

Original Research Article

Evaluation of Home Care Services for Elderly: A Qualitative Study in Konya Province of Turkey

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ABSTRACT

The home is the best setting for providing health care services for elderly. The home care services not only can care be provided less expensively in the home, evidence suggests that home care is a key step toward achieving optimal health outcomes for many elderly. To evaluate homecare services for elderly and to get their family member's opinion towards the homecare services in Konya province of Turkey. A qualitative study was conducted among family members of 10 elderly people aged 65 years old and above. Data was collected via face to face interview using structured questionnaire. The questionnaire contained two parts socio-demographic factor and evaluation questions. It was found that the measurement of medical services of the home care was fulfilled by healthcare professionals and the family members were happy with the home care services but social care services are not good enough. Generally, the family members of the elderly were satisfied with homecare services and they preferred to home care services over hospital care services. The finding of the study suggests that social services should be improved.

Key words: Home care, elderly, qualitative study, hospital care.

INTRODUCTION

Health care training has been developing with increased life standards and lifetime has been lengthened with decreased birth rates. Therefore, number of individuals over 65 years of age is getting increased. ⁽¹⁾ These individuals have wishes such as for living longer, aging healthily, becoming self-sufficient in elderly and living on. For procurement of these wishes; development, examination and investigation of policies for elderly people are required. In process of development of care services for elderly, wishes of elders for living on as individuals who have self-efficacy and can maintain their social relationships without leaving from their family environments have made

home care of elders a current issue. When the home care is compared to hospital care, could be the most effective type of care and staying at home is thought to be a positive aim in itself ⁽²⁾ because, differentiation in rendering of health care services with developing world is inevitable. Alternative health care services such as day care hospitals and home care organizations have come into prominence, starting from getting away from hospitals that are predominant option in rendering of health care services. ⁽³⁾ Therefore, majority of elders prefer home care rather than hospital care. ⁽⁴⁾ Care is an extremely extensive concept extending from one-time help to continuous care and from family support to professional help ⁽⁵⁾ and it

should be investigated bidirectional as patients whose treatment will continue at home and patients who are in need of home care. ⁽⁶⁾ Therefore, home care is a service which is rendered by health care professionals and their assistants in order to support health care and social care. ⁽⁷⁾ Financial burden that care of elders in hospitals for a long period of time places to countries, rapidly increasing population nowadays and decrease in number of per capita hospital beds lead to numerous physical, psychological and social problems in patient concerning hospital stay. ⁽⁸⁾ Home care services are classified in three aspects due to its characteristic. First; home care includes not only rendering of medical services but also social care services that individual may need ⁽⁹⁾ because, in elderly, social and physical conditions for both treatment of diseases and maintenance of health come into prominence more compared to other age groups. Thus, thinking health care services rendered in this period separately from social services is impossible. Changes in social statuses and functional capacities of elders require specific approaches. At this point, for maintenance of health in elderly, three targets are considered. These targets are maintenance and improvement of functional capacity, maintenance and improvement of self-care and supporting of social relationships. ⁽¹⁰⁾ There is no core service list which is considered to be within the context of home care services and on which relevant sectors have come to an agreement. Services within this context can be increased or decreased on condition of need for service and rendering of the service. ⁽¹¹⁾ Recently, increases in needs and tendencies for home care services are being observed. There are various reasons for this tendency for home care services. These reasons can be explained by attributing to changes occurring in demographical structure, social upheaval, developments occurring in science and technology, improvements occurring in social rights, insufficiencies occurring in long-term institutional care

services, human reasons and increases in incremental costs of health care service expenses. ⁽¹²⁾ However, organizations rendering home care service in Turkey are extremely insufficient ⁽⁸⁾ and home care services seem to be messy. ⁽¹³⁾ Institutions rendering for this issue are Ministry of Family and Social Policies General Directorate of Disabled and Elderly Services, Ministry of Health, Ministry of Food, Agriculture and Livestock, Ministry of Internal Affairs, other ministries, Universities, Non-Governmental Organizations, local administrations, associations, foundations and private entities (Regulations concerning rendering of home care by Ministry of Health were published in 2005, 2010 and 2015. In 2005, "Regulation concerning home care services" is related with establishment and inspection of health organizations rendering home care services and with regulation of procedures and principles which institutions and organizations, private law legal and natural persons which will operate these. In 2010, in "Directive Concerning Procedures and Principles of Practice of Home Care Services Rendered by Ministry of Health", establishment of home care service units within the body of health institutions bound to Ministry of Health, minimal physical equipment and material of these units and powers and responsibilities of relevant persons have been determined. In 2015, in "Regulation Concerning Rendering of Home Care Services By Ministry of Health and Bound Organizations", it is as "determination of procedures and principles concerning facilitating the coordination among relevant institutions and organizations for formation and management of home care services that will be rendered by the ministry and bound institutions in for execution of examination, analysis, treatment, medical care and rehabilitations of individuals who need at home and in family environment and rendering of social and psychological support services to these individuals and their family members as a whole; ensuring

rendering of these services in accordance with understanding of the Social State and equally, effectively and efficiently nationwide".⁽¹⁴⁻¹⁶⁾ There are also some regulations for putting on salary and meeting some needs (like pampers) of caregiver individuals for people in need and elders within the context of social support to elders receiving home care. Additionally, caregivers (disabled people who have health committee report for disabled and average of monthly income lesser than 2/3 of minimum wage for himself/herself or according to the number of individuals that he/she is liable to look after) can also receive home care salary for home care.⁽¹⁷⁾ A study reported that charge researchers to look beyond service utilization and give more attention to service needs among those who did or could not access the services.⁽¹⁸⁾ This research has been requested for evaluation of satisfaction from and opinions and expectations on the service rendered with medical and social care/support services of home care in order to evaluate home care services rendered to elders. Aim of this study to evaluate home care services for elderly and to get their family member's opinion towards the home care services in Konya province of Turkey.

Research questions

What are the perceptions and thoughts of the family members of the elderly who receive home care services at home?

Specific research questions are;

1. What is the knowledge level of attendants about home care services and home care services in terms of medical services?
2. What is the view of attendants about social care and support services?
3. Are attendants satisfy with home care services?

METHOD

Study design and study group

A qualitative study was conducted among family members of 10 elderly people aged 65 years old and above. Qualitative research is a settled activity which puts the researcher at the exact center of the World.

⁽¹⁹⁾ Qualitative research is one of the knowledge generation processes intended for understanding of lifestyles, histories, and behaviors of the people, organizational structures and social changing.⁽²⁰⁾ It means that researchers try to give meaning to or interpret the things within their natural environments in terms of incidents that people give meaning to.⁽²¹⁾

Purposeful random sampling method was used. Purposeful random sampling is the fact that a small sample size will be chosen for in-depth qualitative study does not automatically mean that the sampling strategy should not be random. For many audiences, random sampling, even of small samples, will substantially increase the credibility of the results.⁽²²⁾ Purposeful random sampling makes selections randomly from a sampling collection that includes sample units which will serve for the aim of the research. For this, units which can be selected for the sample unit are detected firstly and later on, a random selection is executed, as it is in quantitative research.⁽²³⁾ The sample of the study is family members of 10 elders aged over 65 years who received home care service and registered to Public Hospital Home care unit in Konya.

In phenomenological researches, there are studies in which samplings from one to 325 people exist⁽²¹⁾ and suggests that an extensive interview with 10 people has to be executed.⁽²³⁾

Data collection

The data was collected through face to face interview using Semi-structured questionnaire. Interview method is one of the most commonly used methods for data collection in qualitative researches. Semi-structured interview method ensures the attendant to tell the world he/she perceives with his/her own opinions.⁽¹⁹⁾ We could not directly interview the elderly who received the home care services due to they were bedbound, they were not able to answer the question so the interviews were carried out with elder's family members (their

partner/sons/daughters/daughter in law) who have been taking care the elderly patients. The study was conducted between March-July 2015. The interview was done by research, each interview took around 45-65 minutes and the interview was recorded by voice recorded while note was taken.

Study questionnaire

The study questionnaire contained two parts, first part covers socio-demographic information of the elderly and second part covers the homecare service. There are 9 questions about socio-demographic information and 13 questions for evaluation program. The socio-demographic questions are comprised of questions such as age of elderly, gender, marital status, educational background, occupation, social security, number of children, number of grandchildren and income status. Evaluation questions were evaluated through determination categories by researchers with the main lines from answers which all attendants (family members) gave for each question.

Analysis of Data

In the part of presentation of findings, encoding was performed for attendants for direct transfer of quotes and family members of elders were encoded as I1 (Interview 1), I2, I3 etc. As a result of

interviews with attendants, content and descriptive analyses were performed in order to represent their opinions conspicuously. Content analysis includes discovery and comparison of relevant statuses, structures, styles, images, meanings and nuances. ⁽²³⁾ Descriptive analysis is a type of qualitative data analysis that includes summarization and interpretation of data obtained via various data collection methods according to pre-determined themes. In this type of analysis, Researches can give a wide coverage to direct quotes in order to represent opinions of individuals that they interview or observe conspicuously. Main aim in this type of analysis is presentation of obtained findings as summarized and interpreted. ⁽²⁰⁾

Ethical approval

We have obtained ethical approval from Konya Numune Hospital ethics committee. Prior to data collection, all study participants were given information on the study and assured that all data is confidential and will only be analyzed as aggregates. All respondents verbally agreed before participation.

Findings

Demographical characteristics of the study samples

Table 1.Socio-demographic characteristics of elderly who receiving home care service

Respond	Age	Sex	Marital Status	Education Level	Occupation	Number of children	Number of grandchildren	Income Status
1	69	Female	Widow	Illiterate	Housewife	4	7	Retirement salary
2	81	Female	Widow	Illiterate	Housewife	7	12	Retirement salary
3	83	Female	Widow	Illiterate	Housewife	4	9	Retirement salary
4	81	Female	Widow	Illiterate	Housewife	3	7	Retirement salary
5	83	Female	Widow	Illiterate	Housewife	1	3	Retirement salary and shares it with her stepdaughter.
6	65	Male	Maried	High school	Retirement	3	7	Retirement salary
7	76	Female	Widow	Primary school	Housewife	2	3	Retirement salary
8	90	Male	Widow	Primary school	Farmer	6	25	No source of income
9	86	Female	Widow	Primary school	Housewife	2	9	Retirement salary
10	87	Female	Widow	Illiterate	Housewife	4	10	Retirement salary

Table 1 shows socio-demographic characteristics of elderly who have been receiving home care service. The mean age of elderly was 80. Majority of the participants were female and only one elderly finished high school. Most of them were housewives of female elderly. Maximum number of elder's children was 7 and minimum was one while maximum number of grandchildren was 25 and minimum 3. Only one participant has no income the others have retirement salary.

Evaluation of Attendants In Terms of Main Themes

In analysis of data obtained from evaluation questions (13 questions) of the interview, data were divided into different subtitles and topics were labeled according to their features. ⁽²³⁾ In the research, main themes formed as a result of analysis of data were as evaluation of knowledge levels of attendants about home care and of home care in terms of medical services, evaluation of attendants about social care and support services, expectations and opinions of attendants from home care and status of satisfaction.

Evaluation of knowledge levels of attendants about home care and of home care in terms of medical services

One of the questions determining evaluation of knowledge levels of attendants about home care and of home care in terms of medical services is as "Have you ever been informed about home care before by an institution or a healthcare professional? In other words, has any information been given to you?" Opinions expressing that they had not been informed before by anyone ^(12, 18) and other interviewers had informed by a relative who was a doctor, ⁽¹³⁾ by a chemists, ⁽¹⁵⁾ by social service institutions, ⁽¹⁷⁾ by a relative, ⁽¹⁹⁾ by healthcare personals during hospital stay and then by home care service unit ^(11, 16) and by circle of friends ^(13, 10) have been mentioned.

Answers were for the question "What is medical problem of your patient? Why and from when have you been receiving home care service?" were that

elders became bedbound due to various diseases (stroke, leukemia, femoral fracture, Alzheimer's Disease, epilepsy etc.) and one elder individual had been receiving home care service for 3 months and other one for more than 6 months (1-5 years). It has been expressed that they benefited from home care services also in case of some disorders apart from chronic diseases (flu, diarrhea, dental etc.)

"A blood clot was stuck in brain of my mother-in-law, she stayed in hospital for about a month, after she was discharged from intensive care unit (2 years) nurses that were dealing with home care services informed whe they came for care, and herewith we started home care" (11). "She had hypertension and cardiac disease. Also her legs are problematic, circulatory problem is serious. We applied for home care not because we will get a result, but because of helplessness. Blood tests of my mother were required to be tested emergently and we called them when we heard of that they also performed blood tests. Care to be given at home was quite important, as it is hard to bring my mother to hospital via ambulance and my mother does not want to stay in hospital"¹³. "I call when we need for home care service. For instance, she had diarrhea and I called emergently at that time. And for once, we called for tooth extraction. We benefit from this service, as our patient is bedbound for two years and cannot move out of the house". ⁽¹⁴⁾

It is observed that elders are bedbound due to diseases they experienced and therefore they are individuals in need of care in both medical and social aspects.

As answers given for another question "Of which medical service of home care do you benefit?" they expressed that they benefited from services such as insertion of catheter, examination, prescription, blood tests, measurement of tension and medical dressing-up. As interviewers expressed, it is observed that home care meets needs concerning routine medical services of diseases.

For the question "Are you able to receive personal emergency intervention, in other words can you receive 24-hour emergency service?", interviewers generally replied as "we call generally in case of need".

For the last question concerning the theme "Are you being trained about medical problems of your patient?", I4, I5, I6, I7, I8, I9 and I10 expressed that they did not receive a private education, they learned what to be done for medical problems on their own.

"Personals coming for home care inform us about status of our patient. They notify us about what we have to do for our patient. We are doing according to what they told"¹¹. "Neurologist told me to turn him continuously. I learned how to care for a patient gradually from televisions, I have developed myself"¹². "I have no problem concerning training, as I am in the medical society"¹³.

As it is understood from answers that attendants gave for questions concerning medical services aspect of home care for elderly, regulations concerning training and employment of health care professionals for home care, informing of the public about home care services and executions of trainings in sufficient levels are required. It has been thought that there are deficiencies in services concerning meeting need for training of individuals giving home care and formation of care standards and they are required to be developed.

Evaluation of attendants about social care and support services

The first of questions of attendant concerning social care and support services was "Who does the elder receiving home care live with?". I6 replied as partner; I1, I2, I5, I7, I8, I9 and I10 as daughter or son; I3 expressed that his mother lived alone but he frequently visited her, I4 expressed that she lived with her caregiver under company of her daughter.

For the question "Is there anybody that helps your elder for issues such as

chores (duties such as laundry, shopping, cleaning), personal care (helping for getting dressed, bathing and personal hygiene) and preparing meal-feeding?". I1, I2, I4, I5, I6, I7, I8, I9 and I10 expressed that caregivers for elders (partner, daughter or son), in other words themselves, met these needs. I3 told that the elder lived at home alone but she (her daughter) frequently visited her mother and met her needs in that way.

"My mother cannot, I do. Her most troublesome problem for now is that before, she cooked something on camping cylinder by crawling but now she cannot manage to go to the kitchen. We put food for her nearby, she eats them as a snack. Moreover, reason of her to be anemic is due to this. Due to being undernourished. My mother is a hard lady, she cannot eat food cooked by people outside"¹³.

Another aspect of home care is improvement of level of independency of elderly by integration of medical services with social services via professional support and empowering of humanistic characteristics of health services. ⁽⁵⁾ Deficits of services concerning this issue are required to be ironed out.

For another question "How does the patient meet his/her need for friendship? Are there anyone that accompany him/her?", they expressed that his/her need for friendship was met by – because the patients were generally bedbound- family members, relatives and neighbors.

(Daughter of the elder living alone talks): *"She was so deficient in this respect. When I do not go for a week, she feels it as fifteen days. Sometimes I cannot come. There are times that no one comes but I am trying to come twice-three times a week. However, somebody that will come every day is needed"¹³.*

There is a deficit in service concerning social support services here. It is also understood that elders and family members are not given professional support. Result obtained from this is, however, that elders and family members are deprived of social support services and left to their fates.

In question "How do you meet need for transport of your patient in compulsory situations?" elders and family members had difficulties in reaching to hospital in emergent cases. They told that they called ambulance in tough conditions and met their need for transport with their own vehicles or taxi. They expressed that they could not move patients because it was really hard to meet their needs to use the toilet in obligatory situations.

For the question "How does your patient execute financial consultancy services (withdrawing salary, making investment etc.)", I8 expressed that she had no income; I3, I5, I6, I7, I9 and I10 expressed that his/her relatives (themselves) executed; I1, I2 and I4 expressed that they were the guardian and they executed themselves. When income statuses of elders are examined, it is observed that they live off generally with low pensions of their partners.

For the question "Do you receive care fee? Is it enough?", with investigation of data obtained about statuses of receiving care fee of their relatives in respect of social support, 2 people expressed that they received care fee, 6 people expressed that they did not receive because they have their own wages, 1 person expressed that he/she had no knowledge about the issue and 1 person expressed that he/she could not bring him/her to hospital from committee report.

"District governorship informed us about this issue but I could not bring him/her to hospital in order to receive health committee report for disabled"¹⁸; "I am not receiving care fee and want to be informed about the issue"¹⁹; "No we are not receiving, we have not applied for such things, we even buy pampers by ourselves. We buy with our own money. Because, you know that there are some procedures required to receive his/her pampers from the government, come and go come and go for forty days, I am exhausted of that, we have got rid of this. We have got rid of that because our financial situation is fine,

fortunately. If our situation was not fine, we would be need to that"¹⁴.

2 interviewers out of 10 interviewers expressed that they received care fee. It is observed that individuals have knowledge deficiencies about procurement of financial support to ones receiving home care in respect of social support. Execution of practices concerning making procedures which are requested in respect of financial support easier is also required because caregivers have expression of exhaustion due to abundance of procedures and get into the act of getting rid of about the issue. In a study conducted by Çavuş ⁽¹⁾ who evaluated home care services for elderly, research data revealed that most of the elders did not have knowledge of what types of helps government can give them. Cindoruk and Şen ⁽⁸⁾ examined home care of elderly, mentioned about advantages and suggested that home care services are necessary to come under general health insurance.

Expectations, opinions and statuses of satisfaction of attendants from home care

For the first of the questions determining evaluation of expectations, opinions and statuses of satisfaction of attendants from home care "Are you satisfied with the care service rendered to your patient? In other words, did home care service make your patient's and your social lives easier compared to hospital environment?" attendants expressed that home care (depends) is both better for the caregiver and preferred by themselves compared to hospital environment. Also, family members tell that family environment will be better for morale of the patient compared to hospital environment.

"It was too hard to bring to hospital continuously, to await for our turn and to take care of our patient, home care is much better than hospital care to prevent our patient to be wretched"⁽¹¹⁾.

For another question "What are your expectations and opinions about home care?", family members expressed their expectations and opinions generally as execution of routine procedures (blood tests,

examination, measurement of tension) and controls of patients regularly, regulation of appointments more frequently, responding immediately to needs when requested, ensuring financial, psychological and social supports, prevention of difficulties in transportation, rendering of services concerning family members and health care professionals to be more pertinent.

"Previously, I had plenty of needs and expectations in my stressful moments but I do not have now. Previously, I used to call ambulance they used to say (is it again you). A private help vehicle for this type of patients is required. I was calling ambulance and they were saying (call home care); I was calling home care and they were saying (we do not bring patients to the hospital). Taking care of these patients is like being examined with your own desires; an excessive devotion is required to be given. You can neither drink tea comfortably nor sleep comfortably. She always comes first"⁽¹²⁾. "It is totally insufficient, only its name exists, not de facto"⁽¹³⁾. "We do not have a problem. They take care well when we call. However, it is impossible for them to come in very emergent situations"⁽¹⁴⁾. "They do not come when we request, we are unsatisfied in this respect. She pulled out her catheter few days ago, they did not come due to that time did not run out. They come on 20th of each month and they said (you will compulsorily wait until the 20th). Psychological and social supports can be ensured. A person who will do everything at home from cleaning to cooking is needed; it may be fee-earning. We need a service that will send caregivers who will stay also at nights. Additionally, I think that not only practitioners but also specialists should come"⁽¹⁶⁾. "Isn't home care service beneficial for us? We are very pleased, May God blesses you. However, we are expecting more attention. When we say she is examined. May you check surgical site, may you measure her tension, may you measure blood sugar. They do these if we say. They visit once a month. They do not schedule an appointment immediately when

we call, they schedule it for a week after. It may be more frequent".⁽¹⁹⁾

As it is understood from interviews that they do not receive professional support in rendering of home care services, in other words execution of personal and daily life activities and these services are rendered by patient relatives. There is no home care service rendered concerning this issue. It is as caregivers expressed so that priority is given always to the bedbound individual and they cannot spare time for themselves and they need social support.

DISCUSSION

A qualitative research was conducted using face to face interview method, data concerning evaluation of satisfaction, opinions and expectations from home care services in terms of medical and social care, support and service. Elderly in sampling coverage were take care by their spouse if alive if their spouse died their daughters or sons. When studies are examined, it is generally observed that care services of elders are rendered by institutions or family members and relatives.⁽²⁴⁾ In evaluation of medical services of elders, as it is understood from data obtained, elders are individuals who are bedbound and in need have care. Patients need long-lasting home care, as they need care for more than 6 months. Individuals receive routine medical services of home care in accordance with their requirements such as blood collection, insertion-renewal of catheters, prescription, measurement of tension and blood sugar and medical dressing. There are deficiencies in receiving professional medical service. Interviewers told that they did not receive a private training for necessary situations at home concerning the patient; they learned what to do especially from what were told and on their own. Practices concerning correction of knowledge deficiencies and increasing awareness about home care services of the public are required. Additionally, majority of elders and caregivers have deficiencies in training concerning medical and social

support of home care. Home care of elderly was rendered in two parts as being medical and psychosocial. In rendering of service, both parts should be integrated. Although there are too many deficiencies in practice, especially the social care part is remaining too weak and it is thought that training of individuals that will render home care service for elderly and regulations concerning employment will increase quality of services rendered for elderly. (13,8) In addition to this, although it is thought that patient relatives to be attendant during care in cares of chronic diseases will have an enabling role in achieving the aim and will increase the coordination, (3) it should be remembered that caregivers may experience exhaustion. Therefore, preparations for qualified staff and infrastructure and meeting needs for social support of elder individuals are important as much as determination of service rendering model. Interviewers show their appreciations about home care services through mentioning that they prefer home care compared to hospital care. However, in addition to their appreciations, they also mentioned about their expectations and opinions concerning medical and social aspects of the service for improvement of home care services. Opinions, expectations and requests of interviewers about the issue can be summarized as follows: Interviewers want their chronic patients to be followed-up regularly. They have problems concerning no responding immediately to health problems and working of home care service by appointment. For overcoming of problems, regular training of caregivers about health problems of individuals receiving care will definitely ease works of both caregivers and health care professionals. In this case, it is also important for health care professionals rendering home care to be experts in their fields and for their numbers to be organized in sufficient numbers. Review of bureaucratic procedures concerning financial support, solving of problems of patients concerning transportation in

obligatory situations (private vehicle for this), help for resting of caregivers, involving specialists in home care services, scheduling of appointments more frequently, meeting needs of people receiving home care as soon as possible, personals to be more pertinent and supporting of the patient and patient relatives in psychological and social aspects can be procured. Interviews expressed that they need professional help in meeting self-care needs such as cleaning and cooking. Due to feeling of exhaustion of family members caused by long-lasting care, they expect more satisfying service from health care professionals and policies concerning home care. One of these services can be maintenance of care with resting of family members. From studies concerning home care services for elderly, Akgün and others (25) examined problems of elders in World and Turkey and they concluded that elder population was not cared sufficient enough in Turkey and new health policies were required for solution of problems of elders. Results obtained from the study conducted by Kemper and others (4) suggested organization of program concerning widening of financing of home care for disabled elderly. In the study concerning terminal cancer patients waiting for death, which was conducted by Conno and others, (26) life qualities and symptoms of patients were evaluated in demographical, physical and psychological aspects. They express that home care is an alternative in practice of palliative care of terminal cancer patients. Şahin and her colleagues (27) conducted a research their study findings suggested that increased age, sex, literacy, and education levels influence elderly people's daily instrumental activities. Daily functional activities and factors influencing these activities should be determined in order to increase elderly people's quality of life and independence. It is important to evaluate elderly people's capabilities in daily activities.

CONCLUSION

Generally, the family members of the elderly were happy with homecare services and they preferred to home care services over hospital care services but they also express that social services is not good enough. It is required to be organized with institutionalized home care service model having qualified, continuous, holistic and integrated understanding of health care service in the framework of respect to patients' rights.

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