

## **Reflections of Neo-Liberal Policies on Health-Care Field and Social Work Practices Directed Towards the Empowerment of Person with Chronic Illness and His/Her Family in the Globalization Process**

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**Abstract:** In the Twentieth Century, particularly in the last quarter, our world has been experiencing unprecedentedly radical social changes. In the all range of today society, a common opinion has more and more been pervading that a new world is arising shaped by new technologies, new institutional structures, new culture and economy. This new situation in which economic, social, cultural and political events taking place anywhere in the world have also influenced the other societies of the world and the interdependence has increased refers to the process of globalization. Today, negative effects of neo-liberal policies are felt in common of the world, not only remain limited with economic life, but also it has taken social field under its influence. On the recent years, social security crisis occurred in developed countries has been spreading of the world with gradually. Today, collected taxes in developed and developing countries doesn't enough to present health service on desired level. For this reason, it has been gone to the new policies and search of the resources in health field. Health investments and health expenditures have been reduced and restricted, understanding of the private insurance has becoming widespread in health sector day by day, it is concentrated on medical treatment approach instead of protective and preventive services in health field. Therefore, inequalities of reaching to health services among income groups are increasing more and more in our country like all of the world. Problems in health system make difficult the low income groups' life more than other citizens in Turkey. Especially, poor families have person with chronic illness stay more alone in this process. In chronic illnesses with terminal period are become crisis situation on its own for person and his/her family, therefore to increase the effectiveness of treatment process, it is needed new approaches with social work focused in treatment.

**Key words:** Globalization • Neo-Liberalism • New health policies • Chronic illnesses with terminal period • Family • Social support • Social work

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### **INTRODUCTION**

In the last quarter of the 20th century, the world experienced very intense and larger social changes that were not observed before and such changes are still going on. The assumption that a new order has appeared shaped by new technologies, new institutional patterns, new culture and new economy has become increasingly popular and dominant. In order to describe this extraordinary transformation the term globalization is used. Hence, the term globalization refers to the fact that any economic, social, cultural and political event occurred in any part of the world has effects on the other

communities in the world and that interdependency among distinct communities has increased. Globalization that is described as irrevocable or impossible to avoid is explicitly or implicitly regarded as a process of which challenges and effects are to be accepted. Globalization has two-level understanding. On one hand, it is the concept for worldwide flow of products and services, technologies, ideas, capital, labour and cultural elements. In this sense, it has a descriptive nature. On the other hand, it refers to the adaptation of the order for new world and therefore, includes an implicit direction.

In the context of neoliberal ideology of economic globalization, multinational firms and their managers have

been determined by the world commerce organization, major capitalist countries known as G-7 and by major global economic actors such as IMF and The World Bank. It is widely assumed that free trade implemented following new economic rules would provide development, influencing all states throughout the world and eliminating the poverty. However, neoliberal doctrine that global trade will reduce both poverty and social isolation has not been achieved. Moreover, it is observed that this neoliberal doctrine leads to increased levels of poverty, injustice and social isolation [1].

Given these negative economic consequences, politicians, researchers and also global actors began to discuss the sustainability of globalization in terms of its economic, social, political and cultural effects. Well-known finance expert George Soros argues that neoliberal doctrine based on economic globalization is the market fundamentalism that is very dangerous like other types of fundamentalist approaches [2]. Thus, very serious interdependent economic, socio-cultural and political results of globalization such as social isolation, socio-cultural degeneration, rapid and widespread environmental pollution, emergence of new illness, increased levels of poverty and injustice, alienation and social hopelessness have led to significant concerns among economic actors.

In this regard, the Davos economic platform formed by major global forces stated that a series of steps should be taken to avoid the uncertain and insecure future of the world as result of globalization. However, it has also become dominant that emphasizing conservative approach to relations and moral values following neoliberal doctrine can overcome the negative outcomes resulting from the globalization [1]. On the other hand, neoliberal policies implemented by the states lead to limitation on the allocations of the state budgets to social activities. Neoliberalism adapted by many states negatively affect the states' opportunities to implement large-scale welfare policy programs. As a result of these, income inequality and poverty have increased especially among disadvantaged groups. As it is well known, poverty decreases the quality of life starting from birth. Children from poor families cannot be provided with basic needs such as education, nutrition, employment and therefore, achieve their potentials due to poor societal conditions [3]. Poverty has two dimensions: absolute poverty and relative poverty. Absolute poverty refers to living under the minimum need level. Relative poverty is one's having lower life standards in contrast to other people. It is interestingly argued that relative poverty has

much more negative effects on health than those of absolute poverty [4]. The reason for this is that self-confidence, self-respect, honor, position in the social hierarchy and social isolation has more significant effects on health in contrast to material conditions. Therefore, only increase in income levels cannot eliminate poverty [5]. In fact, it also shows that the welfare practices of states that are observed during the second half of the last century are not successful [6].

Turkey has also experienced a process of neoliberalism during the 1980's. "Opening to outside" policy implemented by the Prime Minister Özal led to distortions on traditional economic production and patterns and the effects of globalization began to be experienced in major cities, particularly in Istanbul. Relations of the new economic market that are shaped by the principles of free trade economy became also dominant in everyday life. Thus, "consumption" became one of the most significant factors that identify the "identity" and "social status" of people [7].

Although rapid social change process is a fact, it also produced some problematic concepts that are to be discussed by social scientists. "Globalization", "late capitalism" and "consumption culture" are among these problematic concepts. These concepts are often pointed out by leading social scientists. Economic and social changes witnessed during the 1980's and 1990's indicate that Turkish society is a society of consumption. Economy policies known as the decisions of 24 January 1980 provided the background of the transformation from production-driven economy to consumption-driven economy. The decisions of 24 January 1980 that aimed at privatization, free trade and restructuring are the beginning stage of Turkish economy's integration into the world economy that is known as globalization. Free exchange policy and interest policy have led to rent economy and also, to increases in export and import levels. Therefore, all kind of imported goods including luxury one could easily enter into Turkey. Changes witnessed in economic patterns also affected social values. Beginning by the mid-1980's continuing to 1990's consumption has become a reflection and marker of social status for people [8].

Turkey after globalization process in 1980s exhibited similar patterns that are observed in other parts of the world in terms of integrating into world market and neoliberal economy policies. The government chaired by Turgut Özal avoided "national development" policies and allowed for free trade in Turkish markets and practiced neoliberal economy policies. Turkish economy became

integrated into international markets and capital through IMF packages. Neoliberal economy policies in Turkey made a minority group advantaged and also, made majority disadvantaged in terms of social status through decreases in income levels and high inflation rates. Such policies supported the capital cumulation and inhibited social integration because of degeneration at societal level, social and economic gaps between social groups [9].

Economic, cultural, social policies that were shaped by these deeper transformations witnessed after 1980 also included a claim for establishing a new world order. This order does not deal with any barriers against profit maximization such as education, health-care, social services and transmit these to private sector. It eliminates the rules in regard to labour market and increases the levels of poverty and social security crisis. Major trends in economy throughout the world have led to negative consequences in the field of health-care. Turkey, one of the developing countries, also experiences these consequences. Neoliberal policies have led to several negative results in the field of health-care in Turkey such as illegal procedures, limitations on medicine provisions, implementation of regular treatments instead of protective treatment, limitations on health-care expenses, etc. All these negative activities also lead to unequal distribution of medical services.

Certainly problems experienced in Turkey's health-care system affect more seriously individuals with chronic illness and their families. As known, a family is not just a group of people living together but it is very complex, strong and dynamic system. The theory of social system states that any problem faced by a component of a social system influences the remaining components, thus, the whole system. Since family is social system, chronic illness experienced by a family member affects the family as a whole and its functions. This effect increases especially at the termination stage of the illness and accordingly, the functions of the family and the roles of the family members change increasing the need of the family for social support. These facts require a multidimensional discussion of chronic illness in the field of health-care. Therefore, a multidisciplinary approach is needed to focus on individual with chronic illness and the family. Approaches and interventions of social work discipline are promising in this regard. In this study, individuals with chronic illness and their families are discussed in terms of their problems and needs following the approach of social work empowerment.

**Chronic Illness:** WHO defines health as "one's not having only illness or disability but also one's having physical, mental and social wellness"[10]. Therefore, unhealthy condition for peoples is not only related to physical aspect but also to psychological, economic, familial and social aspects. Illness is a temporary or continuous health problem that leads to certain negative consequences such as sadness, fear, stress and anxiety [11], inhibits the maintenance of harmony of organism [12]. Chronic illness, on the other hand, is defined as "a medical problem that lasts for a long time, leads to death, physical and mental dysfunctionality, inhibits one's everyday routines at least for three months or requires hospitalization for a certain time period" [13]. The American National Health-care statistics indicate the most frequent chronic illness as follows: heart disease, high blood pressure, blood diseases, paralysis, diabetes, respiration diseases, rheumatism, cancer, parkinson, mental disabilities and alzheimer, uro-genital diseases, cataract, etc.[14]. In the study, terminal stage of the chronic diseases are focused.

In parallel to rapid advances witnessed in medical science, general life duration of people has increased [15-17] leading to increases in the frequency of chronic diseases [18]. It is known that more than 80 % of individuals older than sixty-five experience at least one chronic illness. The US data indicate that approximately one of three individuals experience chronic illness in any period of his life [19] and that in 2030 there will be a total of 150 million people with chronic disease in the USA [18]. The frequency of chronic diseases has also increased in Turkey. Such chronic diseases as heart disease and cancer are the first and second reasons of death in Turkey, respectively. One of each ten death cases occurs because of cancer in Turkey [20].

**The Effects of Chronic Diseases on Individuals:** Chronic diseases that may include birth anomalies, genetic deficiencies and cancer have direct effects on individuals and cuts the flow of everyday routines because of its consequences such as functional limitations, challenging treatment process and emotional distortion [21]. Individuals with chronic illness experience a heavy stressful condition due to organic diseases and technological treatment process leading to both physical problems and psychological problems [22]. Therefore, chronic diseases lead to decrease in working capacity, inability to perform social and familial roles, decrease in self-respect causing to depression [23]. Individuals with chronic illness must attempt to continue his independent

life in the fields of employment, family and social groups and at the same time, they are dependent upon heavy treatment process facing with death threads and fear of death [24].

Since treatment is continuous, social relationships of individuals with chronic illness become loose, their productivity levels decrease and if they lose their employment opportunities, they may experience financial problems, too. Certainly these profound changes lead to changes in familial roles and to problems in communication and interaction in family. In short, individuals become hopelessness and strassed.

The factors that lead to hopelessness are as follows: internal factors such as threats to self-respect, interdependency, etc. and external factors such as lack of others' support [25]. Therefore, individuals with chronic illness need much more support, acceptance and understanding in contrast to healthy individuals. Moreover, individuals with chronic illness need instrumental support to meet their everyday life needs in addition to psycho-social support. Rowe and Kahn [26] argues that instrumental support includes direct help, physical assistance, transportation support and financial support. In some cases instrumental support becomes more significant for individual with chronic illness in contrast to social and emotional support.

Since the treatment of chronic illness is very high in terms of finance, those who do not have social security experience both physical and financial problems. It is evident that chronic diseases cause serious problems not only for individuals and also for their families.

**Changes and Problems in Family Patterns Resulting from Chronic Diseases:** The closest environmental system for individuals is their families [27]. Because of changes in the family patterns it is hard to define what a family is [28, 29]. In the past, family was defined around parents and children. But now the definition of family includes single parents [30, 31] and marriage with people from the same gender. Traditionally family is defined as "the smallest social institution with people having marriage, blood relations, living in the same place, having similar culture and life styles, values and beliefs and sharing the same income" [32]. Family as a social institution contributes to the functions of other social institutions [33]. Therefore, changes in family patterns affect both its own life-cycle and other social systems [34].

Family members experience all emotional, mental tensions caused by chronic disease in the same manner experienced by the individual with chronic disease. Both the order of family and life styles of family members change due to illness. All negative emotions such as fear, anger, uncertainty, loneliness experienced by the individual with chronic illness affect the other members of the family.

Research indicate that family members have the same level of stress, anxiety and depression as the individual with chronic [35] and that in the terminal phase of the illness consolidation of the family is distorted [36] and that uncertainty, sadness, hopelessness among family members increase if the hospitalization lasts for very long period [37]. The most frequently faced psychiatric symptoms by family members are sleeping problems, lack of appetite, lack of concentration, headaches, anxiety [38]. If the family has financial deficiency and lower socio-cultural backgrounds, these problems become more intense [39]. Thus, chronic diseases require not only medical intervention but also social work interventions including the individual with chronic illness and his family [40]. Psycho-social and economic factors that cause the illness should be determined and the problems resulting from the illness should be solved if a successful treatment is to be provided [41]. At this point, the process of social support becomes very significant.

**The Significance of Social Support in Chronic Diseases:**

Like in other stressful cases in chronic diseases social support plays a significant role in solving the problems. Since Durkheim's study, it is accepted that social support positively affects the individuals' social coherence and life satisfaction [26]. Therefore, social support is way to help individuals and their families in dealing with fear and anxiety and to increase the efficiency of the treatment process.

Individuals with chronic illness require social support because their health conditions get worst, stressful conditions are faced. Therefore, for such individuals, emotional and instrumental supports as well as guidance are very important. Emotional support provides them with courage to cope with challenging situations; instrumental support provides them with practical and concrete help and guidance provides them with information about their cases as well as others' similar experiences [42].

It is shown that social support makes people more adjusted to their treatment process and [19, 43]. During the terminal phase, individuals require more intense social

support because of uncertainty and fear of death. It is also found that perception of higher social support increases self-respect in individuals with chronic illness [44]. Therefore, social support in chronic illness cases increases confidence and respect levels of both the individual and the family members [36] and it has very significant role to play in coping strategies of individuals and their families.

Support process is not a fixed process. Modification in support is needed taking into consideration the needs and related situation of the individual with chronic illness. It is found that modified version of social support has higher levels of efficiency [26]. The type of support required changes based on the individual, time period and conditions. For instance, if the individual experiencing a chronic illness is poor, then economic support will be more meaningful. However, for those having financial resources but lacking family members emotional support is much more needed. Therefore, social support is not single dimension process and can be divided into “formal” and “informal” categories. “Informal” social support is given by family members, relatives, friends, neighbors, etc. “Formal” social support is provided by social security and social assistance systems, social welfare institutions and NGOs. The success of social support depends on the functionality of both types of social support categories.

Rapid changes and transformations in social, economic and cultural life led to significant changes in familial patterns, its functions and life styles. Traditional values and institutions emphasizing help to poor people are replaced by new values and institutions [45]. In this transformation process, social support mechanisms of families have weakened. In the case of chronic illness, poor families lacking social security cannot solve their problems only through informal social support. However, in Turkey there is no arrangement for social services to meet the needs of families lacking social security. The reason for this ignorance heavily depends on neoliberal policies adapted in Turkey.

**Health-Care Services and Families in the Context of Neoliberal Policies in the World and in Turkey:** Capitalism is a doctrine that argues for the minimum state intervention to economy letting market economy functioning in itself pace [46]. Capitalism as a system beginning from its emergence materialized everything to continue its existence [47]. Development of capitalism always accompanies the process of materialization.

The first phase of capitalism lasted until the second quarter of the 20th century and included struggle between working class and capital holders and in this phase, the state had limited responsibility in regard to socio-economic life [48]. The model of “social state” emerged after this period as a result of such developments as increasing gap between social classes, social polarization and 1929 economic crisis. Facing such negative events, states were forced to intervene to social life in favour of those economically disadvantaged and welfare state practices began to be implemented [6, 49-52].

The concept of social state was originally used to describe English working class in 1945 [53]. This concept depends on the idea that state has responsibility to provide a certain level of welfare to its citizenships [54]. Social state can be defined as a contemporary state that have social responsibilities, aims at providing welfare conditions for citizens to meet their material and cultural needs allowing them to have a respectful life [55]. The most significant economic goal of a social state is to eliminate poverty and to reduce unemployment [53]. Social state is made up of two elements: transfer payments and equal opportunities of education and health-care. The first element includes financial assistance given to individuals and families in the form of social insurance and tax reduction [56]. The period of social state has been called “golden age of capitalism” since it provides citizens with larger opportunities [53].

However, during the last quarter of the 20th century, a number of negative events took place throughout the world such as economic crisis, decreases in total demand and firms’ profits, etc. New policy approaches were needed because of older population, gaps between employment funds and social security funds. As a result of these developments, the period of neoliberal policies began in the late 1970’s [57-61]. This new policy framework called for narrowing the share of public sector affecting not only economy but also all levels of social life [61]. Those institutions that have higher social benefit value such as educational institutions, health-care institutions and social services were also reformulated following neoliberal policies.

Neoliberalism started to control “social” at the level of nation state. It accompanies the globalization of economies [59]. And all social security systems throughout the world began to experience crisis. In order to overcome this crisis, reforms were implemented in regard to social security systems. Instead of social justice approaches that valued equal income provision, private insurance systems were introduced [62].

### **Neo-Liberalism and New Health-care Policies in Major States:**

In the past two decades to reduce the gaps in public expenses, expenditures in social domains have been reduced. However, health-care expenses of developed countries could not be reduced because of their old population, high rates of chronic diseases and disabilities, novice treatment methods and medical technology [63]. For instance, in the USA national health-care expenses increase each year at ten percent the share of health-care expenses in GNP in 1960 was 5.3 %. In 1995, it was %15 [64]. The shares of health-care expenses in several countries are as follows: in England 13 %, in Germany 10.3 %, in French 9 % [65], in Switzerland 8 % [66]. In 1990, it was 3.6 % and in 2002 6.5 % in Turkey. It is lower than mean rate in the OECD countries that is 7.9 % [67].

In the developed countries the frequency of chronic diseases such heart diseases, diabetes, etc. has increased in parallel to increased life expectancy and it leads to increases in health-care expenses. For instance, cancer has the rate of 20 among the reasons for death in Europe [68]. These facts lead to the increase in share of health-care expenses in GNP and to people's need for more patient-oriented approach to health-care services [63].

Taxes collected in the developed countries are not enough to provide desired level of health-care. Therefore, new policies and resources are needed in the field of health-care. For instance, there are arrangements to limit the health-care assistance, etc [65]. In order to reduce the higher expenses of treatment process in regard to chronic diseases with terminal phase, official treatment at home is provided for such patients [69]. On the other hand in the countries in which private health-care insurance is well-developed like the USA and England, rich people from developing countries are treated to reduce high expenses of their own patients. Insurance firms in the developing countries offer attractive treatment packages for their customers in abroad.

Another negative impact of neoliberal policies in the field of health-care is observed in transfer of medical technology and medicine from central countries to peripheral ones. Field of health-care in underdeveloped countries are subject to manipulation of transnational firms [70]. It leads to illegal implementation, decrease in the share of health-care services, negative basic health-care indicators and increase in unequal provision of health-care services. One of such distortions experienced in Turkey is known as "lancet operation". In this case, the

tool, namely heart stent of which price is 25 US dollars was sold for 2450 US dollars to public hospitals and for 1050 US dollars to private hospitals between 1994 and 2000. In addition to these, many illegal practices were identified in regard to this specific case [71].

### **Background of Health-care Policies in Turkey, Transformation Program in Health-Care and Basic Indicators**

It is possible to analyze the development of health-care policies in Turkey within three periods: (a) 1923–1950, (b) 1950–1980 and (3) after 1980s [72].

At the first years of the Republic, protective health-care policies were emphasized. Limited resources were allocated to control and protection of widespread and frequent, serious diseases. Public health-care services were organized at the provincial and district levels. Treatment services were carried out by local administration and as an example, "Numune" hospitals were established in Ankara, Istanbul, Sivas, Erzurum and Diyarbakır. In this period protective health-care services were focused and the salary of the medical staff was high making the public health-care attractive [72].

After 1938 until 1950's local administrations' responsibilities in regard to treatment were given to the Ministry of Health. Hospitals belonging to the municipalities were nationalized. However, protective health-care services were decreased. During the 2nd world war, large number of people died because of epidemic diseases. Because of these, in 1945 the law of "extraordinary malaria struggle" were passed and in 1949, "tuberculosis struggle centers" were opened in the cities [72].

After 1950's private sector began to take part in the field of health-care. In 1961, two significant laws were passed: law nr. 224 "Socialization of health-care services" and law nr. 554 "Population planning". This period is also the beginning of planned development in Turkey. Law nr. 224 "Socialization of health-care services" aimed at socializing the health-care services. General health-care insurance was firstly introduced in this period. A draft for health-care insurance was developed in 1967 but it was not submitted to the government. In the second-five year development plan of 1969 general health-care insurance was reintroduced and in 1971 related proposal was introduced to the parliament but it was rejected. Another proposal was introduced in 1974 but again it was not accepted [73].

Turkey after 1980 experienced very significant global developments in terms of economy, social life and cultural aspects. In this period many problems experienced at all levels of life. During 1980s, Turkey was integrated into global economy relation and post-Fordist<sup>1</sup> production process as well as market relations and new liberal ideology raised. Before this period, during 1970s CHP that was the dominant political party tried to introduce national economy and social welfare program. But in 1980's Özal government introduced a series of new political and economic agenda based on "free market economy" [74, 8].

In parallel to these developments witnessed in 1980's new approaches to health-care system were observed [75]. 1982 constitution secures the social security right of citizens and provisional responsibility of the state. Its 58. Article introduces the potential of establishment of general health-care insurance. During 1990's, restructuring activities in regard to health-care sector became intense. During this period health-care reforms developed to efficient use of resources, improvement of hospitals and medical institutions, transformation to family health-care, distribution of first level medical institutions throughout the country and restructuring of the Ministry, development of human resources and medical information system [73]. This period also experienced rapid changes in Ministerial administration and health-care policies based on the changes of governments. Protective health-care services were ignored but investments in new hospitals and in treatment services were supported leading to increase in expenses and decrease in health-care services. The most significant development in this period was the passing of the law nr. 3816 that started the green card practice to provide people without any social security opportunity with health-care services.

As a result of neoliberal policies, the state became the organizer of economic activities in Turkey. It entails that the state should transfer all its functions to private sector. In other words, neoliberal policies have also effects on health-care system in Turkey. Increased number of private

hospitals in Turkey indicates that a sort of privatization has implicitly took place in Turkey's health-care system. In public hospitals, opportunities of revolving funds were encouraged to reduce the pressure of health-care expenses on general budget. However, these were not enough to solve serious problems faced by people. In short, liberal policies have made the health-care services materialized in Turkey. As a result of dominant economic approaches, the state tries to include health-care problems in individual domain [76]. In 2002, the new government introduced the program for "health-care transformation" within its social security reform.

**Program for Health-Care Transformation:** Program for health-care transformation was introduced in 2002 to provide basic health-care services to all citizens, have standards in delivering of these services, make performance-based service practice widespread, use efficiently the resources allocated to health-care services, restructuring of the Ministry and general health-care insurance, motivate human resources in the field and establish an information system [77].

Through this program, some medical institutions are transferred to the Ministry, hospitals belonging to different institutions began to be used commonly [77]. Also, the regulation of Services at Home was developed. However, several deficiencies are evident in this regulation. For instance, private sector is assigned for health-care services at home without any contribution on the side of the state. Therefore, only those with higher levels of financial resources can be benefited from this arrangement [81]. There are some criticisms against this program. Basically it is argued that the program calls for privatization of health-care services. However, the implementation of the program will show whether or not these criticisms are right.

**Turkey's Basic Health-Care Indicators:** Although there are occurred significant improvements in health-care systems in Turkey, still there are serious problems in this field indicating that the level of developed countries

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<sup>1</sup>The major characteristics of new period that is described as postmodern by social scientists and that is based on novice economic relations organized by post-Fordist production system can be briefly stated as follows: a) Varied production system in accordance with distinct consumer categories instead of standard production system, b) decentralization in the process of labour and administration and flexible specialization, c) organization of production allowing for flow among sectors and expansion of service sectors, d) increase of consumption and individualization of it, e) instead of qualified, man-oriented labour, expansion of service sector and of white-collar workers, thus, changes in labour characteristics, f) women's increased share in the sectors that are based on half-time working principle, g) globalization of new finance markets, h) a new phase in information delivery and communication that is based on numerical communication and computer technology, i) increase in variance in cultural area [78-80].

cannot be achieved [77]. Major problems experienced are lack of sufficient physical infrastructure, unequal distribution of health-care personnel between rural and urban settings, sufficient levels of protective health-care activities, difficult access to services, financial problems [67].

In general several factors are taken into consideration in determining the level of health-care services in countries: infant death rates, expected life duration, mother death rates and children death rates [68]. In addition to these, certain social indicators also provide information on this topic. DPT data indicate that 86 % of the Turkish populations have a kind of social insurance [67]; but, it does not mean that all these people have health-care insurance. A study in 2003 found that only 67 % have active health-care insurance. In 2002, there were nearly thirteen millions holders of green card in Turkey or 14 % of the population. The number of people using private health-care insurance is 703.545 in 2003. More than half of the people with social security cannot benefit from public health-care services because of their debt to the institution. A study in 2003 found that poor people pay more for medicine than rich people [73].

In 2003, health-care expense per person is 192 US dollars that is lower than mean expense rates of the EU countries (It is 2150 US dollars in these countries). The rate of doctor: patient in Turkey is 1: 718. Again, this rate is better in the EU countries [67]. In 2004, the EU countries have the following data in the field of health-care: mean infant death rate 5 in thousand; life expectancy is 77,4 years; mean mother death rate 7,2 in thousand and mean children death rate 5,6 in thousand. Turkish data on these points are as follows: mean infant death rate 36,2 in thousand, life expectancy is 68,9 years, mean mother death rate 100 in thousand and mean children death rate 45 in thousand. These data suggest that Turkey is evidently behind the EU countries [68].

#### **Working with individuals and families in the case of chronic illness following the “Approach of Social Work Empowerment”**

Human beings as a bio-psycho-socio creature are very complex by their nature. Chronic diseases, especially those with termination stage, lead to social, economic and emotional problems causing stressful and challenging situations. Therefore, the resulted problems cannot be solved following single disciplinary approach. Health-related problems affect the life of both patient and his family and inhibit their functionality [82].

Social dimension cannot be ignored during the treatment of chronic diseases since it contributes to solve the problems faced by the patient and his family. It requires a multidisciplinary approach to the treatment of chronic diseases.

The focus of the social service profession is to solve the problems faced by the patient and his family, provide full treatment opportunities and involvement of the individual in his treatment process [83].

Empowerment is one the common approaches adapted in social service practices [84]. It can be argued that the empowerment approach is preferred mostly by social workers working with disadvantaged groups of people [85]. The reason for its common use is that it provides both personal and social perspective on the part of practitioners [86]. This approach aims at improving the potential of the individual and offering him opportunity to find his own way and it is defined as establishment, development and improvement of the power through sharing and cooperation [87].

The empowerment approach provides a perspective to support the individual in regard to solution of his health-related problems focusing on his strengths and potential [88]. The focus of this approach is the emergence of inherent wellness of human beings [89]. Şahin [90] states that the significance of empowerment for social work is the necessity to appreciate humans' positive capacity and the belief in potential to improve individual and social resources. One of the application domains of this approach in social services is the health-care [91] and the philosophy of medical social services depends on the concepts of empowerment, competency and improvement [82].

Contemporary health-care services provides opportunities for individuals with health-related problems to communicate effectively, take part in employment and have a successful life in their society. The focus of the empowerment approach is to provide individuals experiencing chronic diseases with the necessary skills to solve their problems. It entails that patients and their families can take responsibility to solve the problems they face, actively participate in social life, use social resources and social service systems [82].

The ultimate goals of professional interventions and practices based on the empowerment approach are to mobilize the needed resources to cope with the problems in an efficient manner and to gain personal, social and political power. In this process, social workers try to help the patients and their families through the professional roles of supervisor, trainers, case managers, defenders and

negotiators [82]. There are at least three major reasons to employ this approach in practices: (1) recognizing and understanding the dynamics of human behavior and weak and strength sides; (2) interpreting the relationships and interactions between individuals and their environment; and (3) improving individuals' capacity to cope with problems [92].

Social service practitioners employing the empowerment approach use skills training, problem-solving groups, professional rehabilitation and mobilization of social resources while working with the patients and their family. The goal of skill training is to provide the patient with improved levels of everyday skills in regard to interpersonal relations, parenthood and home management. It attempts to avoid negative effects of disfunctionality and physical distortion on one's everyday activities. Problem-solving groups take the patient and other family members together to support one another. Peer support that is given by the people sharing the same problem is significant element of the treatment process. The goal is to develop leadership, decision-making and socialization experiences of individuals. Social service practitioners focus on the professional development of patients during the treatment process. Because employment status of the individual determines his social status [93]. Employment and earning money provides necessary platform for individuals' realization of roles such as friend, partner, etc. Vocational services includes vocational training and support for patients. Another function of social service practitioners in the treatment process is about community resource development for patient and his family. The goal is to provide the patient with opportunities for his treatment, for active participation in social life and for social-economic support. Activities in this regard contain a wide range of services such as training and defence [82].

Social service practices based on the empowerment approach have five distinct dimensions: personal, social, educational, economic and political [94]. These dimensions are briefly explained below:

**Personal Empowerment:** The focus of personal empowerment is that patients can control their emotional reactions occurred during the illness period, can actively participate in their treatment process and develop a positive self-identity [82]. In the process of struggling with the illness, self-confidence and motivation of both patient and his family are to be improved. Social workers emphasize strengths of them and reinforce their competency. The roles of social workers at this point are

negotiator, problem-solving skills trainer, trainer, modeling and defender. They closely observe and support the patient and his family to continue the treatment process without any interruption.

**Social Empowerment:** In the process of social empowerment social workers try to mobilize the needed social support systems by the patient and his family, to direct them to solve social problems resulting from the illness conditions [82], to defend their rights in regard to social services, to increase their awareness about chronic diseases, to mobilize social resources in favor of the patient and his family. The roles played by social service practitioners at this dimension are advocator, social action, guide and mobilizer of the resources.

**Educational Empowerment:** Educational empowerment refers to delivery of information about the dynamics of the disease and about the treatment methods, to provide correct direction. The roles of social service practitioners at this dimension are advocator, mobilizer of the resources, guide and trainers.

**Economic Empowerment:** Economic empowerment deals with all support to meet the patients' and their families' basic needs such as accommodation, nutrition, dressing, etc. and to pay for treatment expenses. Social service practitioners are assigned the roles of advocator, planner, mobilizer of the resources, guide and data manager at this dimension of empowerment.

**Political Empowerment:** Social policies determine the shares allocated to education, health-care, social services and social assistance and also, service models in this field [95]. Social workers attempt to influence this process of allocation [96]. Therefore, they have certain roles at the dimension of political empowerment.

## CONCLUSION

The reflections of neoliberal policies are not limited to economic life, but also affected the limitations on the fields of education, health-care and social services influencing the social life as a whole. In this process, developed countries manipulated the health-care sector of underdeveloped countries in order to meet the increased levels of health-care expenses. It led to challenges for underdeveloped countries and gaps in accessing health-care services. Such negative effects have also been observed in Turkey.

Because of these reasons, new approaches with social service focus are needed to provide efficient treatment to patients and their families. In the case of chronic diseases, not only medical treatment but also social diagnosis and treatment are required. For this reason, programs and practices to empower patients as well as their families should be adapted and social worker should be assigned responsibility in this process.

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