

AN OVERVIEW OF ELDERLY CARE TECHNICIANS IN ELDERLY CARE SERVICES AS A SOCIAL POLICY FIELD

SOSYAL POLİTİKA ALANI OLARAK YAŞLI BAKIM HİZMETLERİNDE YAŞLI BAKIM TEKNİKLERİNE BAKIŞ

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Abstract

As in the rest of the world, in Türkiye, the ageing population has become an issue that needs to be focused on. Elderly care service includes a social, economic and psychological process. Social policy, elderly care services are carried out by nursing and daycare homes. However, since placing elderly individuals in nursing homes is not a widely accepted approach under the traditional family structure in Türkiye, care services are primarily provided in the elderly person's own home or their children's. In addition, the participation of women in working life mainly results in the elderly individuals at home being cared for by a newcomer woman, and this care service is often carried out by people who have not received the necessary training in elderly care and often by foreign national employees; accordingly, the care that should be supplied to the elderly is not provided proficiently. Particularly in the present, the lack of sufficient quantitative health professionals to meet the increasing elderly population causes deficiencies in providing the necessary care. Considering that this deficiency can be met at the technician level, geriatric care technician training programmes are being initiated, and the gap in this field is being filled with trained personnel shortly.

Keywords: Social Policy, Elderly Care Services, Geriatric Care Technician, Health Services

Öz

Dünya nüfusunun giderek yaşlandığı bilinen bir gerçektir. Tüm dünyada olduğu gibi Türkiye’de de yaşlanan nüfus üzerinde durulması gereken bir konu olmuştur. Yaşlı bakım hizmeti sosyal bir mesele olduğu kadar aynı zamanda ekonomik ve psikolojik bir süreci de kapsamaktadır. Bu süreçte yaşlı bireylerin bakımı önemi gün geçtikçe artan bir konudur. Sosyal politika olarak yaşlı bakım hizmetleri huzurevleri, gündüz bakım evleri eliyle yürütülmektedir. Ancak ülkemizde geleneksel aile yapısı gereğince yaşlı bireylerin huzurevine yerleştirilmesi çok fazla kabul gören bir yaklaşım olmadığı için bakım hizmeti daha ziyade yaşlı bireyin kendi evinde ya da çocuklarının evinde bakım şeklinde gerçekleşmektedir. Ayrıca özellikle kadınların çalışma hayatına girmesi, evdeki yaşlı bireylerin genellikle başka bir kadın tarafından bakılması sonucunu doğurmakta, bu bakım hizmeti çoğu zaman yaşlı bakımı konusunda gerekli eğitimi almamış kişiler ya da yabancı uyruklu çalışanlar eliyle yürütülmekte; yaşlı bireye sağlanması gereken bakım olması gerektiği gibi verilememektedir. Özellikle son dönemde sağlık profesyonellerinin artan yaşlı nüfusa nicel olarak yeterli gelmemesi, gerekli bakımın yapılması konusunda eksiklikler yaşanmasına neden olmaktadır. Bu eksikliğin tekniker düzeyinde sağlanabileceğinden hareketle, yaşlı bakım teknikerleri yetiştirilmeye başlanmış, sahadaki boşluk eğitilmiş personelle doldurulmaya çalışılmıştır.

Anahtar Kelimeler: Sosyal Politika, Yaşlı Bakım Hizmetleri, Yaşlı Bakım Teknikeri, Sağlık Hizmetleri

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1. INTRODUCTION

Developments in technology and advancements in the health sector have enabled human life to be extended. In Türkiye, as in the rest of the world, the increase in the expected age at birth, the extension of human life, as well as the decrease in birth rates have been indicators of a significant transformation in the population structure. However, the occurrence of health-related problems in old age causes long treatment processes and, subsequently, an increase in care services. It is an accepted fact that with advancing age, individuals need to be given psychological support besides the treatment of chronic diseases. Although Türkiye is stated as one of the European countries with a young population, statistical studies prove that the population is ageing. Therefore, there is a considerable possibility that we will have to face many obstacles in this field in the near future.

The ageing population affects society economically, socially and culturally and directs public policies on this issue. Eldercare is one of the most critical consequences of population ageing. Eldercare includes the ageing individual receiving physical, psychological and social support. While it is a complicated process for human beings to accept the fact that they are getting old, it is even more troublesome for them to internalize that they need care. When elderly persons become in need of care and need support in the later stages of life, most likely, they will choose to get this support from the closest person in their life. If they cannot receive this support from their close circle, they will need professional help regarding care, and it is vital that trained and competent professionals provide this support. This review aimed to evaluate the competency requirements of care providers in the field of elderly care services and the system's sustainability.

2. DIMENSIONS OF AGING

Ageing is defined as a process in which decline in various functions, capacities and favourable circumstances, primarily social, cognitive and psychosocial, outweighs progress (Aiken RL, 1995, p. 2). Ageing is a progressive and widespread disorder in functions that causes a decrease in the adaptive stress response and increases the risk of age-related diseases (Bölüktaş, 2019, p. 7). Ageing is an issue with many different dimensions and variable dynamics. Thus, defining the ageing process only physically may be insufficient to examine the deep problems of the subject.

Before the extent of ageing, the onset of old age is also an issue that should be emphasized. The onset of old age varies depending on the individual's age, economic situation, degree of education, gender, and physiological and even psychological state (Kalyoncuo & Kartın, 2021, p. 8). However, when we bring about a general evaluation, it is possible to classify ageing as biological ageing, psychological ageing and social ageing

Biologically, ageing is a process that begins in the womb (Tümerdem, 2006, p. 195). It is known that the organism's tissues, cells and systems age in an unstoppable way. Many reasons can cause this process, like decreased protein synthesis, DNA damage, physical and chemical destroyers wearing out body cells, a decrease in physical and sensory abilities, and a decrease in melatonin levels. As life continues, old age becomes visible in the upcoming years. In the present, with the extension of the human life span, some individuals act more consciously and aim to live a life of quality by supporting this process with supplementary foods, doing sports, and eating a balanced diet; in contrast, some individuals continue without making any changes in their living standards. However, ageing is an ongoing process, and although it varies from person to person, it is ultimately an alteration that every individual inevitably experiences.

Psychological ageing, in its most general definition, can be defined as all the changes in perception and movement adaptation capacity that come with advancing age. When we review the psychological dimension of old age, it is observed that it includes changes in the adaptation feature of the individual in different areas related to memory power, such as perception, learning and problem-solving due to advancing age (Eyüboğlu et al., 2012, p. 20). It is perceived that depression is often experienced in old age, mainly due to children leaving home due to marriage or work, being alone due to the loss of a spouse, decreased physical activity, and the feeling of not being self-sufficient. When it comes to being healthy, another component that is as essential as physical health is mental health. (Uzunhasanoğlu, 2022, p. 25). In particular, the fear of ageing creates adverse severe effects because, in modernist culture, old age reminds us of illness, helplessness, and death, and it involves a conflict with the ideal body perception that continues throughout life. (McGuinn K K. & Mosher-Ashley, 2002, p. 568). Therefore, it is critical for individuals to prepare themselves for this period in order to reduce the effects of psychological ageing.

Some roles attributed to women due to Türkiye's social structure also affect psychological ageing. As an illustration, looking back fifty years past, women who did not obtain a necessary education got married at a very early age and not having a profession at the same time, expressed themselves as old and even felt that way in their 40s because they became grandparents at a very early age; but nowadays, women studying at universities and then engaging in working life and becoming new mothers at almost the same age as the previous generation became grandparents cause them to be seen as young in both their own and society's perceptions.

Age is one of the main determinants of social status in all societies. Changes in the demographic structure of a country cause social changes, too. *Social ageing* can be defined as individuals receiving feedback from the people they interact with that they are old at later ages, together with the effect of biological ageing. (Arpaci, 2005, p. 24). In addition, since the social ageing process involves a process of communication with society, it refers to the roles, duties, expectations and changes in the roles, duties, ages, gender and social positions imposed on individuals by society (Tomanbay, 2002, p. 250; Yılmaz, 2013, p. 2). When we evaluate from this perspective, it is observed that the concept of social ageing has a broad perspective such as occupation, social rights and health.

Social roles are of particular importance in the elderly, and it is also observed that individuals lose their status during retirement in this period. Apparently, the most critical social variability of old age is this loss of status. In short, individuals may have difficulty adapting to old age because they can experience role confusion (Akçay, 2015, p. 31). Notably, individuals who lose their position/status upon retirement may fall into a vast void. In addition, during the retirement process, the individual not only suffers a loss of status but also a severe financial loss of income. The retirement process may also limit many people's social activities due to reduced income. The decrease in income does not only affect the elderly socially; it also causes anxiety at the point when they need care. While this concern may lead to the perception of not being a financial burden on their children, it can be summarized as not being able to receive the care they need for an elderly person living alone.

3. OLD AGE AND THE PROBLEMATICS OF OLD AGE

The concept of old age, which is different for each individual in a social sense, is defined by the Organization for Economic Co-Operation and Development (OECD) as "people over the age of 65, consisting of a heterogeneous group with changing behaviours and needs" (OECD, 1992, p. 471). Although old age is an inevitable process for human beings, it is a period in

which some difficulties are encountered, such as a decrease in physical activities, difficulties in shopping alone, and difficulties in meeting basic needs.

The World Health Organization (WHO) has recently changed the age classification. Today, technological developments in the field of health and the extension of life span due to reasons such as individuals' lifestyles based on healthy nutrition have changed the age classification. While the age range of 66-79 is now called 'Middle Age', the age range of 80-99 is called 'Old' (WHO, 2018). The ageing population has become a significant concern and problem in most countries due to the accompanying economic and social costs (Attanasio & Pistaferri L. 2016: 9). During old age, people develop several needs in areas such as social, physical, cultural and economic. Hence, the problems of old age are generally economic, psychological, social, cultural or biological (Uyanık & Başığit, 2018, p. 281). Consequently, social policies for the elderly include many dimensions, including social, economic and health. While in some societies, the elderly are perceived as a severe economic burden, in some societies, they create a driving effect on the economy, especially in the context of active ageing policy.

The increase in the elderly population along with the young population has also differentiated the demographic structure of societies. Until recently, families traditionally took care of the elderly by their children, but the intense work life of the new world has made it necessary for elderly parents to be cared for by professional individuals outside the family. In this regard, elderly individuals, as well as their children, need to be informed about the education, family life and reliability of the person who will provide this care, and are concerned about how they will receive the proper care.

However, another critical issue is the care of elderly individuals who do not have children and have to continue their lives alone. Mainly, elderly individuals who have lost their spouses and have no children may experience severe problems in terms of care. Elderly individuals in this situation have more limited opportunities to make choices, which may require them to either receive care in their own homes or settle in a nursing home. In addition, acceptance conditions for private and public nursing homes differ, and the cost of living in private nursing homes is a challenge for many low-income elderly individuals. Since the care of elderly individuals who choose to receive care at home will be supplied by members outside the family, a professional service had to be provided. While this situation brings about the creation of a wide employment area, it also brings to the agenda the issue of which professional groups will be more in demand in the sector.

4. ELDERLY CARE SERVICES

As mentioned above, old age refers to a long process that has many aspects, and sometimes these aspects are intertwined. Elderly care services include several rights brought by the social law state. The approach to implementing these rights is possible through social policies within the system.

The concept of care is defined as all that is directly carried out to support the individual to meet their basic needs, to maintain their current abilities and develop other abilities, and to live as without suffering as possible in order to continue their lives and maintain their functions at a minimum level (Dinç, 2010, p. 78). Individuality and sustainability in care are essential when providing care. Because it is crucial to plan care by paying attention to each individual's unique health condition and personal characteristics, and perhaps most importantly, to participate in the care decision. (Suhonen, 2010,p. 1039).

When we observe the elderly care services worldwide, we notice that the first hospital-based home care program was implemented in New York, USA, in 1947. In addition, private nursing homes and personal care homes are also common. In England, elderly village projects built particularly for elderly individuals provide a comprehensive infrastructure service in terms of health care, while at the same time, it is observed that the elderly are included within the scope of the national health service. In short, while health institutions or local administrations provide care services for elderly individuals, on the other hand, families are expected to be involved in this care (Sundström & Johansson, 2005, p. 8). A striking example of a country regarding elderly care services is the Netherlands. The Netherlands has developed policies to offer the elderly the opportunity to live in their own homes for an extended period, especially considering their welfare and health problems. In addition to home care services, elderly apartments, solidarity centres, and geriatric services are among the essential applications.

Elderly care services in Türkiye were initiated with the establishment of the General Directorate of Social Services in 1963. Following this breakthrough, the elderly were taken under state protection with the 1982 Constitution, and the phrase "protected by the state" was included in Article 61 of the Constitution. In addition, it is stated that "the state aid, rights and facilities to be given to the elderly are regulated by law" (Akgün et al., 2004, p. 55). In 2005, home care services were regulated by the Ministry of Health within the scope of the "Regulation on the Provision of Home Care Services" with the Official Gazette of the Republic of Türkiye No. 25751 dated March 10, 2005. (Ministry of Health, 2005). Another essential regulation regarding elderly services is the preparation of the "National Action Plan on the Situation of the Elderly and Aging in Türkiye " by the Ministry of Labor and Social Services in 2007. Six years after the action plan, the "National Aging Implementation Program" was put into effect, and within the scope of the program, studies were carried out in areas such as active participation, migration, development in rural areas, health, and elderly poverty. In 2016, a comprehensive revision was made by adding several field studies such as elderly care service, home care service, day or boarding institutions for the elderly, and active ageing (ASPB, 2018).

When international old age policies are researched, it can be observed that the first step was taken regarding the rights of the elderly in 1948, with the Argentinian Delegation at the UN proposing a declaration on the rights of the elderly. Then, the Vienna International Action Plan on Ageing was put into effect in 1982, and the United Nations Plan on Ageing was published by the United Nations in 1991. It was an essential step to include the principles deemed necessary to protect and restore physical and mental health under the prominent title of "Care" in this plan. Madrid International Plan of Action on Ageing (MIPAA) in 2002, which was prepared more comprehensively than the 1982 Vienna International Action Plan on Aging, distinguishes the plan from previous texts by stating that it aims to create an environment suitable for elderly individuals and to create a society suitable for all age groups (United Nations, 2002, p. 13).

Due to the increase in the elderly population and the fact that a significant part of this population has chronic diseases, it is vital for elderly individuals to benefit from health services (Pekçetin, 2018; Beğen & Yavuzer, 2012; Mandıracıoğlu, 2010). The increase in the elderly population due to the rapid ageing of the population in Türkiye has resulted in the institutionalization of elderly care services. In societies with traditional family structures, such as Turkey, although it is still perceived negatively by some segments, the necessities of life have led to nursing homes becoming more functional. Many chronic diseases occur with advancing age. It is also stated in research that this situation adversely affects the quality of life (Canbaz, 2003: 338;, Imberly, 2006, p. 157).

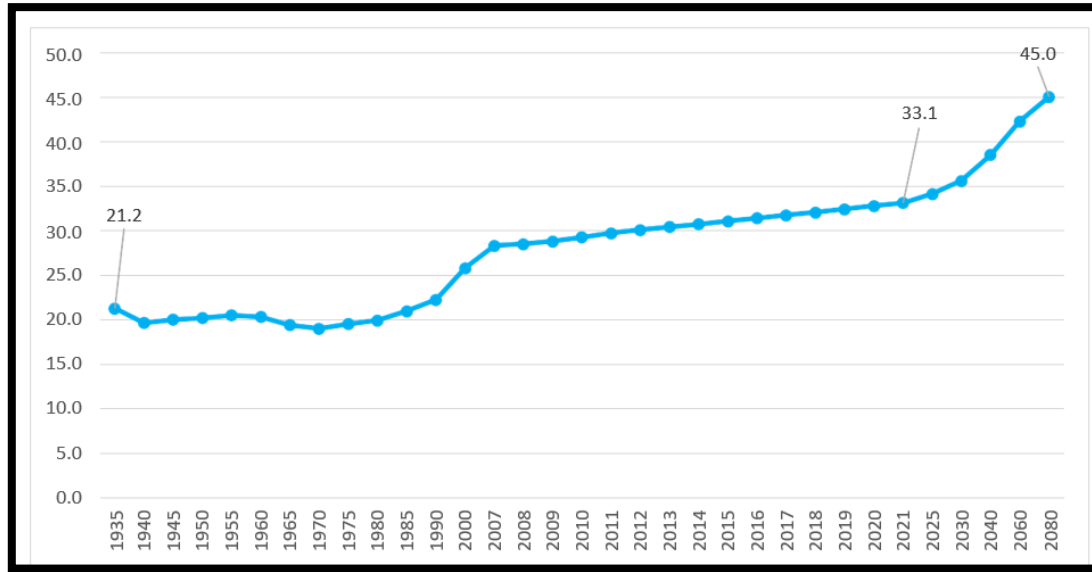
With the ageing population, the need to evaluate elderly health services at a macro level comes to the fore. When looking at population projections, according to the data of the Turkish Statistical Institute (TURKSTAT), life expectancy at birth in Türkiye was 78.3 years in the 2018-2020 period, and although it decreased to 77.7 in the 2019-2021 period, the fact that life expectancy is increasing has not changed. When an evaluation is made in terms of gender, life expectancy at birth, which was 75.6 years for males, was 75 years in the 2019-2021 period, and for females, it was 81.1 years, while it was 80.5 years in the same period; according to observation in general, women live 5.5 years longer than men. (TURKSTAT, 2022).

Table 1. Life Expectancy by Gender and Age, 2018-2020, 2019-2021

Age	2018-2020			2019-2021		
	Total	Male	Female	Total	Male	Female
0	78,3	75,6	81,1	77,7	75	80,5
15	64,3	61,6	67,1	63,6	61	66,4
30	49,7	47,2	52,3	49	46,5	51,6
50	30,5	28,2	32,9	29,9	27,6	32,3
65	17,8	15,9	19,4	17,3	15,4	18,9

Source: <https://data.tuik.gov.tr/Bulten/Index?p=Hayat-Tablolari-2019-2021-45592>

In Türkiye, the age group of 65 years and above is considered elderly, and while it was 6 million 895 thousand 385 people in 2017, it has increased significantly in the last five years and reached 8 million 451 thousand 669 people in 2022. In addition, the proportion of the elderly population in the total population increased by 1.4% in the last five years and increased to 9.9% in 2022. Another critical indicator has been the population projections studied in our country, as well as all over the world. According to Turkish Statistical Institute (TUIK) data, it is predicted that the elderly population rate in Turkey will be 12.9% in 2030, 16.3% in 2040, 22.6% in 2060 and 25.6% in 2080 (TUIK, 2022).



Source: TURKSTAT, General Population Censuses, 1935-2000
 TURKSTAT, Address-Based Population Registration System, 2008-2022
 TURKSTAT, 2018 Population Projections, 2030-2080

Figure1. Population Ratio by Age Group, 1935-2080

Although *old age* in Türkiye is defined as 65 years and above, the age distribution among the elderly population is an essential indicator in terms of the care to be given. According to TURKSTAT data, while the group between the ages of 65-74 constituted 61.6% of the elderly population in 2017, this rate increased to 64.5% in 2022. While the group aged 75-84 constituted 29.7% of the elderly population in 2017, it decreased by 2% to 27.7% in 2022. The elderly group aged 85 and over, which we can define as the elderly, decreased from 8.6% in 2017 to 7.9 in 2022. Only 0.1% of the elderly population is aged 100 and over. As can be seen, there is an increase in the elderly group between the ages of 65-74 in our country; this is an indication that our population requiring care is increasing day by day.

Table 2. Elderly Population Ratio by Age Group, 2007-2022

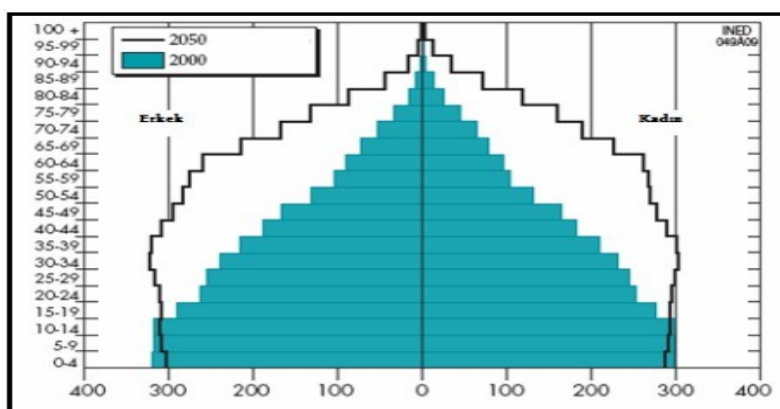
Years	Total Populations	Proportion in total population (%)		
		0-14	15-64	65 +
2007	70 586 256	26,4	66,5	7,1
2008	71 517 100	26,3	66,9	6,8
2009	72 561 312	26,0	67,0	7,0
2010	73 722 988	25,6	67,2	7,2
2011	74 724 269	25,3	67,4	7,3
2012	75 627 384	24,9	67,6	7,5
2013	76 667 864	24,6	67,7	7,7

Table 2. (continue)

2014	77 695 904	24,3	67,8	8,0
2015	78 741 053	24,0	67,8	8,2
2016	79 814 871	23,7	68,0	8,3
2017	80 810 525	23,6	67,9	8,5
2018	82 003 882	23,4	67,8	8,8
2019	83 154 997	23,1	67,8	9,1
2020	83 614 362	22,8	67,7	9,5
2021	84 680 273	22,4	67,9	9,7
2022	85 279 553	22,0	68,1	9,9

Source: TURKSTAT, Address-Based Population Registration System, 2007- 2022.

Compared to the general population growth rate, the rate of increase in the elderly population is higher. The declining rate of population growth suggests that by 2050, 11 countries (such as Japan, Russia, Ukraine) will have populations below their current levels. On the other hand, the share of elderly people living in these countries in the population will increase further. (Pison G. 2009). While the world population has quadrupled in the last 100 years (1950-2050), it is noteworthy that the elderly population will increase 10 times.

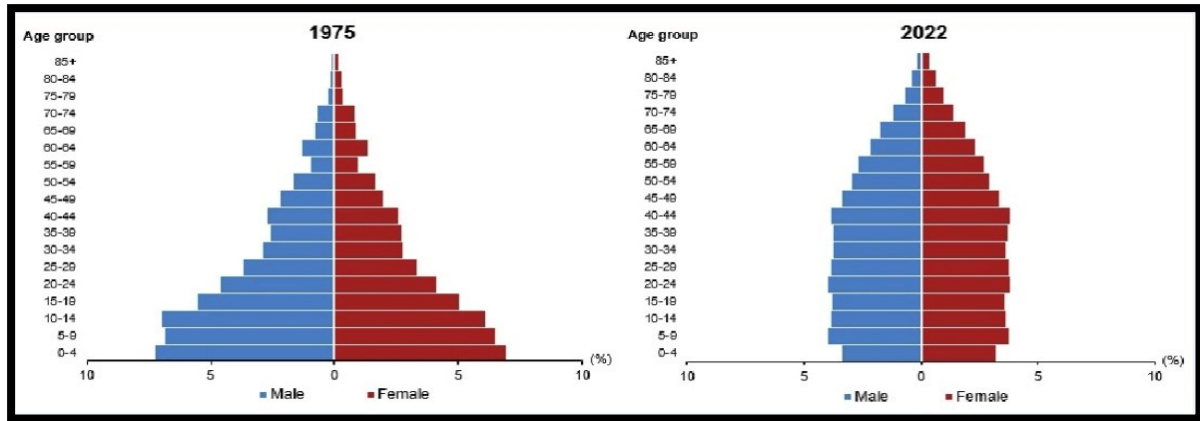


Source: http://www.ined.fr/fichier/t_publication/1468/publi_pdf2_pesa457.2.pdf (accessed on November 2009)

Figure 2. World Population Pyramid: 2000 and 2050

When an evaluation is made in terms of the population pyramid, the share of the elderly population in the total population is increasing day by day and exceeding 10.0%, displaying that our population is ageing. According to the definition of the United Nations, if the ratio of the elderly population in a country to the total population is between 8% and 10%, it means that the population of that country is "old", and if it is above 10%, it means that it is "very old" (Başol, 2019, p. 35). Although Turkey still has a young population structure compared to countries with a proportionally older population structure, the elderly population is increasing

numerically, and it seems that the transition of the elderly population aged 85 and above to the very elderly population will occur in the near future.

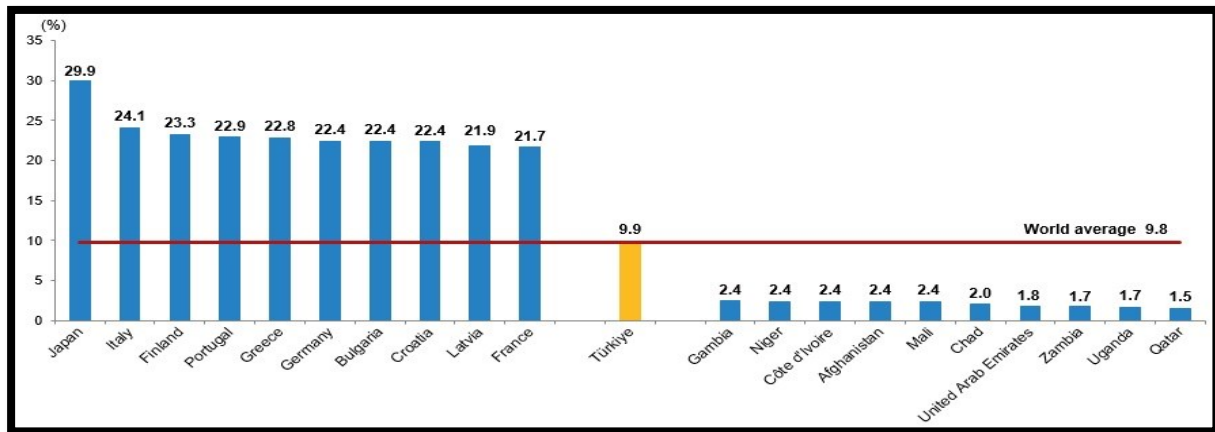


Source: TURKSTAT, General Population Censuses, 1935, 1975

TURKSTAT, Address-Based Population Registration System, 2022

Figure 3. Turkish Population Pyramid

One of the most critical indicators in elderly care services is the elderly dependency ratio. As it is known, the increase in the proportion of elderly people in the total population will cause problems such as economic, social, health and environmental problems. While the elderly dependency ratio in Turkey was 6.5% in the 1940s and 8.2% in the 1970s, it increased to 10.2% in 2010. It is detected that this rate will increase by 4.3% and reach 14.5% in 2022. This situation will increase the problems mentioned above. In addition, according to TURKSTAT population projections, the elderly dependency ratio is predicted to be 19.6% in 2030, 25.3% in 2040, 37.5% in 2060 and 43.6% in 2080; therefore, there is a need to develop urgent policies. In light of the worldwide estimates carried out by the United Nations, Turkey ranks 66th among 184 countries in the list of countries with the oldest population, but it is about to exceed the old age threshold. The COVID-19 pandemic that the world has recently experienced has brought devastation, particularly to countries with high elderly populations. Experiencing how effective the population structure is in addition to economic indicators in the fight against the current pandemic has once again emphasized the importance of taking policy measures on this issue. The "Middle-Aged-Highly Aged Covid-19 Death Cluster", which includes Turkey and is also called the K3 Cluster, appears as separate evidence that our population is ageing (Ek et al., 2020, p. 38).

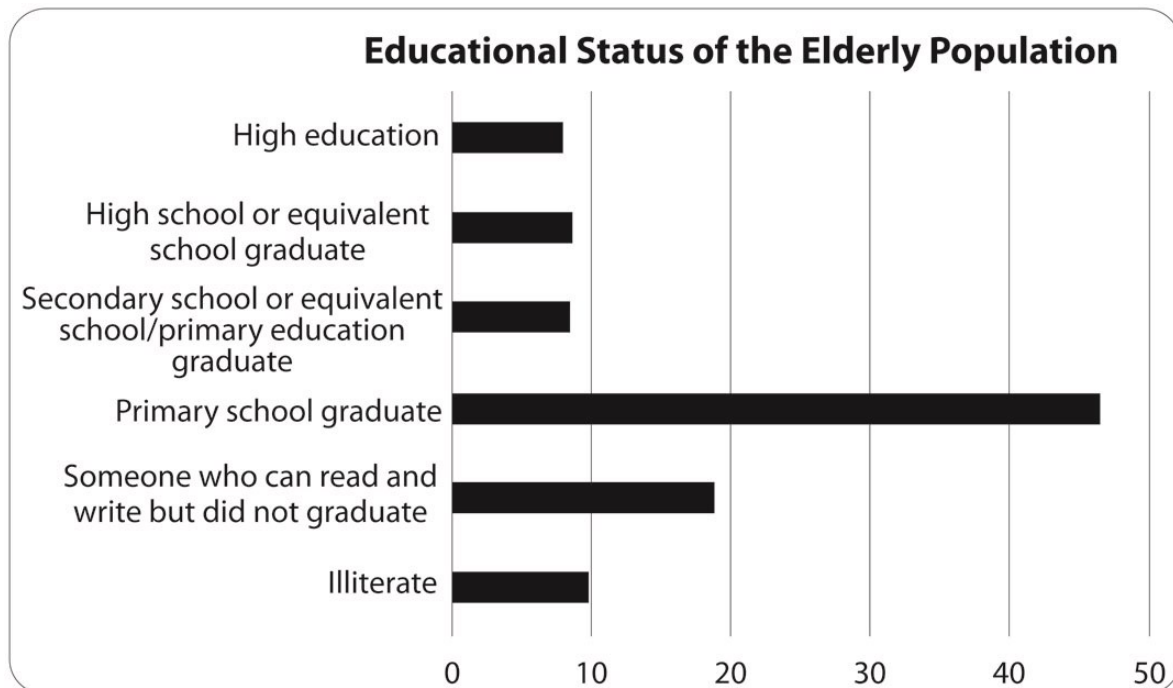


Source: United Nations World Population Prospects, 2022
 TURKSTAT, Address-Based Population Registration System, 2022.

Figure 4. The 10 Countries with the Highest Elderly Population Ratio, 2022

5. ELDERLY CARE SERVICE AND NURSING

With the ageing of the population, the need for long-term elderly care services also increases (Kalaycıoğlu et al., 2003, p. 13). It is observed that the care services received by the elderly in Turkey include home care, day care homes, nursing homes, rehabilitation centres and newly designed elderly villages. According to TURKSTAT data, approximately one in every four households has at least one elderly person. In addition, according to 2022 data, 74.7% of these elderly people are female and 25.3% are male.



Source: TURKSTAT, 2022

Figure 5. Elderly Population Ratio by Educational Attainment, 2022

When the educational status of the elderly population is researched, in 2017, 44.5% were primary school graduates, 6.3% were secondary school graduates, 6.3% were high school graduates, and 6.2% were higher education graduates; in 2021, the number of primary school graduates was 46.5%, secondary school graduates and equivalents were 8.5%, high school graduates and equivalents were 8.6%, and higher education graduates were 7.9%. The education level of the elderly population is vital in terms of the care and services they receive. It should not be ignored that sociodemographic characteristics such as age, gender, educational status and profession have an essential place, especially for the individual's self-care.

In Türkiye, nursing homes and nursing home elderly care and rehabilitation centres established to provide elderly individuals with the physical and spiritual care they need can be established by the private and public sectors. Public nursing homes and elderly care and rehabilitation centres were established within the Ministry of Family, Labor and Social Services, based on Article 15 of the Social Services Law No. 2828 dated 1983. In the legislation regarding these institutions, it is stated that the age of admission to these institutions is 60.

According to TURKSTAT data, it is seen that 31.6% of elderly individuals living in Turkey choose to receive home care services, 46.0% prefer to live with their children, and 10.3% prefer a nursing home (TURKSTAT, 2022). At this point, whether the older adults stay with their children or choose to continue their life in another centre, when they become in need of care, they will be faced with the fact of continuing their life under the control of a second eye. Therefore, the indispensable condition in elderly care service is the caregiver's qualities. Recently, there has been a visible increase in the elderly population, as well as health professionals such as physicians, nurses and physiotherapists working in the field of elderly care services, and the shortage of intermediate staff in this field has become evident day by day, and 'Elderly Care' programs have been begun giving education in most universities.

In the field of elderly care in Turkey, there are a total of 104 elderly care programs in 71 universities and different vocational schools, 10 of which are foundations and two of which are in the Turkish Republic of Northern Cyprus (TRNC) Universities. (yokatlas, 2023). It is a program that provides four semesters of education in the field of elderly care technician associate degree. Students who graduate from the program receive the title of "elderly care technician".

The increase in the need for care, along with the increase in the number of elderly people, on the one hand, increases the care costs and, on the other hand, causes a significant increase in health expenditures due to the addition of labour costs. In this regard, costs can be reduced somewhat by ensuring that elderly care technicians replace the employment of undergraduate nurses in-home care services. In this respect, the content of the training that this group will receive, especially those who will work in direct contact with elderly patients, is essential.

Within the scope of the two-year associate degree program, the elderly care technician program provides training to meet the basic needs of elderly individuals within the framework of the quality service principles in nursing homes and rehabilitation centres in the public and private sectors. When the program's curriculum is examined, it attracts the attention that primarily theoretical courses are supported by applied courses. It is seen that in most universities, courses such as anatomy and physiology, medical terminology, pharmacology, general nutrition, disease knowledge, professional ethics, and infectious diseases are included in the compulsory course category. The aim of the courses in the compulsory course category is to provide basic health information. In this way, the aim is to create the necessary infrastructure for care by giving introductory courses at the undergraduate level to students.

Additionally, 70% of geriatric courses are included in the university's curriculum. In some universities, it is seen that field-specific courses such as social geriatrics, old age and spiritual care are taught in detail. The fact that elective courses in the programs also include field courses is intended for elderly care technicians to have the necessary level of awareness about the elderly and elderly care when they graduate from the relevant program. The elderly care program also gives the opportunity to practice elderly care before graduating with application courses.

The primary areas where elderly care technicians who graduate from relevant university programs will be employed are planned to be nursing homes, elderly living homes and elderly day care homes. According to the 2022 data of the General Directorate of Disabled and Elderly Services, there are 450 in total, 166 of which are affiliated with the Ministry, 21 of which are in other public institutions, and 263 of which are in the private sector. While the total capacity of nursing homes is 37,457, the number of elderly individuals living in these centres is 27,275. This may be the result of most elderly individuals living at home or with their children. However, considering the general elderly population, the capacity of nursing homes does not seem to be sufficient.

Table 3. Distribution of Residential and Day Care and Rehabilitation Centers by Years, 2022

Years	Residential		Day Center and Residential House with Day Service	Total
	Care and Rehabilitation Center	House of Hope*		
2022(September)	104	149	130	383
2021	104	144	129	377
2020	105	152	127	384
2019	104	151	72	327
2018	97	146	7	250
2017	97	138	6	241
2016	93	128	6	227
2015	87	111	5	203
2014	85	84	5	174
2013	81	48	6	135
2012	80	17	7	104
2011	77	7	7	91
2010	69	3	7	79
2009	61	1	10	72
2008	56	1	15	72
2007	47	-	17	64

Source: General Directorate of Disabled and Elderly Services, 2022:54.

The low number of elderly individuals residing in nursing homes also requires attention to the limited employment opportunities for elderly care technicians. On average, around 60 quotas are opened every year in both public and foundation universities, and in this case, approximately 6000 students graduate with the title of elderly care technician. The graduates in question aim to be employed in the public sector by taking the Public Personnel Selection Test. In the 2020/14 central appointment, only nine quotas were opened for elderly care technicians, and in the 2021/10 central appointment, this number was limited to 10 quotas. While the highest recruitment was made in 2022 with 490 quotas, it is seen that 510 quotas were allocated in 2023. Although the quota for elderly care technicians has increased over the years, it is observed that public appointments are still supplying employment far below the number of graduates.

The limited number of positions available in the public sector encourages graduates to shift to the private sector, such as nursing homes and nursing homes. In light of the figures mentioned earlier, a very small portion of graduates is placed in the public sector, while based on the number of nursing homes, almost one in a thousand graduates can find a job opportunity in these centres. In most studies comparing the problems of elderly individuals living in a nursing home environment and those living in a family environment, it has been found that those living in nursing homes have more psychological symptoms. In this regard, it becomes necessary to plan services for elderly individuals to continue their lives with a better quality in their family environment (Uncu et al., 2002, p. 68). This situation reveals the existence of new employment opportunities for elderly care technicians.

Home care services in Türkiye are initiated primarily through private home care companies. In the 2000s, municipalities, beginning with Istanbul Metropolitan Municipality, provided home health services; home health services, which began in Balıkesir State Hospital in 2004, have been expanded to the whole country since 2010 (Onarcan, 2012). While home health care aims to minimize the effects of the disease and improve the patient's quality of life by providing the most accurate treatment without affecting the patient's ongoing living conditions (Sarsılmaz & Fadılođlu, 2015, p. 15), home care for the elderly aims to enable the elderly person to live independently with his family and friends. Therefore, home care of the elderly person should not be confused with general home care service. In this regard, the duty of elderly care technicians does not include providing treatment services to the patient but only includes home care of the elderly person. Explaining the job description in detail to elderly care technicians during their training is an essential issue for the elderly person they will care for. Because elderly care technicians do not have the authority to intervene in the patient in accordance with the law, they have the duty to follow the medical care planned by the healthcare team. Likewise, he/she is tasked with implementing the nutrition program recommended by a dietician.

When a general evaluation is made, in accordance with the Turkish family structure, the solution to elderly care is carried out within the family or with caregivers called "helpers". In the care sector, known as "purple jobs", the people hired to care for the elderly person at home are generally women and are employed unregistered for low wages. Immigrants who provide home care services generally reside at home as boarders. These internationally migrating workers are generally women working on housework and care work in the countries they migrate to. These workers are in demand due to the labour shortage in developed countries, especially in care services (Gökbakar, 2009, p. 64). Additionally, most migrant workers lack training in elderly care. *Elderly care* is a job that should not be underestimated and is an occupation open to exploitation. The lack of training of the caregiver causes the problem that the care of elderly people is not carried out within the framework of ethical rules; therefore, structural problems that come with the occupation occur. In order to eliminate these problems, elderly care must be carried out by trained professionals.

When elderly care is evaluated as a process, it is an occupation that people must do with specific qualifications. The primary training issue in elderly care is to master the requirements that can meet the needs of the elderly. The care of each elderly person varies depending on the physical and mental condition of the person. In this context, care is required for the elderly, such as a specific nutritional guide, medications to be given and medication timings, care for bedridden patients, and risk of falling. It is necessary to act within the framework of the concept of "*individualized care*", which has become an ingrained concept since the 1960s. However, apart from the primary care of the "elderly person", another issue is the care of the "disabled elderly". Caring for a disabled elderly person involves a more arduous process. As it is known, disabled individuals are divided into classes: orthopedically disabled, hearing disabled, visually disabled, language and speech disabled, chronic diseases and mentally disabled (BOİB and TURKSTAT, 2002). The International Classification of Functioning, Disability and Health Classification System (ICF), which was brought into international circulation by the World Health Organization in 2001 within the scope of the revision of the international classification of diseases, was translated into the International Classification of Functioning, Disability and Health (ICIDH) by the Republic of Türkiye Prime Ministry Administration for Disabled People in Türkiye.

Just as the care of each elderly person is unique, the care of each disabled elderly also includes individual aspects. Therefore, it is a grave error to assume that the care to be given can actually be done by an untrained person. In this regard, elderly care technicians trained in elderly care will fill a significant gap in the field.

6. CONCLUSION AND RECOMMENDATIONS

The ageing population has reached an unavoidable turning point in Türkiye, as it does worldwide. In the changing world, not only is the population ageing, but also the time that individuals spend with each other is gradually decreasing due to the advancement of technology and devices such as phones and computers that occupy our lives, and the family structure is also changing as time progresses. The recent transition from an extended family structure to a nuclear family structure has also affected the care of the elderly population, and notably, the participation of women in working life has brought to the fore the question of who will care for the parents at home.

The ageing of the population and developments in family structure have led to an increase in the number of the population requiring care and an increase in the need for care. Although the location where the support is given in this process may alter, the critical point is that this work is carried out by professional caregivers who are aware of the realities of the ageing process and understand every aspect of the elderly.

The change in individuals' personality traits during old age causes them to become more fragile and touchy. In this regard, professional caregivers who care for elderly individuals must receive training in the field and constantly improve themselves. Training expands the comfort zone of the elderly individual and acts as a driving force in receiving better quality service, thus creating an indispensable condition for care. Thus, it is necessary to shape the ageing process with policies to be determined. Social policy, which we can broadly express as the set of precautions and safety measures developed to solve various social problems in a country, varies from society to society, and this process differs in each society (Uyanık, 2017, p. 83). Therefore, it is of great importance for every society to develop policies on a national basis. Considering the increasing elderly population, it is vital to expand and generate sustainable social policies that will increase economic and social welfare and benefit from the gains of technology in the field of health.

While the active living centres instituted by the Ministry of Family and Social Services support the increase of the sociability of elderly individuals and their awareness of self-care, the appointment of elderly care technicians to these centres will enable the employment of people trained in the subject and enable them to specialize in their field. In this way, the service to be provided will not only be limited to increasing the quality of care, but also the awareness level of elderly individuals can be raised in terms of maintaining their everyday lives. However, as mentioned before, the income levels of elderly individuals are an essential problem for them to employ elderly care technicians for home care. Considering that it is not possible for an elderly person whose monthly income is limited only to a pension to cover such an expense, this problem can be solved by providing a state-supported care pension to the elderly receiving care. In addition, while it is an essential practice for disabled elderly individuals to receive a certain amount of state support with the disability report they will receive from the relevant hospital boards, the scope of this support can be expanded and provided to all elderly individuals whose income is below 2/3 of the minimum wage. In this way, elderly individuals can be supported economically and socially.

Elderly service centers provide services to elderly people with diseases such as Alzheimer's and Dementia as well as elderly people in good health. It is aimed to meet the social, psychological and physical needs of the elderly in elderly service centers (Çohaz,2010, p.123). In 2013, with the Regulation on Social Service Centers, the services provided were transferred to Social Service Centers. In the field of social policy, these centers have assumed an important role in terms of social services.

Nowadays, when we live in the age of digitalization, it is a vital issue to benefit from the privileges that technology has added to our lives in the field of elderly care services. In this field, the widespread use of smart homes and providing support technologies for elderly care can be an essential step. In this way, the elderly can be supported to live healthier and more independently. Recent developments in the field of gerontechnology aim for more convenient living spaces for elderly individuals. Therefore, developing smart home projects with the support of professional teams can be implemented as an essential policy practice.

Likewise, psychological counselling and guidance certificate programs can be organized for elderly care technicians trained in the field of elderly care and elderly care services, enabling them to be employed in the field more efficiently, while the range of training they receive in the physical field can be expanded. In the next step, the field of elderly care services can be expanded by establishing consultancy centres for technicians who have completed this training. In this way, elderly individuals can be enabled to continue their lives more actively instead of isolating them from society and seeing them only as people in need of care at home.

REFERENCES

- Ministry of Family and Social Policies (MoFSP) (2018). *Services for the elderly, institutional elderly care and the situation of the provinces in Institutional Elderly Care in Turkey*. Ankara.
- Aiken RL. (1995). *Ageing. An introduction to Gerontology*. Thousand Oaks, CA USA. Sage Publications, 2nd Ministry of Family and Social Services, General Directorate of Disabled and Elderly Services, Access Date: 15.06.2023
[https://www.aile.gov.tr/haberler/huzurevleri-26-bin-cinarin-yuvasioldu/#:~:text=%C5%9Eubat%202022%20prestige%C4%B1yla%2017%20thousand,belonging%20total%20452%,\(\)](https://www.aile.gov.tr/haberler/huzurevleri-26-bin-cinarin-yuvasioldu/#:~:text=%C5%9Eubat%202022%20prestige%C4%B1yla%2017%20thousand,belonging%20total%20452%,())
- Akçay, C. (2015). *Old age and retirement*, Ankara: Pegem Akademi.

- Akgün, S., Bakar, C., Budakolğu, I.İ., (2004). Elderly population trends, problems and improvement suggestions in the world and Turkey", *Turkish Journal of Geriatrics*, Volume: 7(2), p. 105-110.
- Arpacı, F. (2005). *Old age in its different dimensions*. Ankara: Turkish Pensioners Association.
- Attanasio O.P., Pistaferri L. (2016). Consumption inequality. *Journal of Economic Perspectives*, 30(2): 3–28.
- Başol, R. Ö. (2019). The outlook of the elderly population in Türkiye and EU countries. *Kocaeli University Journal of Social Sciences*, (37), pp. 35–46.
- Beğen, T., Yavuzer, H. (2012). Old age and aging epidemiology. *Clinical Development*, 25(3), 1-3.
- United Nations. (2002). *Political declaration and Madrid International Plan of Action on Aging*. United Nations, New York.
- Bölüktaş, R. P. (2019). *Theories of aging and geriatric assessment*. Istanbul.
- Canbaz, S, Sunter AT, Dabak S. and Peksen Y. (2003). The prevalence of chronic diseases and quality of life in elderly people in Samsun. *Turk J Med Sci*, 33:335-340.
- Çohaz, Abdurrahman. (2010). "Care Services Offered to the Elderly and Elderly in Turkey", *Academic Geriatrics*, 122-126.
- Dinç, L., (2010). The concept of caring and Its moral component (Review), Ankara, *Faculty of Health Sciences Nursing Journal*, 74–82.
- Eyüboğlu, C., Şişli, Z. and Kartal, M. (2012). The psychological dimension of old age in the life cycle. *Turkish Family Physician*, 3(1), 18-22.
- Gökbayrak, Ş. (2009). Transformation of the welfare state and migrant women, the invisible laborers of care services. *Work and Society*, 21(2), 55-81.
- Imberly, CK, Dana DM. (2006). Using the SF-36 to determine perceived health-related quality of life in rural idaho seniors. *Journal of Allied Health*, 35: 156-161.
- Kalaycıoğlu, S., Tol, U. U., Küçükural, Ö., & Cengiz, K. (2003). Lifestyle preferences for the elderly and their relatives. *Reports of the Turkish Academy of Sciences*, 5, 7-31.
- Kalyoncuo, S. & Kartın, P. T. (2021). Active aging and nursing care, *ERÜ Faculty of Health Sciences Journal*, 8(1), 26-32.
- Mandıracıoğlu, A. (2010). Demographic characteristics of the elderly in the world and Turkey. *Aegean Medical Journal*, 49(3), 39- 45.
- McGuinn K. K. Mosher-Ashley P. M. (2002). Children's fears about personal aging. *Educational Gerontology*, 28:7, pp. 561–575.
- OECD (1992). Organization for economic co-operation and development. ageing populations: social policy implications. OEDC
- Onarcan, M. (2012). Current situation in home health and care services and recommendations for the future. II. *Elderly Care Models and Rehabilitation Tourism Congress with International Participation and III. Geriatric Physiotherapy Congress*. Izmir. 179–186.
- Pekçetin, S. (2018). The effect of education on the attitudes of third year physiotherapy and rehabilitation students towards the elderly. *Celal Bayar University Health Sciences Institute Journal*, 5(3), 59–63.

- Ministry of Health (2005) "Regulation on the provision of home care services"
- Sarsılmaz, H. & Fadiloğlu, Ç. (2015). Burnout in home care nurses. *Acibadem University Journal of Health Sciences*, 6, 13-20.
- Ek,S., İlhanlı, H., Kahraman, S. Ö. (2020). The weak link of COVID-19: The Elderly Population. *Turkish Geography Journal*, (76), 33-44.
- Suhonen, R., Gustafsson, M.L., Katajisto, J., Välimäki M., Leino-Kilpi, H. (2010). Nurses' perceptions of individualized care. *Journal of Advanced Nursing*, 66(5), 1035- 1046
- Sundström, G. and Johansson L. (2005). The changing balance of government and family in care for the elderly in Sweden and other European Countries. *Australasian Journal on Aging*, 24 (5-11).
- Tomanbay, I. (2002). Social rehabilitation-social geriatrics. In Yeşim Gökçe Çözüm (Ed.), *Geriatrics*. Ankara: Turgut. 248–259.
- TURKSTAT (2022). Turkish statistical institute, elderly people with statistics, Access Date: 16.06.2023, [www.tuik.gov.tr /PdfGetir.do?id=27595](http://www.tuik.gov.tr/PdfGetir.do?id=27595) ()
- TURKSTAT (2022). Address-based population registration system, Access Date: 16.06.2023, [https:// data.tuik.gov.tr /Bulten/Index?p=Adrese-Dayali-Nufus-Kayit-Sistemi-Sonuclari-2021-45500](https://data.tuik.gov.tr/Bulten/Index?p=Adrese-Dayali-Nufus-Kayit-Sistemi-Sonuclari-2021-45500).
- Tümerdem, Y. (2006). Real age, *Turkish Journal of Geriatrics*, 9(3), 195–196.
- Uncu Y, Özçakır A, Sadıkoğlu G, Alper Z et al.(2002). Socio-demographic characteristics and health screening results of Bursa nursing home elderly people. *Uludağ University Faculty of Medicine Journal*, 28:65-9.
- Uyanık Y, Başıyigit R. (2018). The outlook of the elderly population within the demographic structure and policy examples in the perspective of the active aging approach. *Business and Life Journal*, 4 (8).
- Uzunhasanoğlu, G. (2022). *Spiritual care in nursing services*, İksad Publishing House, Ankara.
- WHO (2018). Aging and health. (2018). Access Date:02.07.2023, [https://www.who.int /newsroom/fact-sheets/detail /ageing-and-health](https://www.who.int/newsroom/fact-sheets/detail /ageing-and-health).
- Pison G. (2009). Population ageing will be faster in the South than in the North. *Population & Societies* No.457: 1-4. http://www.ined.fr/fichier/t_publication/1468/publi_pdf2_pesa457.2.pdf (accessed on November 2009)
- Yılmaz, A. (2013). *Demographic changes in the elderly in the world and Turkey*, in Altındış M. (ed.) *Current Health Problems and Care in the Elderly*, (1–8) Istanbul: Istanbul Medicine Bookstore.
- Access Date: 03.07.2023, <https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=7542&MevzuatTur=7&MevzuatTerti> Access Date: 03.12.2023, <https://yokatlas.yok.gov.tr/onlisans-program.php?b=30123>.