

Investigation of Home Health Services and Expectations of Patients and Patient Relatives: A Study Case in Bakirkoy District

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Abstract

Aim: The aim of this study is to examine the expectations and demands of patients and their relatives' in-home health care. In the scope of the study, narrow area as the study was being carried out in the Bakirkoy district of Istanbul province.

Method: In the scope of the study, questionnaires were distributed to 83 people in Istanbul who were satisfied with home health care services, but 70 people were returned. The analysis was conducted on 70 people. The research is a descriptive survey model. A questionnaire was used as a data collection tool. The questionnaire forms consist of questions about demographic and home health service evaluation scale.

Results: When the opinions of the patients and their relatives were evaluated in terms of home care services, the mean values of all expressions in the home health service evaluation questionnaire were over 4.

Conclusion: This indicates that patients who are receiving home care services and their relatives have positive perceptions about home care services. The satisfaction of the patients and their relatives are very high for home care services.

Keywords: Medical home, nursing at home, health services, health employes, illness.

Özgün Araştırma Makalesi (Original Research Article)

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Evde Sağlık Hizmetlerinin Araştırılması ve Hasta ve Hasta Yakınlarının Beklentileri: Bakırköy'de Bir Araştırma Örneği

Öz

Amaç: Araştırma, İstanbul ilinin Bakırköy İlçesindeki evde sağlık hizmeti alan hastaların ve hasta yakınlarının evde sağlık hizmetlerinden beklentilerini ve taleplerini incelemektir. Çalışma kapsamında, İstanbul ili Bakırköy ilçesinde çalışma alanı kısıtlı olarak yürütülmüştür.

Yöntem: Çalışma kapsamında, İstanbul'da evde sağlık hizmetlerinden memnun olan 83 kişiye anket uygulanmıştır, ancak 70 kişiden geri dönüş alınarak analiz 70 kişi üzerinde yapılmıştır. Araştırmanın modeli, tanımlayıcı bir anket modelidir. Verilerin toplanmasında, Bilgi Formu ve İletişim Becerileri Ölçeği kullanılmıştır. Veriler SPSS programı ile değerlendirilmiştir.

Bulgular: Araştırma, anket formları demografik özellikler ve evde sağlık hizmeti değerlendirme ölçeği ile ilgili sorulardan oluşmaktadır. Anket formları demografik özelliklere yönelik sorulardan ve evde sağlık hizmeti değerlendirme ölçeğinden oluşmaktadır. Katılımcıların evde bakım hizmetlerini değerlendirme durumları hastanın bakım ihtiyacı talep etme süresine göre karşılaştırıldığında, hastanın bakım ihtiyacı talep etme süresine bağlı olarak katılımcıların evde bakım hizmetlerini değerlendirme algıları farklılık göstermemektedir ($p>0,05$).

Sonuç: Hastaların ve hasta yakınlarının görüşleri evde bakım hizmetleri açısından değerlendirildiğinde, evde sağlık hizmeti değerlendirme anketindeki tüm ifadelerin ortalama değerleri 4'ün üzerindedir. Bu, evde bakım hizmeti alan hastaların ve yakınlarının evde bakım hizmetleri ile ilgili olumlu algılarının olduğunu göstermektedir. Evde bakım hizmetlerinde hastaların ve yakınlarının memnuniyeti çok yüksektir. Hastane ve sağlık merkezlerinin imkanlarının nüfusa göre yetersiz kalması vb. durumlarda hastaların evinin konforunda gereken sağlık hizmetlerini sağlaması yaşam kalitesi ve daha fazla bireye sağlık hizmeti sunuluyor olabilmesi açısından büyük önem taşımaktadır.

Anahtar Sözcükler: Evde bakım, evde hemşirelik, sağlık hizmetleri, sağlık çalışanları, hastalık.

Introduction

Home care is considered to be vital for providing the required treatment or rehabilitation services to patients. Within the scope of home care health services, comfortable care of the patient in the home environment can be provided. One of the main issues regarding health care services is meeting home care needs of terminal

patients and elderly people. Unfortunately, home care services in Turkey does not cover present demand. Therefore, dedicated studies to address home care services and developing new strategies is essential to improve this sub-branch of health care services. In this context; in order to carry out necessary studies in this direction, it is important to determine the expectations and demands of patients and their relatives¹.

Individuals apply to health services to protect their health and treat their deteriorating health. In order to protect the health of individuals and improve their deteriorating health, professional health care organizations play a significant role. While the services provided by health services aim to improve the protection of individual health, they also aim to improve social health.

The studies carried out within the scope of protection and improvement of individual health are also aimed at increasing social health. Health services play a major role in the promotion of social health. Therefore, health services play a major role in the protection and improvement of social health. Within the framework of health services, many health services are provided such as prevention of diseases, rehabilitation of diseases and rehabilitation services. Effective maintenance of health service organizations is one of the important issues in terms of improving the quality of life and increasing social welfare. It is important that their activities effectively to meet the health needs of individuals and increase public health².

Home health care is actively practiced in many countries of the world. It includes the health services provided by health professionals or family members in the home environment in order to preserve or if it is possible, improve the patient's condition. Within the scope of home health services, the treatment and health care needs of the individual are met in the home environment. It is aimed to increase the quality of life of the individual within the scope of home health services Medical Management of the Home Care Patient. American Association American Academy of Home Care Physicians, America³.

The interaction between health professionals, family members and patients must be high in order to maintain effective health services. In order to improve the quality of life of all patients, all stakeholders within the scope of home health services have to play an active role. It is important to have high coordination and interaction between health professionals and family members in meeting the needs of patients⁴.

The main purpose of preventive healthcare in the home is environment is to stabilize the state of health of the patient after the recovery period. Preventive healthcare services in the home are expressed as a fundamental extension of institutive care. Hospice care began in the United States and in the 1990s it was foreseen to transfer terminal patients to the home environment. Home care is provided to ensure that patients can spend their remaining time with their families and relax in their home environment. In the context of hospice care, the emergency response requirements of the individual cannot be fulfilled. Instead, health services are provided in order to improve the quality of life and meet daily life needs in the best way. Practices for health care and, in particular, to reduce the symptoms of the disease are carried out by specialist health professionals⁵.

Relief care services are provided to reduce the burden of family members who take care of terminal period patients. However, providing terminal period care is both physically and emotionally draining experience. Therefore, people need to be relieved periodically in order to increase their physical and emotional welfare. For this reason, the importance of comforting services that health professionals can provide is highly essential. Necessary studies and strategies for hospice care are being carried out effectively in many countries of the world. However, adequate number of studies which focus on hospice care is not currently available in Turkey. In order to develop sustainable strategies to expand any kind of healthcare service, it is important to consider the cultural and social values which may play an important role to execute efficient studies aimed at hospice care⁶. In Turkey, in the matter of home health care services, there are many organisations which administratively and structurally diverse in their own right. As of 01.02.2010 in Turkey, the directive on the procedures and principles of the implementation of home care services has entered into force. According to the instructions, the necessary explanations and regulatory practices for home care services are included.

In Turkey, home care services are covered by the health services provided by the State or local administrations. Home care services carried out by government agencies are funded with tax funds and are not intended for profit. However, governmental organizations providing home care services can continue their activities by signing agreements with other organizations. Since home care services provided by government

agencies are covered by the government, they may be more inclusive⁷. Home care services can also be provided by private health institutions. Considering these organizations operate for profit, services usually financed by payments made by patients or insurance companies. In 2005 with a licence granted from Ministry of Health, Eczacıbasi Health Services became Turkey's first private health institution which provides home care services⁸. Basic legal regulations related to the opening of Home Care Services in Turkey for the purpose of ensuring that the health care provider takes care of individuals at home under the Regulation and supervision of work on the presentation is located.

Within the scope of Health Services, planning for health services should be done effectively in order for the individual and family to benefit from health services in the optimized way. Depending on the reason for preferring home care services, professional health team members should be able to provide health care for patients and their families in the home environment when needed. Within the scope of home health services, the patient is not only provided with medical care needs but also with social services. Home health services can be maintained for short or long term. Planning the right schedule contributes to better planning of medical and social services⁹.

Within the scope of route planning, a general framework for planned visits of care professionals is established. This significantly reduces the cost of care and travel, as well as improving the quality of service to the patient. Various criteria are taken into consideration for route planning. These criteria are listed as follows¹⁰.

- Whether the service to be provided to the patient is medical or social
- Whether the service to be provided to the patient is long or short-term
- Receiving the support of experts or semi-experts in different occupational fields in the service to be provided to the patient.

Within the concept of all these elements, route planning is made and a basic planning is developed to meet the care needs of the patient and his family. In the scope of route planning, travel costs of health professionals may also decrease significantly¹¹. In order to meet the treatment needs of bedridden patients or individuals with severe illness in the home environment, the planning of the health services provided in a qualified

manner is necessary. In order to obtain the best results, resources as well as optimal methods should be used effectively to solve problems. Patient and family satisfaction can be maximized when route planning is performed correctly. Routes for patient visits are determined manually within the framework of home health services. At the same time, the problem of routing of health care professionals and healthcare vehicles within the scope of home care services is considered as an important element. Vehicle routing is of great importance in reducing costs and increasing efficiency in-home health services¹².

The problem of vehicle routing within the scope of home health services enables both health professionals to use their shifts efficiently and minimizes costs¹³.

The aim of this study is to investigate the expectations and demands of patients and their relatives in home health care. The research covers patients and their relatives in home health care.

Methods

Within the scope of the research, a narrow field study was carried out as Arnavutkoy district in Istanbul. Within the scope of the research, a questionnaire was distributed to 83 people about satisfaction with home health service in Istanbul, but 70 people gave feedback. The analyzes were conducted on 70 people. Research is a descriptive scanning model. The survey questionnaire was used to collect the data. The questionnaire consists of questions related to demographics and home health services evaluation scale.

Home Health Care Rating Scale: Scale Oksuz (2018) is taken from the Master's thesis. Likert Scale of 5 which form consists of 20 questions.

Table 1. Questionnaire

	Number of questions	After Reliability Analysis Question Number	Cronbach alpha (a)	**a's Value	**Explanation
Scale	25	25	0815	0.80 <a <1	High reliability

In the research, data analysis was performed by SPSS 22 package program. Descriptive statistics such as frequency, percentage, average, t test and ANOVA test were used to analyze the data.

In the selection of t test and ANOVA test, the assumption of normality of data was considered. As the scale's skewness and kurtosis values vary between +1 and -1, it was decided to perform parametric tests, t test and ANOVA test.

Limitations of the study are as follows:

- Research is limited to the questionnaire.
- Research is limited by the sample.

In the study, interviews were conducted with the patients and their relatives who received home care services. During the collection of questionnaires, patients and their relatives were given detailed information about the purpose of the study.

Results

In this part of the study, findings related to the introductory information are given. 42,9% of the participants were patients and 57,1% were relatives. While 89,9% of the patients who participated in the study had social security, 10,1% had no social security. 42,9% of patients participating in the study were male and 57,1% female. While 50% of the patients participated in the study were primary, 27,1% were high school and 18,6% were university graduates, 4,3% of the participants did not go to school and were literate. 37,1% of the patients were older than 65 years, 28,6% were between 36-65 years, 18,6% were between 7-16 years, 11,4% were between 26-35 years and 4,3 of them are between 17-25 years old. 30% of the patients participating in the study were 6-12 months, 27,1% were 1-5 years, 17,1% were 5-10 years, 12,9% were 1-6 months and the remaining 12,9% has requested home health care for less than 30 days.

Table 2: Distribution of patients sociodemographic characteristics

	Frequency	%
Patient	30	42,9
The relatives of the patient	40	57,1
Social security		
No	8	10,1
Available	62	89,9
Gender		
Woman	30	42,9
Male	40	57,1
Educational Background		
Illiterate	3	4,3
Primary education	35	50,0
High school	19	27,1
University	13	18,6
Age range		
Age 7-16	13	18,6
Age 17-25	3	4,3
Age 26-35	8	11,4
Age 36-65	20	28,6
over 65 years	26	37,1
Requested amount of Time		
Under 30 Days	9	12,9
Between 1-6 Months	9	12,9
Between 6-12 Months	21	30,0
1-5 Years	19	27,1
Between 5-10 years	12	17,1

Table 3: Descriptive Statistics Regarding Home Care Services

	n	Min.	Max.	Av.	Std. Dev
After the initial application, I was pleased about feedback process regarding my appointment	70	4	5	4,7	,468
I did not encounter any obstacles in the official application procedures for receiving services	70	4	5	4,6	,500
During the first visit, I was informed enough about the service to be provided to me.	70	4	5	4,5	,503
My appointments were mostly on time.	70	4	5	4,7	,473
My wishes and complaints about my problems were sufficiently taken into consideration.	70	4	5	4,5	,502
Before the treatment, I was asked in detail whether or not I was allergic to any particular allergen.	70	4	5	4,5	,502
Sufficient information was given to me and my family about the drugs and equipment used during the service.	70	4	5	4,6	,483
The Home Health Care team was courteous, respectful and sensitive enough in their behavior during my treatment.	70	4	5	4,6	,498
The staff was attentive and skilled in their services.	70	4	5	4,5	,503
Sufficient information about my care was given to my family or one of my relatives during the service.	70	4	5	4,7	,468
The quality of health care which was applied during the follow-up and treatment process of my illness was fairly high.	70	4	5	4,6	,493
Your medical staff examined you in a very detailed way.	70	4	5	4,6	,490
Whenever I wanted to get information, I got enough information from the staff.	70	4	5	4,6	,498
Health staff spared me enough time during the examination.	70	4	5	4,7	,478
I can easily access this health facility whenever I need it.	70	4	5	4,5	,503
When I need it, I can easily reach experts about my illness.	70	4	5	4,6	,496
Received sufficient support regarding procuring prescriptions for supply of medical devices and materials.	70	4	5	4,6	,490
Regarding procurement of materials such as; medicines, medical devices and supplies to be used during treatment we have received assistance and support from staff.	70	4	5	4,6	,493
I would recommend the Home Health Service unit to one of my family or friends when needed.	70	4	5	4,5	,503
Overall I was very pleased with the Home Health Service.	70	3	5	4,6	,554
Total	70	87,0	98,0	91,7	2,39

Table 4: Comparison of Home Care Services According to Multiple Variables

		Average	Std. Def.	F	p
Home Care Services	Patient	91,06	2,24	1,958	,054
	Relatives of the patient	92,17	2,41		
Social Security Status	No	91,06	2,37	,563	,576
	Available	92,17	2,60		
Patient's Gender	Woman	92,00	2,25	,908	,367
	Male	91,47	2,49		
Education Level	Illiterate	90,33	1,52	,472	,703
	Primary Education	91,94	2,19		
	High School	91,57	2,91		
	University	91,53	2,33		
Age of the Patient	Age 7-16	92,78	2,77	1,752	,149
	Age 17-25	90,50	0,70		
	Age 26-35	91,14	2,67		
	Age 36-65	92,14	1,87		
	Over 65 years	91,00	2,38		
Requested Amount of Time	30 Day Six	91,27	1,79	,857	,495
	Between 1-6 Months	90,87	3,31		
	Between 6-12 Months	92,14	2,22		
	1-5 Years	91,40	2,23		
	Between 5-10 years	92,50	2,83		

Discussion

In this study, the satisfaction comments of patients and their relatives within the framework of home care services were examined. Education level was relatively low in the majority of the patients who have received home care services. In addition, a significant proportion of patients are young adolescents and elderly individuals. Profile of patients receiving home health care and evaluation of the services provided. In the light of survey, it was found that the majority of individuals receiving home care services were over 40 years of age. In addition, it was found that home care service was provided in individuals with chronic disease but it was less in elderly people. The

provision of home care is also an important factor in over-aging. These findings are presented in the framework of home care services when evaluating elderly care services in Turkey. When the opinions of the patients and their relatives who participated in the study about home care services are evaluated, it is seen that the average values of all the statements in the home health service evaluation questionnaire are over 4. This shows that the perceptions of the patients and their relatives who are taking home care services towards home care services are positive. The satisfaction of patients and their relatives towards home care services is quite high. The satisfaction survey conducted by Ozer and Santas expressed that increased public expenditures have improved the perception of home care services in Turkey.

In order to improve quality of home care and health services and accordingly to increase the satisfaction of patients, it requires government support thus, increased expenditures are to be expected. Within the scope of the research, it was found that satisfaction perception did not differ according to demographic characteristics. In addition, the satisfaction status of the participants regarding home care services does not differ according to the status of patients or their relatives. In their research, it is stated that the quality of life of individuals is adversely affected due to chronic disease or old age and important improvements have been made in order to improve the quality of life within the framework of home care services. Within the scope of home care services, the quality of life of the patients increases and this situation increases the patients' perception of satisfaction with home care services.

Conclusion and Recommendations

When the results obtained within the scope of the study were evaluated, it was found that the satisfaction levels of the patients and their relatives towards home care services were high. The result of the research are summarized as follows: When the opinions of the patients and their relatives who participated in the study regarding home care services are evaluated, it is seen that the average values of all statements in the home health service evaluation questionnaire are over 4. This shows that the perceptions of the patients and their relatives who are taking home care services towards home care services are positive. The satisfaction of the patients and their relatives with respect to home care services is quite high.

When the status of evaluating the home care services of the participants was compared according to the social security status of the patient, the perceptions of the participants about the assessment of home care services did not differ depending on the status of the social security of the patient. When the status of home care services of the participants was compared according to the gender of the patient, the perception of the participants about home care services did not differ depending on the gender of the patient. When the status of home care services of the participants were compared according to the education level of the patient, the perceptions of the participants about home care services did not differ depending on the education level of the patient. When the status of home care services of the participants were compared according to the age of the patient, the perceptions of the participants about home care services did not differ depending on the age of the patient. When the participants' evaluation of home care services according to the duration of the patient's need for care, the perception of the participants about home care services did not differ depending on the duration of the patient's need for care.

Recommendations within the scope of the research are as follows:

- Located towards the development of home care services in the health sector in Turkey can be taken into the system, especially in European countries.
- In order to improve the quality of home care services, studies to determine the expectations of patients and their relatives can be increased.
- Pre-service trainings can be focused on in order to increase the expertise skills of health professionals in home care services.
- In order to meet the necessary care needs in home care services, the necessary share in public expenditures can be allocated.
- In future studies, qualitative data analysis can be supported by conducting interviews with patients and their relatives.
- Examining home care services in the European Union countries are also studies which will be held in the coming period comparisons can be made with Turkey.

- In the upcoming period, the frequency of patient visits can be increased and further support can be provided to the patient treatment support processes with the help of qualified patient services.

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