

Rapid Review Protocol

1.1- Review Questions

The review covered outputs published in the English language since 2010. The main focus of the review focused primarily on the experience of the ageing population in Turkey. This was expanded to include outputs related to other countries in, or the whole of, the Middle East and North Africa region. Details on the specific population group, time frame and restrictions are provided below.

The review has the following three main questions:

1. What is the size, characteristics and state of older people, and what are the determinants of LTC needs in Turkey?
2. What are the current LTC policies and provisions in Turkey?
3. How is LTC funded in Turkey?

1.2- Definitions

1.2.1: Population Ageing

Population ageing refers to changes in the age composition of a population such that there is an increase in the proportion of older persons. Several demographic indicators measure the level of population ageing, including but not exclusive to the following indicators: the proportion of the population older than 65 years old; ageing index; median age; life expectancy; age dependency ratio and prospective ageing.

1.2.2: Long Term Care

Long-term care refers to a set of services and support mechanisms designed to meet older people and those with long term care conditions, health or personal care needs during a short or long period. These could be provided in different settings, including institution or residential homes, at people's own homes and in the community. It should be noted that the boundaries between 'long term care, or 'social care', and 'health care' are blurred.

In the OECD's Standard Health Accounts (see <https://www.oecd.org/els/health-systems/AccountingMappingofLTC.pdf>; accessed on 27 April 2021), long-term care (health) is defined as:

- "Medical or nursing care... [which] can include preventive activities to avoid deterioration in long-term health conditions or rehabilitative activities to improve functionality; and

- Personal care services provide help with daily living activities such as eating, bathing, washing, dressing, getting in and out of bed, getting to and from the toilet and managing incontinence.”

The same Standard defines long-term care (social) as:

- “Assistance services that enable a person to live independently. They relate to help with instrumental activities of daily living such as shopping, laundry, cooking, performing housework, managing finances and using the telephone.”

1.2.3: LTC funding

The responsibility of funding LTC is usually distributed across the state, families, and individuals with some non-governmental and charitable organisations' share. The state's contribution is generally measured by expenditure on healthcare and LTC as a percentage of GDP. The literature divides LTC funding into 'publicly' funded by the state and 'privately' funded by the individuals and other stakeholders.

1.2.4: Formal LTC

Formal care includes all care services that are provided in the context of formal employment regulations. These include contracted services and any support provided by paid care workers or declared by the individual users to social security systems.

1.3- Scope

1.3.1: Population Group:

All people who benefit from LTC services, including older people over the age of 60, people with long term care needs, including those with disabilities and Informal (family) carers.

1.3.2: Time frame:

Evidence since 2010. Key authors were identified and contacted to capture ongoing research and early findings.

1.4- Search and retrieval Strategy

A search strategy was developed and modified iteratively for the three stages of searches. The overall search statement identified the Population (P); Intervention (I), and Outcome (O):

(P) ('identifiers of people in need of LTC'; separated by OR') AND (I) ('identifiers of LTC services' separated by OR') AND (O) (identifiers of health and wellbeing outcomes separated by OR).

Searches were conducted iteratively with the following step process: P AND I; P AND O; P AND I AND O; further searches with sub-P. All results were combined before the screening and assessment process. The searches were completed in December 2020.

A separate search strategy was devised for the additional research question concerned with research questions two and three specific to policies and funding models.

Example of search terms:

(AB=(age OR ageing OR aging OR Older people) AND AB=(Turkey OR Middle East OR Arab OR Gulf OR MENA) AND AB=(care OR social care OR nursing home* OR care home* OR long-term care* OR long term care* OR aged care facilit* OR agedcare facilit* OR residential care home*)) AND LANGUAGE: (English) Timespan=2010-2020;

(AB=(age OR ageing OR aging OR Older people) AND AB=(Turkey OR Middle East OR Arab OR Gulf OR MENA) AND AB=(care OR social care OR nursing home* OR care home* OR long-term care* OR long term care* OR aged care facilit* OR agedcare facilit* OR residential care home*) AND AB=(fund* OR cost OR financ*)) AND LANGUAGE: (English) Timespan=2010-2020

The following databases were searched: Web of Knowledge, Nursing Index; CINAHL; EBSCO; ERIC; Social Care Online, SCIE, Google Scholar; NHS Evidence; Nursing@OVID; Medline; Pubmed and Scopus.

The grey literature was searched through the following databases: PROSPERO; OpenGrey; EThOS e-theses online service; and ProQuest Dissertations & Theses Global.

References of all identified publications for inclusion were hand-searched for additional relevant outputs. Furthermore, all publications citing identified publications were scanned for relevance. Moreover, a call for evidence was posted to members of the Middle East and North Africa Research on Ageing Healthy network (www.menarah.org), which includes members from Turkey and other countries in the region.

1.5- Data Extraction

All the citations identified were downloaded and duplicates removed in a combined library. Titles and abstracts of studies were screened following retrieval using the search strategy. Titles and abstracts of the complete list of identified papers were then divided equally and assessed by SH and MI. Both authors then met on several occasions to discuss studies selected for inclusion. The inclusion of records for the full-text stage was agreed upon during the discussions, and those not relevant were rejected. The following information was extracted using a study-specific data extraction tool: authors and year of publication, study design, setting, sample, intervention, types of measures and findings. We did not formally assess the quality of studies included in the review.

1.6- Strategy for Data Synthesis

The analysis employed a formal narrative approach to describing and synthesising existing literature. The method relies on using review questions as a conceptual framework for the analysis. Information from different outputs were extracted and coded according to their relevance to each of the review questions. This was then analysed using a thematic analysis approach and presented in the findings' section under relevant headings (see: Thomas, J., Harden, A., & Newman, M., 2012. Synthesis: combining results systematically and appropriately. In: Gough, D., Oliver, S., & Thomas, J. (eds.) *An Introduction to Systematic Reviews*. (pp. 179-227). London: Sage Publications). More specifically, we used the following headings:

- Population Ageing in Turkey
- Welfare Model and LTC Provision in Turkey
- Financing Long Term Care in Turkey