

Chapter 22

Active and Healthy Aging: Satisfaction with Health Services by Elderly Patients in Turkey

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ABSTRACT

This study aims to investigate the difficulties experienced by elderly persons in accessing healthcare services and their satisfaction with issues as regards the healthcare system. In this study, qualitative research was carried out to assess the difficulties regarding the healthcare delivery system and satisfaction with the healthcare services. This qualitative research was performed through in-depth interviews with 6 men and 4 women aged 65+ years, in Ankara, the capital city of Turkey. It was discovered that elderly persons required the support of others to access a doctor, a health institution or hospital and the care and support of others for the regular intake of their drugs with increasing age. They were satisfied with the current family physician program. The most significant challenges experienced by elderly persons regarding the healthcare delivery system included crowded hospitals, difficulty walking, the unavailability of wheel chairs, and inadequate assistance from support staff.

INTRODUCTION¹

Since the very beginning, human beings have strived hard to find ways to live healthy and even eternally. Developments in the second half of the past century and the effects of advancements in the fields of health and technology onto the quality of life for human beings prove that humanity's goal of "longevity" has been achieved. In 30-35 years, one out of every four Turkish citizens will be older than 65 years (TurkStat, 2014). In developed countries, the current rate of people older than 65 is one out of seven, and the same group will comprise a quarter of the total population in only 15 years. This has spurred on the conversation surrounding the "aging" process for the elderly population. By 2050, the number of "older elderly persons" will be six times more than that of "young elderly persons" above the age of 65. It is anticipated that the oldest population of elderly persons (aged 80 years and above) will increase by 160% globally by 2040, more than all other populations of elderly persons. Today, the average age is

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above 40 years in certain European countries, Canada, and Japan. In Monaco, average age exceeds 50 years, the highest in the world. Today, the average age around the world is 29.4 years, and 30.7 years in Turkey (TurkStat, 2014; WHO, 2015).

In addition, life expectancy at birth is increasing by the day. This, in turn, contributes to the global growth rate of the elderly population. Life expectancy at birth for women is the longest in Japan. Average life expectancy at birth for Japanese women is 86 years. Life expectancy at birth in Turkey is an average of 78 years. This span is 75.3 years for men and 80.7 years for women (TurkStat, 2015). Rapid aging is associated with dramatic changes in family structure, employment patterns, and migration movements. On the other hand, increase in the elderly population is generally considered to be associated with an increase in healthcare expenditures as well. In 2050, healthcare expenditures as a share of GDP will be doubled due to the increase in the elderly population. Health expenditures in Turkey were 6.1% of GDP in the previous years (2008), yet this percentage increased to an annual rate of 7.1% between 2000 and 2010 (OECD, 2015).

Increase in life expectancy around the world and in Turkey has also increased the need for meeting the social, cultural and economic needs of the elderly population as well as the reorganization of health and care services. Active and healthy aging practices have been initiated at the sectorial level in many countries around world. Endeavors such as the reorganization and standardization of services, mutual workforce exchanges among countries, and benchmarking systems have been accelerated within the scope of this process, which consider long life to be a risk. In order for a given country to improve its fight against aging, it is imperative that the same country review the applications in other countries with experience and techniques in place and develop a model compatible with its own economic and social conditions. As of 2100, life expectancy at birth will be 100 years throughout the world. In addition to the growth of the elderly population, the empowerment of women, the fight against poverty and protecting the planet from factors such as global warming are also conversations that are coming to the fore. Both individuals and governments will have to deal with the reorganization of the healthcare delivery system and social security expenditures. Therefore, there will be a need for balance between the resources allocated by the public and private sectors. The gap between the actual life course and life expectancy will require developmental tasks to be redefined in social terms. As for healthcare, there is a growing need for increasing the number of healthy years in a lifespan and revising the organization healthcare services (Lis, Reichert, Cosack, Billings and Brown, 2008; WHO, 2015). Herein, we are faced with the concepts of healthy and active aging as part of a comprehensive universal approach. This study aims to draw attention to the importance of the concept of healthy aging as elderly populations are growing around the world and in Turkey and to explain the execution of health services geared toward the elderly, healthcare satisfaction and commonly faced problems.

BACKGROUND

There is a direct correlation between the development levels of countries and health. In developed countries, society's health status is considered to be a natural consequence of socio-economic development. Development in the field of health is the most significant indicator of investment in human capital. The 21 targets listed in the World Health Organization's declaration titled "Health for All by the year 2000" for a level of health that would permit all individuals in society to lead a socially and economically pro-

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