

# Ageism in Turkish Health Care System from "Ecological System Approach"

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## Abstract

While Turkey ranks in the 66th place in terms of elderly population among the 167 countries, and the elderly population has increased within 16% in the last five years. This has become effective in focusing on the social service requirements of the elderly people who are more frequently and at a higher rate involved in health care system. Health care is important for the elderly, as for any individuals, to maintain an independent life. However, discrimination against the elderly involved in the health system is a significant obstacle for their needs to be met. Particularly, in the health care system, ageism is not visible unlike other sorts of discrimination; those who make or witness this kind of discrimination may not mostly be aware of this discrimination. Hence, in order to understand the multidimensional dynamics and resources of ageism, it is necessary to evaluate the issue within the environment of the elderly individuals instead of focusing solely on the elderly individuals. Upon examining the literature of discrimination in health care system in Turkey, ageism requires discussion based on interaction of the elderly with their families, caregivers, health care professionals, health care system. In this context, the fact that the elderly applicant or client is approached together with the environmental systems in which s/he lives and within the dynamics of the systems with which s/he has interaction as well as the internal processes of his/her experience of discrimination enables focusing on interaction of elderly individual in the environment from micro to macro. Starting from such a perspective, the objective of the current study is to discuss ageism in health care system in Turkey based on the ecological system approach.

**Keywords:** ageing, ageist attitudes, care, discrimination, health.

## 1. Introduction

World Health Organisation reports that the number of individuals aged 60 and above years old is 900 million in the world while the number of elderly aged 80 and above years is 125 million. Besides, the population of 60 years and above is estimated to increase from 12% to 22% between the years of 2015 and 2050 (WHO, 2019). In Turkey, the elderly population is growing, as in the world. While the elderly population ratio was 8% in 2014 in Turkey, it increased up to 8.8% in 2018. This has become effective in focusing on the social service requirements of the elderly people who are more frequently and at a higher rate involved in health care system (TurkStat, 2018).

Health care is important for the elderly, as for any individuals, to maintain an independent life. However, discrimination against the elderly involved in the health care system is a significant obstacle for their needs to be met. Particularly, in the health care system, ageism is not visible unlike other sorts of discrimination; those who make or witness this kind of discrimination may not mostly be aware of this discrimination. Hence, in order to understand the multidimensional dynamics and resources of ageism, it is necessary to evaluate the issue within the environment of the elderly individuals instead of focusing solely on the elderly individuals.

Upon examining the literature of discrimination in health care system in Turkey, ageism requires discussion based on interaction of the elderly with their families, caretakers, health care professionals, health care system. In this context, the fact that the elderly applicant or client is approached together with the environmental systems in which s/he lives and within the dynamics of the systems with which s/he has interaction as well as the internal processes of his/her experience of discrimination enables focusing on interaction of elderly individual in the environment from micro to macro (Danış, 2006; Özbesler and Bulut, 2013). Starting from such a perspective, the objective of the current study is to discuss ageism in health care system in Turkey based on the ecological system approach.

## 2. Ageism

Ageism was first raised by Butler (1969). Butler (1969) defines ageism as the judgments of individuals in one age group towards individuals in another age group. Akdemir, Çınar and Görgülü (2007) state that different attitudes, prejudices, behaviours, actions and institutional regulations shown to a person because of his/her age lead to discrimination against the elderly.

Discrimination may be observed against the elderly individuals in their business and family life as well as in access to health services owing to negative perceptions, attitudes and beliefs (Çilingiroğlu and Demirel, 2004). Moreover, the fact that the elderly who have to retire due to their age are considered to have decrease in productivity and as a loss in terms of economy may adversely affect the care for elderly individuals. This may even cause particularly the elderly to experience depression and suicide attempts by becoming lonely (Öz, 2002).

As a result of especially cell loss, the functioning capacity of the organs may decrease in old age. In addition, motor skills of the elderly individuals may decrease due to the decrease in cognitive capacity and aging tissue loss coming along with aging, the elderly individuals may have difficulty in coping with problems in their daily lives or chronic diseases may be seen more. Therefore, the elderly who have difficulty in coping with their illnesses and problems often are in need of more support in terms of health care and social services (Nies and McEwen, 2007; Buz, 2015). Hence, health care services are quite important for the

elderly to maintain their lives effectively. While the applying to and benefitting from health care services by the elderly individuals affect their lives positively, the lives of the elderly, who are not willing to apply to health care services owing to the discrimination that they are subjected to, are negatively affected. Human is an entity that constantly interacts with his/her environment. This interaction has positive or negative effects on an individual's behaviour (Ashman and Zastrow 1990). In this review study, ageism experienced by the elderly in health care system in Turkey is discussed based on the ecological system approach. Thus, “ageism” is discussed in the context of interaction of the elderly with the individuals in Turkish health system, health care professionals, institutions, legal regulations, social norms and rules. In this context, ageism is discussed under three headings from micro to macro as firstly self-ageism, health care professionals and health care system.

### **3. “Self-Ageism”**

Elderly individuals might also discriminate against themselves. This concept, defined as self-ageism, is described as assumptions or bias by elderly individuals regarding themselves (Wyman, Shiovitz-Ezra and Bengel, 2019). That the elderly themselves characterise the old age with negative concepts such as loss of power and status, economic loss, role loss, dependence, death and etc. may result them in not benefitting from health care services and make their adaptation to life difficult. In the studies being conducted, it was revealed that the elderly individuals with positive attitudes towards old age have better health outcomes, and longer life span compared to the elderly exhibiting negative attitudes (Levy, Slade and Kasl, 2002). Levy et. al. (2016) found that the symptoms pertaining to Alzheimer's disease are more common amongst the individuals with negative attitudes towards old age before aging.

In the researches being conducted in Turkey, negative attitudes of the elderly towards old age come to the forefront. Negative perceptions about and attitudes towards old age affect physical health of the elderly negatively (Çilingiroğlu and Demirel, 2004). In the research by Yıldız, Ömeroğlu and Terim (2017); the elderly individuals were determined to express negative aspects of old age more, rather than positive aspects. They associated being old with exclusion from the society due to aging. Furthermore; in this research (Yıldız, Ömeroğlu and Terim, 2017), the elderly individuals in need of care were detected to perceive old age more negatively. Several research results (Dağlı, 2018; Özdemir, Akdemir and İmatullah, 2005) also show parallelism with these findings.

### **4. Health Care Professionals**

Ageism in the context of health care system in Turkey can be discussed over the attitudes of health care workers and social service professionals towards the elderly (Vefikuluçay-Yılmaz and Terzioğlu, 2010; Altay and Aydın, 2015; Özdemir and Bilgili, 2014; Islam, 2014; Pekçetin, 2018; Özateş-Gelmez, 2019; Şahin and Demirel, 2018). In the research by Uğurlu et.al. (2019), the attitudes of health care professionals towards the elderly were established to be positive in general. In the other researches having been conducted, doctors and nurses were also revealed to have positive attitudes towards the elderly (Adıbelli and Kılıç, 2013; Bulut, 2015; Duru-Aşiret et.al., 2015; Kavlak et.al. 2015; Pehlivan and Vatansever, 2019; Polat et. al., 2014; Seferoğlu et. al. 2016; Tufan, et. al., 2015). That health care professionals have positive attitudes towards the elderly individuals in the researches having been conducted in Turkey may result from the fact that the elderly people are regarded as valuable, wise, and individuals to be respected by the society. Butler (1969) and Palmore (1999) state that the

elderly individuals in America are considered as a burden in the society, and are usually identified with negative concepts such as inefficient, useless, unproductive individuals and therefore are discriminated (Butler, 1969; Palmore, 1999). From this point of view; the perception and attitude of the society towards the elderly may have an impact on the acceptance of the elderly and the attitudes towards the elderly by other individuals in the society. The health care professionals can be also affected by the perception, attitude, beliefs and norms of the society towards the elderly. Moreover, the quality of services provided to the elderly, the services provided by health care professionals and social workers to elderly individuals, and the attitudes and perceptions of these professionals towards the elderly are decisive for the elderly to benefit from these services. For instance, elderly individuals being exposed to discrimination in the institutions they have applied for health care services may not want to benefit from these institutions and organisations (Çilingiroğlu and Demirel, 2004).

## 5. Health Care System

Health policies are also very effective in elderly discrimination. Laws and practices in which positive discrimination against the elderly is not involved may bring about discrimination for the elderly individuals. The insufficient allocation for the health expenses of elderly individuals in the government budget as well as the limited health and social services provided for the elderly may influence the opinions of the elderly concerning the health care services. This also affects the status of elderly individuals to benefit from these services (Lievesly, 2009; Boulton et.al, 2001; Saposnik et. al., 2009; Wyman et.al, 2018).

The societal structure can also be effective in discrimination against the elderly in health care system. In the traditional societies, the elderly are the persons being respected, having a status within the family, and whose knowledge and experience are valued. In Turkey, the elderly people are considered in general as the individuals to be cared by their children, and also as the individuals who are respected in the society, and the addressee to ask for advice and to consult within the family (Bulut, 2015; Çilingiroğlu and Demirel, 2004). It can be stated that the old age as well as the needs of the elderly are given importance to, and elderly care service is attempted to be undertaken usually by the family members. In Turkey, family is even the focus of health and social policies, and home care and support services is a new model of health care and social service and is provided by municipalities at a limited level (Oğlak, 2011). Within the scope of home care health services carried out by the Ministry of Health, only health care service is provided (Özmete and Hussein, 2017).

Although the family members in Turkey leave home due to training, work and marriage, mutual emotional commitment is attempted to be sustained. However, the transformation from extended family to nuclear family, more active participation of women in working life, postponement of fertility to advanced ages, prolongation of career years, increase in migration from rural areas to the urban have also been effective in changing the status of elderly individuals in society (Çilingiroğlu and Demirel, 2004; Öz, 2002). Thus, the role of caring for the elderly has started to be generally transferred to the responsibility of elderly care institutions. In addition to the primary, secondary and tertiary care services for the elderly being provided by the government, the services of nursing homes, residential homes, rehabilitation centres are provided to the elderly by the government and the private sector (T.R. Ministry of Development, 2014). The most powerful model in elderly care services in Turkey is the institutional residential care (Özmete and Hussein, 2017). For the health care needs of the elderly, it is important that institutions provide effective and high quality health

and social services. In order to ensure that elderly individuals are not exposed to inequality or discrimination in health, it is also important to focus on the risk factors related to the characteristics of elderly people concerning their needs for health care services being provided. In a research being conducted by Çelebioğlu and Çiçeklioğlu (2013) in Aydın, Turkey; it was determined that being 80 and over, illiterate, living alone, having poor income and poor health, living in an apartment or a slum are risk factors for intensive health care needs, in the fight against health inequalities. Especially in the institutions, elderly care personnel should be present at the focus of health care system considering these risk factors. In a research conducted on elderly care personnel in Antalya, Turkey (Arun and Pamuk, 2014); it was determined that the personnel who worked over the weekly legal working time discriminated the elderly 3 times more than the other employees. In this context, institutional care personnel have a significant role in the quality of care service as s/he communicates directly with the elderly. However, discriminatory attitudes of elderly care personnel affect the quality of care negatively, which reduces the quality of life of the elderly (Arun and Pamuk, 2014).

## 6. Conclusion and Recommendations

Human is a biopsychosocial and cultural entity. Therefore, s/he maintains his/her life by being influenced by manners, customs, traditions, perception, attitudes and norms of the society in which s/he lives. When this situation is considered from the perspectives of the elderly and health care professionals; services provided to the elderly as well as the attitudes and perceptions of the health care providers affect the elderly individual receiving health care (Ouchida and Lachs, 2015). The elderly individual being exposed to discrimination cannot benefit from many services and opportunities offered to him/her. This adversely affects the quality of life of the elderly individual. Consequently, especially elderly people with chronic diseases, decreased cognitive capacity and motor skills; shortly in need of health care are likely to discriminate against themselves, as well. The elderly may also perceive the old age as a period of loss. It is important that health care professionals and social workers, who provide health care services to these elderly people constituting the fragile group, have non-discriminatory attitudes in the services they provide, in order to ensure that these elderly individuals primarily benefit from health care services and do not experience inequalities in health. In this context, health care and social services for the elderly require to be accessible and sufficient. Moreover, paying special attention to health care and social services for the elderly in health policies, and allocating sufficient share for health care expenses of the elderly in addition to human resources can enable the elderly to develop a positive attitude towards these services, and to benefit from health care system effectively.

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