need them.

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