

Expectations, requirements, and problems of family health care workers providing home services in Turkey

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Abstract

Life expectancy is increasing globally with the increase of aging populations. Care-dependent elderly and those with chronic illnesses and disabilities are increasing in numbers. Hospitalization to manage these problems lead to a heavy economic burden. Thus, the demand for home health care is rising causing a heavy workload for home workers. This study was aimed to assess problems of personnel engaged in providing home care. Data was collected from 120 family physicians and nurses/midwives from 25 clinics. The results showed that most visits were provided for postnatal controls (69%), with only 13% provided for the elderly and disabled people despite high demands (for the elderly 73%; for those with disabilities 66%). Additionally, factors affecting workers emotionally in visits were evaluated. Difficulties and suggestions of home care workers should be considered that the quality of health care depends on the satisfaction of the care professionals as well as that of patients.

Keywords: Family health staff, home health service, elderly, home visits.

Introduction

There have been significant changes in the world population age structure over recent years, with the proportion of elderly (65 years and over) increasing. According to the World Health Organization, it is expected that the proportion of care-dependent elderly and those with chronic illnesses and disabilities will increase in the coming years.¹ Increasing life expectancy has also contributed to population aging.²

The growing prevalence of chronic diseases; early and late complications of treatment; and special care needs for physical, mental, and psychological health challenges are imposing an economic burden on all countries. Long-term use of hospital beds and deriving prohibitive health

costs are two of a number of factors driving the demand for home care as an alternative with many advantages. Treatment can be provided outside the hospital, promoting quality of life while, at the same time, ensuring continuity of care, maintenance of functioning, confidence, and social involvement.³ People increasingly prefer to stay in their own homes rather than be admitted to a hospital as it helps preserve their independence. Home-based care has the potential to reduce public expenditure, as it has been demonstrated to be more effective and efficient than institutionalized care.²

In Turkey, old age comes from behind compared to the European Region.⁴ The percentage of elderly in the population is projected to reach 20.8% by 2050.⁵ The increased need to home care led the Ministry of Health to establish home health care services in Turkey. Regulations were established in 2005 and home care has been provided as a social service maintained through Family Health Centers since 2010.

This study assessed the requirements for home care from the perspective of family health care workers, surveying their expectations, recommendations, and reflections on situations they have encountered.

Subjects and Methods

A descriptive, cross-sectional research study was carried out from March to April, 2014 in Istanbul based on its mixed urban and rural population with migrants from different sides of Turkey. Data was collected through administering a questionnaire to 25 clinics which provided home care in addition to primary care. Of 150 workers, 120 doctors and nurses/midwives voluntarily agreed to participate (80.0%). Descriptive analyses were performed using SPSS 22.0.

Results

The 120 participants included 55 doctors and 65 nurses/midwives. The mean age of all participants was 36.7 ± 7.8 years (range 23-57), 43 ± 6.7 (range 29-57) for doctors and 31 ± 5.5 (range 23-44) for nurses. The mean

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Table-1: Requests from patients for home visiting*.

Patients' Requests	n	%
Elderly	87	72.5
Chronic diseases	86	71.7
Disabilities	79	65.8
Postoperative care	76	63.3
Wound care	60	50.0
Living alone	28	23.3
Types of Health Problems for which Home Visits were Provided		
Postnatal women/newborns	78	68.8
Major chronic conditions (neurological, cardiovascular, endocrinological diseases)	59	52.7
Postoperative or wound care	36	30.6
Oncological purposes	17	13.8
Elderly or disabilities	15	12.9
The lung and respiratory diseases	7	4.9

* More than one option was pointed out by the participants.

Table-2: Requests from patients for home visiting*.

Factors	n	%
Factors Positively Affecting Home Visits*		
Feeling of being helpful for improvement of patients' diseases	69	89.6
Having good relationship with the home care team-mate(s)	25	32.4
Factors Adversely Affecting Home Visits*		
Negative attitudes of patients or their caregivers	72	68
Poor facilities and conditions	57	53.7
Poor health status of patients	50	47.2
Car shortage	43	40.5
The lack of sufficient staff	22	20.7
No remuneration for the service	8	7.5
Insufficient information about the patient and illness	5	4.6

*More than one option was pointed out by the participants.

years of work for all 120 was 13.5 ± 7.6 years. A total of 115 of the health care workers (96%) stated that they provided home services, with 59.4% doing a half-day of visits per week, 27.3% two half-days per week, 5.2% one full day a week, 3.9% once in a two-week period, 2.9% one full day in 2 weeks, and 1.3% doing home visits monthly. Of the participants, 93% indicated that they received requests for home visits from patients, while 7% did not. The problems experienced by patients making requests and the health problems for which workers provided home services are listed in Table-1. Approximately two thirds of participants (64%) were satisfied with their home care visiting, whereas 36% were not. The negative or positive emotions with contributing factors are shown in Table-2.

In terms of recommendations on home care, participants indicated that the home health services should be extended with multidisciplinary teams of health

professionals, comprising physicians (recommended by 77%), nurses/midwives (66%), social workers (48%), physiotherapists (25%), psychologists (25%), and dieticians (6%).

Discussion

Home health care needs in Turkey are expected to be met by primary care workers. Personnel have serious challenges related to home visitation. The home visits were performed by family physicians with nurses/midwives on a fixed half-day a week schedule (59%). Most participants agreed that this was adequate. Only a few ones (5%) needed to give an additional half day out of their weekly clinical work schedule to meet the needs of their patients. The majority of visits were preferentially provided for postnatal women and newborns (68.8%), whereas there were very few visits to the elderly and people with disabilities, even though the demand for this care remained high. These findings may reflect a primary focus of the Ministry of Health on measures to reduce maternal and child mortality in Turkey. The low frequency of visits might be the result from a number of other factors, including time constraints, lack of training, and selection by physicians of patients with severe illnesses. In fact, how many requests truly necessitate home visits is debatable. Some elderly people may demand home visits even though they have no serious restrictions on their abilities, e.g., requesting visits for non-medical mobility issues (difficulty walking, obesity, joint pain) or a desire for transport facilities. Some may have only psychological or emotional demands.

There is an emotional component experienced by the workers providing visits. The positive impact on participants was mostly linked to the feeling of being helpful in improving the patients' diseases or based on the quality of their relationship with their home care colleagues. Things that affected them negatively were the negative attitudes of patients or their caregivers (68%) or poor facilities and conditions of the service (54%). Other studies reporting negative effects on health workers included feeling alone and isolated; struggles in coping alone when a patient falls, faints, or was aggressive; or dealing with hostile members of the patient's family.⁶ It has been well documented that working alone amplifies mental, physical, and psychosocial risks to health workers. The participants confirmed the value of cooperation and good relationship in a home care team (32%). Overall, meeting challenges in home care requires an extended

home care team with dedicated and trained professionals, comprising physicians (recommended by 77% of our participants), nurses/midwives (66%), social workers (48%), physiotherapists (25%), psychologists (25%), and dieticians (6%).

In conclusion, common health problems in the elderly will continue to be significant during the coming decades. Focusing on how home care can respond to the needs of population and promote the health and well-being into old age is vital. The ideas and suggestions of workers should always be seriously considered. The quality of health care delivered depends on the satisfaction of the professionals as well as that of their patients.

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References

1. Tarricone R, Tsouros AD. Home care in Europe. The solid facts. World Health Organization (2008). [Online] [Cited 2016 Mar 8]. Available from: URL: http://www.euro.who.int/__data/assets/pdf_file/0005/96467/E91884.pdf.
2. Global, regional, and national age-sex specific all-cause and cause-specific mortality for 240 causes of death, 1990-2013: a systematic analysis for the global burden of disease study 2013. [Online] [Cited 2016 Mar 8]. Available from: URL: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61682-2/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61682-2/abstract)
3. Ministry of Health of the Republic of Turkey, Family Medicine. Advantages of home care services. [Online] [Cited 2016 Mar 16]. Available from: URL: http://www.ailehekimligi.gov.tr/index.php?option=com_content&view=article&id=148:evde-bakm-hizmetlerinin-avantajlar&catid=59:evde-bakm-hizmeti&Itemid=201.
4. Kinsella K, Phillips DR. Global aging: the challenge of success. [Online] [Cited 2016 Apr 2]. Available from: URL: <http://www.prb.org/pdf05/60.1globalaging.pdf>.
5. Turkish Statistical Institute. Statistics by theme. Population and demography. [Online] [Cited 2016 Mar 16]. Available from: URL: <http://www.tuik.gov.tr/UstMenu.do?metod=temelist>.
6. Van De Weerdta C, Baratta R. Changes in working conditions for home healthcare workers and impacts on their work activity and on their emotions. [Online] [Cited 2016 Mar 25]. Available from: URL: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-65132015000200344&lng=en&nrm=iso&tlng=en.